

Patient Centered Medical Home

“An Overview of This New Care Model”

JACKSON PHYSICIANS ALLIANCE



PCMH- Patient Centered Medical Home

- The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care.
- The PCMH represents a comprehensive health care model that facilitates partnerships between individual patients, their provider teams, and the patient's family.
- PCMH is patient care delivery that is holistic and coordinated.



PCMH- Patient Centered Medical Home

Key Elements Include:

- Patient-centered care
- Team approach to care
- Use of advanced information systems
- Whole person orientation
- Care provided in a community context
- Redesigned primary care offices
- Personal medical home designation
- Elimination of access barriers
- Focus on quality and safety



Patient Centered Medical Home

- ❖ PCMH is not a new concept. It has been evolving since the late 1960s.
 - **1967** – American Academy of Pediatrics
 - **1990** – Included elements of the Chronic Care Model developed by Ed Wagner at the MacColl Institute for Healthcare Innovation in Washington State.
 - **2007** – Extended the model beyond care for chronic health problems and raise the standard of practice by adding measurement of quality indicators and enhanced technology for service and documentation.
 - **2008** – National Committee for Quality Assurance PCMH Recognition Program.



Development of PPC-PCMH

- American Academy of Pediatrics (AAP)
- American College of Physicians (ACP)
- American Academy of Family Physicians (AAFP)
- American Osteopathic Association (ACA)



Patient Centered Medical Home

- **2009 -2010**

BCBSM Designated PCMH Practices in the PGIP program - This designation occurs annually.

Two PCMH Assessments throughout the calendar year.

Priority Health accepts NCQA accreditation



The Chronic Care Model

The Chronic Care Model



Developed by The MacColl Institute
© ACP-ASIM Journals and Books



Proven Benefits Of A PCMH

- Increased patient and family/care-giver satisfaction
- More efficient use of limited resources
- Improved quality
- Reduced health disparities among patient treatment
- Improved professional satisfaction



Popular PCMH Approaches

- ❖ Presently, there are two popular approaches to obtaining PCMH designation:
 1. BCBSM's PGIP Program
 2. NCQA PPC-PCMH™ Accreditation
- ❖ Still no national “recipe” for PCMH. Rather a number of multi-year demonstration programs are underway throughout the country.



BCBSM Initiatives for PCMH

- Patient-provider partnership
- Extended access
- Patient tracking and registry
- Performance reporting and improvement
- Test results tracking and follow-up
- Individual care management
- E-prescribing



BCBSM Initiatives for PCMH

- Preventive Services
- Linkage to Community Services
- Self – Management Support
- Patient Web Portal
- Coordination of Care
- Specialist Referral Process

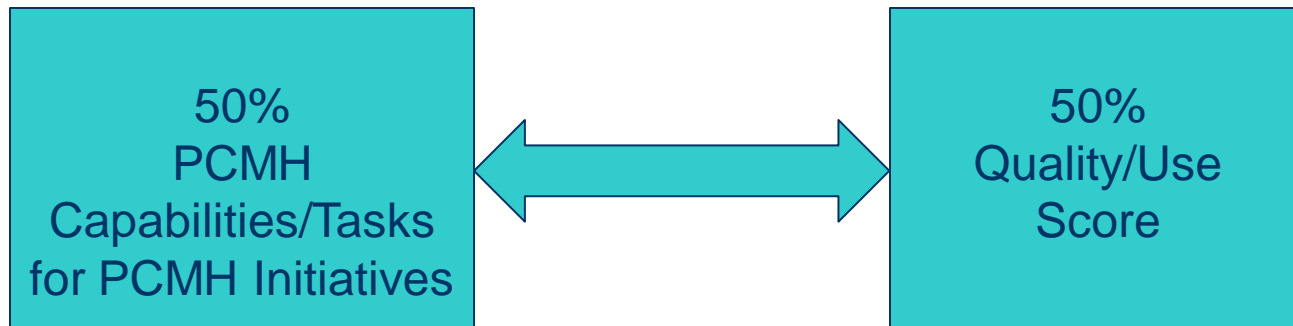


BCBSM Quality/Use Score

- Generic Use
- ED Visit Rate
- Low Tech and High Tech radiology use
- Evidence Based Care Report
- Preventive measures – Adult mammogram and pap; peds immunizations for 2 months & 13 months, and well visit 15 months & 36 months



BCBSM PCMH Designation



PCMH

Why Now?

Patient Centered Medical Home?

- It's the right thing to do for your patients
- Patients expect it
- Employers demand it
- Insurers are paying more for it
- The current healthcare delivery system of care is not working. The United States is re-tooling both its healthcare financing as well as healthcare delivery reform so things are quite confusing.



Next Steps – Assessing what's required of the practice

1. Computer with:
 - ❖ Email
 - ❖ Internet access
 - ❖ Microsoft word
 - ❖ Microsoft excel
 - ❖ Adobe Acrobat Reader (available free online)
2. Desire to develop and cultivate your office team and develop a team approach
3. Commitment to develop/enhance policies and procedures
4. Commitment to develop/enhance job/position descriptions

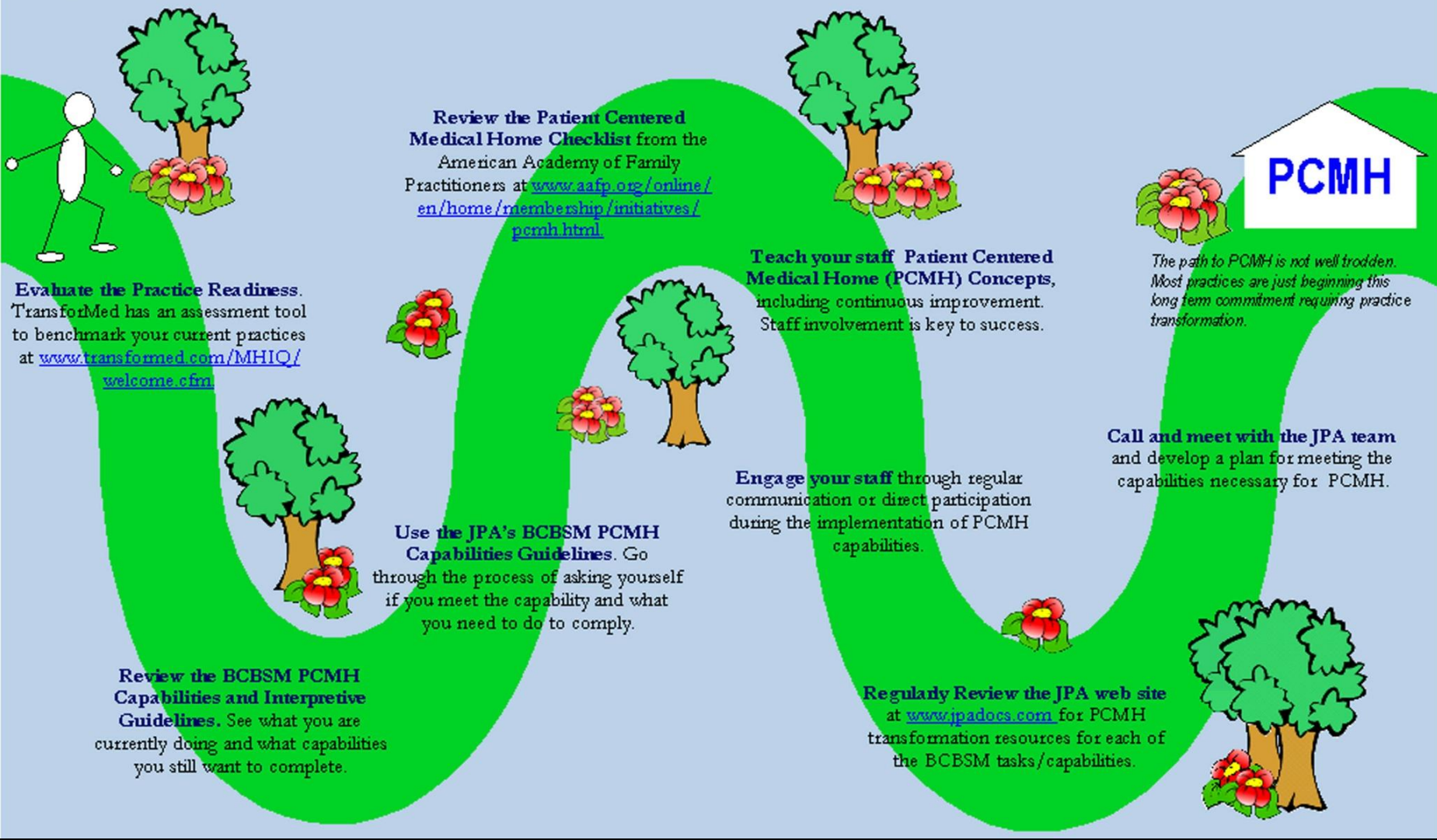


Next Steps Continued

5. Invest in staff training and development
6. Make personal commitment to patients and processes
7. Improvement in Quality Measures
8. Share your experiences and successes with your colleagues.
9. Continuous Improvement – transformation of processes and patient care.
10. Others.....



Highlights of the Path to Patient Centered Medical Home (PCMH)



Evaluate the Practice Readiness. TransformMed has an assessment tool to benchmark your current practices at www.transformed.com/MHIQ/welcome.cfm

Review the Patient Centered Medical Home Checklist from the American Academy of Family Practitioners at www.aafp.org/online/en/home/membership/initiatives/pcmh.html

Teach your staff Patient Centered Medical Home (PCMH) Concepts, including continuous improvement. Staff involvement is key to success.

PCMH

The path to PCMH is not well trodden. Most practices are just beginning this long term commitment requiring practice transformation.

Use the JPA's BCBSM PCMH Capabilities Guidelines. Go through the process of asking yourself if you meet the capability and what you need to do to comply.

Engage your staff through regular communication or direct participation during the implementation of PCMH capabilities.

Call and meet with the JPA team and develop a plan for meeting the capabilities necessary for PCMH.

Review the BCBSM PCMH Capabilities and Interpretive Guidelines. See what you are currently doing and what capabilities you still want to complete.

Regularly Review the JPA web site at www.jpadoes.com for PCMH transformation resources for each of the BCBSM tasks/capabilities.

PCMH Contacts

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Next Education Webinar

Patient – Provider Agreement

August 12, 2010

12:00 PM – 1:00 PM

Presenter: Erika Byrum

