

# Implementing Future Health Care Delivery Models

## An orientation to the Patient-Centered Practice Model

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Connecticut AFP

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# Agenda

1. CSMS-IPA Mission and Vision
2. The Primary Care Practice
3. The Patient Centered Medical Home Model
4. The CSMS-IPA Patient Centered Practice Model
5. ACOs: Future of Healthcare?
6. Summary

# Mission and Vision

## Mission

To promote high quality, cost-effective medical care that is physician driven, financially sustainable and valued by health care stakeholders

## Vision Statement

Use the CSMS-IPA's experience with and understanding of physician network management, medical management, health care information technology and managing risk to establish arrangements that enable its physicians to deliver high quality, cost-effective patient-centered health care services

# Current Healthcare Crisis

- \* Lack of Primary Care Access
- \* Unsustainable Healthcare Cost Trends
- \* Poor Value - where
  - \* Value = Quality / Cost

# Primary Care Today



**Work is Volume Driven**

# A Rose By Any Other Name...

- \* Patient Centered Medical Home- PCMH
- \* Advanced Primary Care- APC
- \* Primary Care Case Management- PCCM
- \* Health Home
- \* Person Centered Care
- \* Patient Centered Practice Model- PCPM

# Objectives of a Patient Centered Medical Home

- ▶ Improved patient outcomes
- ▶ Improved physician-patient relationship
- ▶ Adopt a team approach to care
- ▶ Increased use of Health Information Technologies
- ▶ Improved bottom line for physicians
- ▶ Stabilization of costs for all healthcare stakeholders

## Today's Care

## Medical Home Care

My patients are those who make appointments to see me



Our patients are those who are registered in our medical home

Patients' chief complaints or reasons for visit determines care



We systematically assess all our patients' health needs to plan care

Care is determined by today's problem and time available today



Care is determined by a proactive plan to meet patient needs without visits

Care varies by scheduled time and memory or skill of the doctor



Care is standardized according to evidence-based guidelines

Patients are responsible for coordinating their own care



A prepared team of professionals coordinates all patients' care

## Today's Care

## Medical Home Care

I know I deliver high quality care because I'm well trained



We measure our quality and make rapid changes to improve it

Acute care is delivered in the next available appointment and walk-ins



Acute care is delivered by open access and non-visit contacts

It's up to the patient to tell us what happened to them



We track tests & consultations, and follow-up after ED & hospital

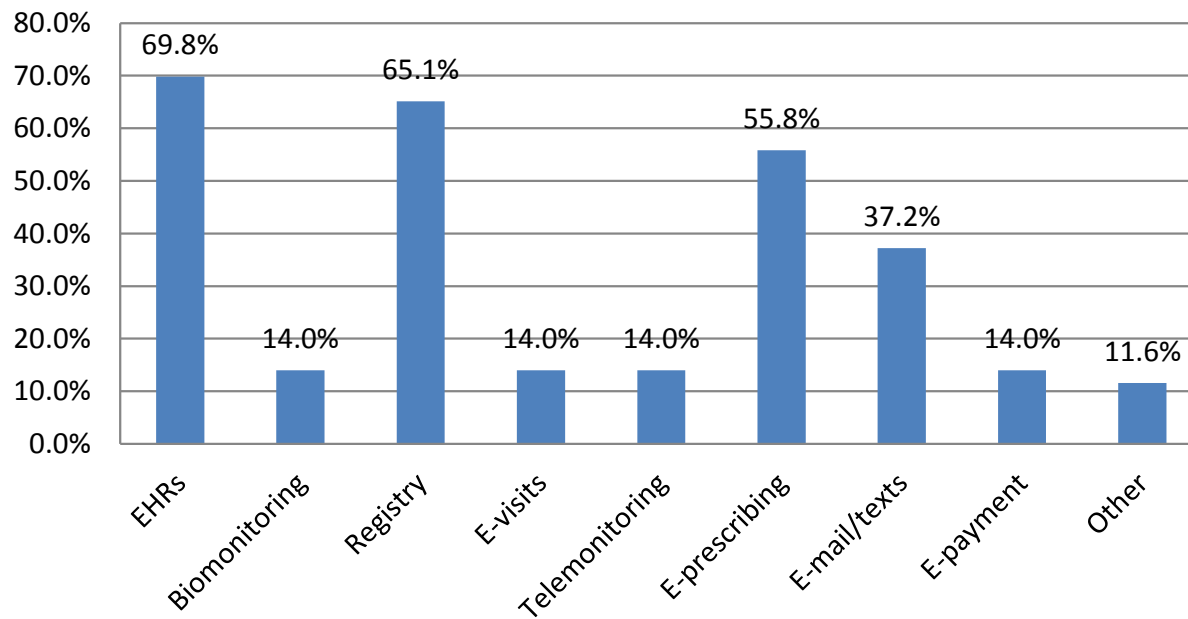
Clinic operations center on meeting the doctor's needs



A multidisciplinary team works at the top of our licenses to serve patients

# Health Information Technology and the Patient Centered Medical Home

## Tech Tools Used in Medical Homes



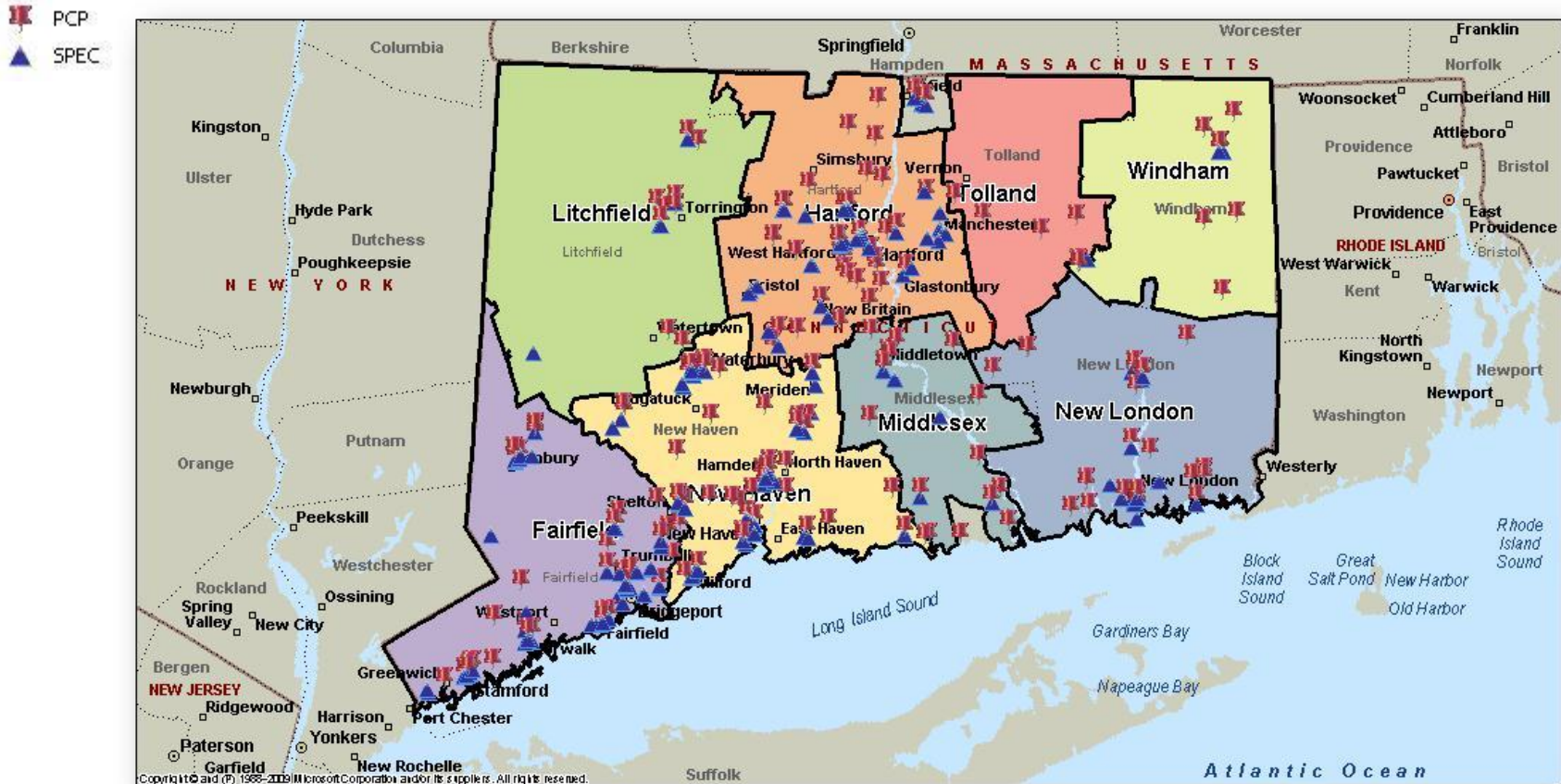
Source: 2010 Medical Home Performance Benchmarks: Adoption, Utilization and Results, August 2010

# The CSMS-IPA's Patient Centered Practice Model

- \* Framework to Address Societal Needs
- \* Anticipates Payment Reform
- \* Transform Practices to Support Medical Home Care Delivery
- \* Early Adopters Experience Success
  - \* Improved Patient and Professional Satisfaction
  - \* High Quality
  - \* Decreased Cost

# Shifting the Curve

## CSMS-IPA PCPM Network Development



# Start With Small Steps

- ✓ Engage patients
- ✓ Improve access
- ✓ Utilize ACP Medical Home Builder for “Practice Biopsy”
- ✓ Reengineer work flow
- ✓ Enhance team approach to health care
- ✓ Implement HIT
- ✓ Ensure billing staff is versed in diagnosis coding



# The Big Step- NCQA PCMH Recognition

- \* Operational Issues
  - \* Significant Resource Allocation Required-Financial and Intellectual
  - \* Represents a Dramatic Cultural Change in Practice Structure
  - \* Consultative Input May Be Necessary For Some Practices
- \* Advantages In NCQA Recognition
  - \* A Standard Agreed Upon By Payers and Purchasers of Care
  - \* Promotes The Preservation of Independent Practice
  - \* Creates Potential Economic Opportunities

# Physicians Foundation Grant

- \* CSMS, CSMS-IPA and Qualidigm Obtained Grant Funds To Assist Small Practices Achieve PCMH Recognition
- \* CSMS is the Grant holder and provides administrative services and coordination with the Physicians Foundation
- \* CSMS-IPA Identified and Recruited Appropriate and Sufficient Participants Stipulated By Grant
- \* Qualidigm Created And Implemented The Educational Program
- \* Currently 19 Practices, 105 Physicians at 27 Sites, Representing 7 of the 8 Counties, Are Engaged
- \* Process is Half Complete

# What Does Patient Centered Care Accomplish

- \* Improved Patient and Physician Satisfaction
- \* Improved Patient Self Management
- \* Increased Care Coordination through Care Management
- \* High Quality with Reduced Costs
- \* Reduction in ER Visits and Hospitalization
- \* Complete and Appropriate ICD-9-CM (?10) Coding
- \* Outcome and Quality Driven Compensation
- \* Building Blocks For The Future

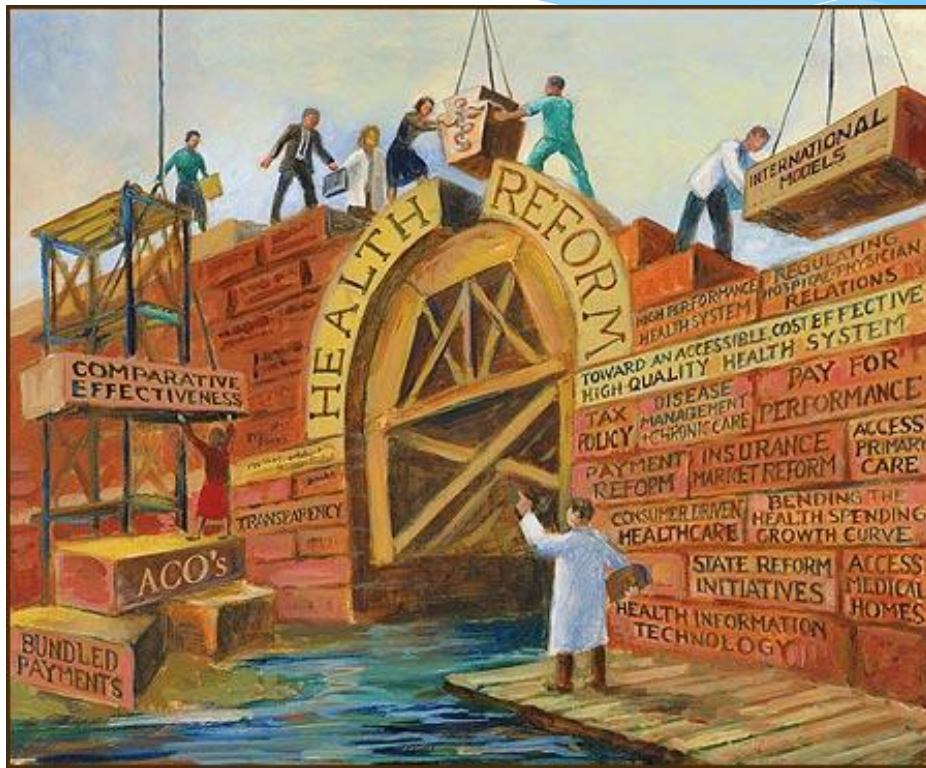
# Meaningful Use and PCMH Recognition

- \* Criteria For Meaningful Use and PCMH Level 3 Recognition Crosswalk Closely
- \* Meaningful Use Incentive Payments Help Fund HIT Adoption and/or NCQA Application Costs
- \* Consultation To Achieve Meaningful Use Is Available Through Regional Extension Center (eHealthCT) Grant

# Role of the Specialist in a Patient Centered Model of Care

- ▶ Consultant and active member of the team as directed by PCP
- ▶ Increased and Improved communication with the team
- ▶ Ensure billing staff is versed in diagnosis coding
- ▶ Medical Home Neighbor

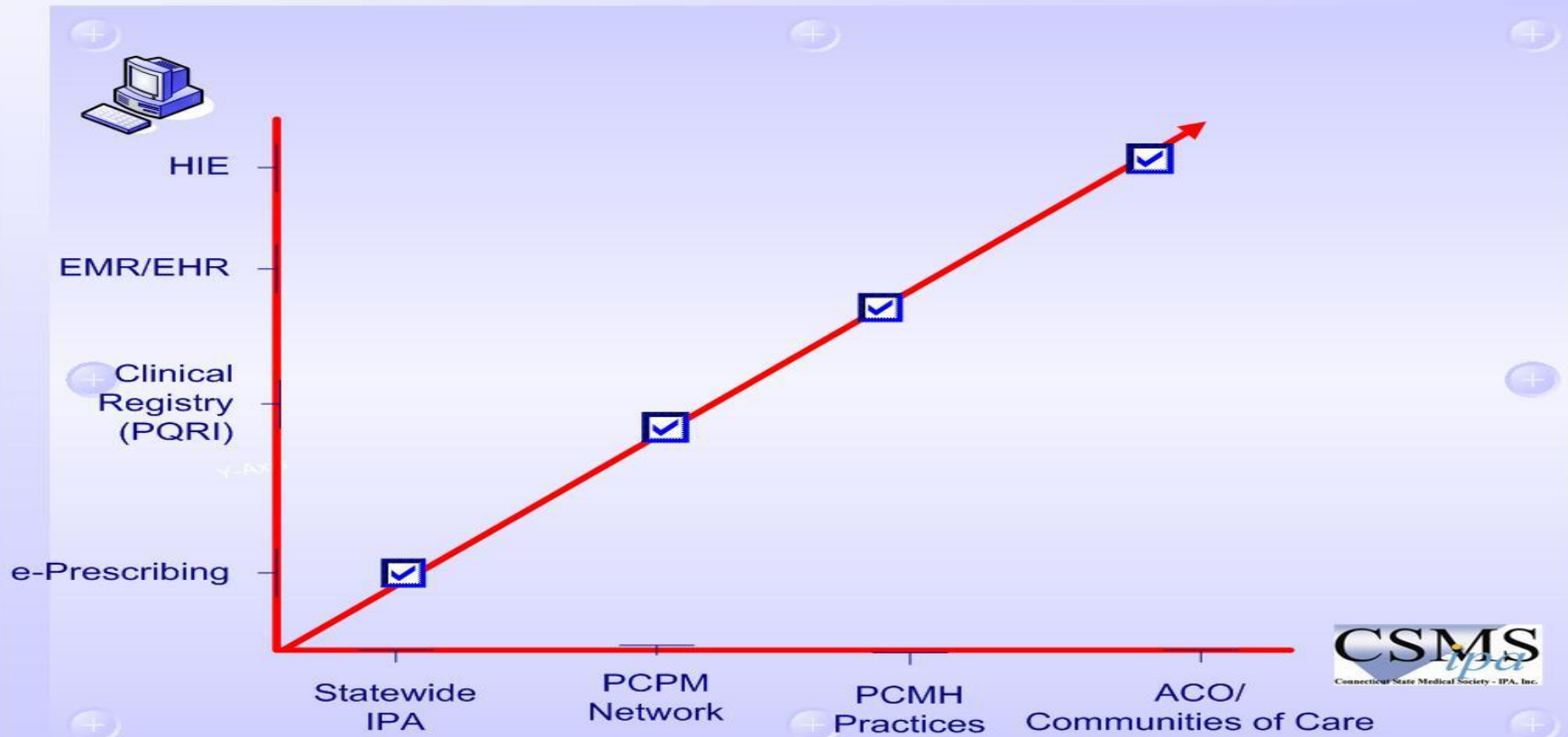
# Involvement in an Accountable Care Organization



# CMS Definition of an ACO

- \* An Accountable Care Organization is an organization of health care providers that agrees to **be accountable for the quality, cost, and overall care** of Medicare beneficiaries who are enrolled in the traditional fee-for-service program who are assigned to it.

# Relationship Between Physician Integration And Health Information Technology



# Summary

- \* Primary Care, as it Exists Today, is an Endangered Species
- \* Health Care Reform Will Require a Robust Primary Care Delivery System
- \* The Existing Primary Care Paradigm Does Not Support the Changes Needed
- \* Prepare for the Future by Moving Toward a Patient Centered Care Construct
- \* HIT Implementation is a Critical Component
- \* The CSMS-IPA Strategic Plan is to Support This Transformation