Patient-Centered Medical Home Transformation

The Right Thing to Do for Patients and for Your Organization

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Transformation Includes:

- New scheduling
- New access
- New coordination
- New types of visits
- Incorporating population medicine
- Bringing evidence to point of care
- More point of care services
- Redefining patient visit
- New coordination with other parts of the healthcare system
- Team based care
- Changes in practice management
- Changes in roles
- New strategies for patient engagement
- Multiple uses of new information systems and technology
- Response to patient events outside of the clinical setting
- Outcomes based staffing
- QI at point of care

Not incremental change but whole system change.
PCMH the Promise…

• Population-wide monitoring assists in addressing socioeconomic, racial, and ethnic disparities in health care quality

• Registries:
  – monitor adherence to treatment,
  – provide easy access to lab and test results
  – Provide reminders, decision support, and information on recommended treatments.
PCMH the Reality

- Processes related to care coordination and integration, enhanced access, team-based care, and support from appropriate information systems have not been adopted as broadly as other PCMH measures

Lesson 1: Communication

- Let’s talk about it.
- Vocabulary
- Transforming as team
  - Process (robustness)
  - Accountability (all levels)
  - Communication loop (agility and responsiveness)
Lesson 2: Top of Your Game

• Highest level of skills and licensure
  
  Trust
  
  Training

• New roles for licensed and unlicensed
• Accurate evaluation
• Local leadership
• No trust = no team
Lesson 3: Go Team!

- Not the team you're used to
- Requires change in roles and old MOC
- Eliminate obstacles
- Align:
  - Functional job descriptions
  - Expectations
  - Competencies and reviews
- Do not delay training
- Define leadership and oversight
Lesson 4: Level Setting

• Retain your mission and values as the primary goal
• Step not destination (accreditation or recognition)
• Moving denominators
  – If moved in your favor what are next steps
  – Think beyond meeting the standard
  – you > PCMH Level
Lesson 5: Moving the Needle

• Choose low hanging fruit
• Honor your passion
  – Choose areas that align with your needs and your vision
• Minimize your pain
  – Choose areas that align with practitioners pain points
Lesson 6: Think Outside the Doc

• Engage the C suite
• Billing and finance as allies in health
• Front desk and appointments practice
• Adaptive reserve is critical to managing change
• Larger system can help or hinder
Lesson 7: Leadership

• Honest
  – Financials tied beyond grants
  – Differences
  – Own your past
• Agile (I mean really agile)
• Inclusive
Lesson 8: U and Variability

- Standardization takes time and buy in
- Never too early to start
  - Protocols
  - Procedures
  - Processes
  - Authority
- Who do these touch?
- Care Management, Care Transitions and Coordination and IT most difficult areas
Lesson 9: Timing is Everything

• Practice problems (sudden)
• Practice problems (predictable)
• Protected time trap
• Motivation of key practice members
• Overbooking and other scheduling
  – Value over volume
  – Scheduling aligns with clinical expectations
Lesson 10: Put a Ring on It

• Patient engagement (different than satisfaction)
• How, where and what type of information is shared
• Clear decision points and goals for you and patients
• Requires transformed teaching
• Clear management strategies
• PCMH-CAHPS
ACHIEVING NCQA PCMH RECOGNITION:
A TOOLKIT FOR PRACTICES SEEKING TO APPLY
Project Genesis

- HMA helped Florida and Illinois develop and implement learning collaboratives focused on medical home practice transformation for child-serving practices.
- These projects demonstrated the value of and practice desire to achieve NCQA PCMH recognition.
- Also exposed the difficulty in achieving recognition without additional assistance.
- NCQA PCMH Recognition Facilitation project provided direct technical assistance to child-serving practices working to achieve recognition.
Project Goals

- Gain understanding of practice needs for transformation to the PCMH model of care by gathering information through the following “boots on the ground” activities:
  - Provide technical assistance for NCQA PCMH recognition to individual practices
  - Understand the resources and effort necessary for practices to achieve PCMH recognition
  - Identify transformation areas and processes that are the most challenging for individual practices
  - Develop key resources/tools to share with future practices
  - Inform the medical community and federal and state policy makers of needed resources
Toolkit Development

- Key resources were developed throughout the project as needed
- Toolkit of these resources was assembled to share more broadly with practices considering applying for recognition the tools created through this work are those involved practices found most useful
- Not intended to be a comprehensive guide to achieving recognition – a supplement to other available resources
- Tool icon indicates embedded tools
Toolkit Contents

- **Considering Recognition**
  - Determine need for TA
  - Build PCMH team

- **Assessing Status**
  - Assessment tool

- **Preparing for Application**
  - Strategic Plan template
  - Timeline template
  - Tracking Tool

- **Completing Application**
  - Factor overlap crosswalk
  - Documentation library
  - Document preparation tip sheet
  - Internal documentation checklists
Considering Recognition

• **Determine need for TA:** strongly recommend practices consider seeking technical assistance directly from an outside source

• **Build PCMH Team:** should include at least four key roles including a PCMH Champion, Communicator-in-Chief, Lead Administrator, and Report Master
Assessing Status

• **Assessment:** Understand the current level of medical homeness according to NCQA’s standards utilizing a standard Medical Home Assessment Tool

<table>
<thead>
<tr>
<th>Format 1: PATIENT CENTERED ACCESS</th>
<th>Factor Present? (Yes = 1, No=0)</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ELEMENT A: PATIENT CENTERED APPOINTMENT ACCESS (MUST PASS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice has a written process and defined standards for providing access to appointments, and regularly assesses its performance on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Providing same-day appointments for routine and urgent care. <strong>(CRITICAL FACTOR)</strong></td>
<td>P/R</td>
<td></td>
</tr>
<tr>
<td>2. Providing routine and urgent-care appointments outside regular business hours.</td>
<td>P/R</td>
<td></td>
</tr>
<tr>
<td>3. Providing alternative types of clinical encounters.</td>
<td>P/R</td>
<td></td>
</tr>
<tr>
<td>4. Availability of appointments.</td>
<td>P/R</td>
<td></td>
</tr>
<tr>
<td>5. Monitoring no-show rates.</td>
<td>P/R</td>
<td></td>
</tr>
<tr>
<td>6. Acting on identified opportunities to improve access.</td>
<td>P/R</td>
<td></td>
</tr>
<tr>
<td><strong>Total Possible Points for PCMH 1A:</strong></td>
<td>4.5</td>
<td><strong>Additional Notes for 1A:</strong></td>
</tr>
<tr>
<td><strong>Total # of Factors with &quot;Yes&quot; for PCMH 1A:</strong></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>% Points Received for PCMH 1A:</strong></td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total # of Points Received for PCMH 1A:</strong></td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td><strong>MUST PASS Element - Passed at 50% Level?</strong></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

The Medical Home Assessment Tool is a product of the Primary Care Development Corporation.
Preparing for application

• **Strategic Plan Template:** Helps inform where to go next – every factor does not need to be met. The strategic plan helps determine how best to proceed with recognition.

• **Timeline Template:** Helps in determining an appropriate and realistic timeline, both in terms of the recognition requirements and practice characteristics.

• **Tracking Tool:** Tracking tool to help ensure ownership, accountability, and that the process progresses according to the timeline.
Completing Application

- **Factor Overlap Crosswalk:** Shows where factors and elements overlap. Assists practices in developing their timeline, and also in determining their strategic plan for completion – many factors and elements closely align with, or must be completed in conjunction with or subsequent to another factor/element, and practices should not attempt to achieve each standard, element and factor in a sequential order.

- **Documentation Library:** Examples of documentation that meets NCQA requirements for each element/factor, gathered from NCQA training materials and practices that received recognition.

- **Document Preparation Tip Sheet:** NCQA’s resources on documentation preparation are extremely helpful and highly recommended.

- **Internal Documentation Checklists:** Checklists for each factor to assist in documentation review and provide a standardized process.
Accessing the Toolkit:
HMA Website
Accessing the Toolkit and Further Information:

To access Achieving NCQA PCMH Recognition: A toolkit for practices seeking to apply


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