Achieving Medical Home & Meaningful Use: *Why is it worth it?*

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Excellent Healthcare in Every Neighborhood

Presentation Overview

- Primary Care Key to Transforming Healthcare
- Policy Driving Urgency
- Metrics: Medical Home & Meaningful Use
- Preliminary Results
- Experiences from the Field

The State of Primary Health Care in the U.S.

Research shows that:

- Strong primary care is associated with good health outcomes
  - Lower costs of over all healthcare spending
  - Meet the challenges presented by aging populations and rising incidence of chronic disease

- Patients with chronic illness require more face to face time with physicians
  - Education about their illness
  - Explore best case treatment guidelines

- Lack of Financial Incentives
  - U.S. PCP's are among the least likely to be offered such rewards; only 1/3rd reported receiving financial incentives.

Primary Care Key to Transform Healthcare, but…

- US does not have a viable primary care-based health care system
- Primary care practice has become less financially viable than specialty care
- US health care is increasingly fragmented and moving away from principles of primary care and chronic care management, despite evidence of their effectiveness (IOM's "Quality Chasm")

***The Bottom Line*:**

Primary Care will lead transformation
of our health care system

Policy is Driving Urgency for Change

- Primary care providers face two unique and historic opportunities to simultaneously improve patient outcomes and strengthen their financial viability:
  - In 2010 New York State Medicaid now offers enhanced reimbursement for primary care providers that meet the **NCQA's Patient-Centered Medical Home (PCMH)** standards.
  - From 2011-2014 Medicaid and Medicare will offer tens of thousands of dollars per year in incentives to doctors and hospitals that meet federally defined standards for the **Meaningful Use (MU)** of health information technology
- Achieving medical home and meaningful use standards is time sensitive, with financial benefits either decreasing or turning into penalties within a three- to five-year period

Medical Homes have Launched

- 100 planned or established Medical Home pilots programs
- Vary widely in structural characteristics, scope of patient enrollment, disease mix, operating models and sponsorship
- Credible organizations making strides in bridging the gap in the quest for valid and reliable Medical Home metrics:
  - **NCQA PPC-PCMH**
  - Patient Enablement Instrument
  - Consultation Quality Index
  - Medical Home Intelligence Quotient

Issue Brief: Medical Home 2.0: The Present, the Future by Deloitte Center for Health Solutions, September 2010.

NCQA PPC-PCMH Standards

1. Access and Communication
2. Patient Tracking and Registry Functions
3. Care Management
4. Patient Self-Management Support
5. Electronic Prescribing
6. Test Tracking
7. Referral Tracking
8. Performance Reporting and Improvement
9. Advanced Electronic Communications

What is Meaningful Use

ARRA specifies three requirements for "meaningful use"

Use

Using certified EHR technology in a meaningful manner (which includes e-prescribing for eligible providers and meeting the MU criteria)

Connect

Connecting a certified EHR in a manner that provides for the electronic exchange of health information to improve the quality of care.

Submit

Using the technology **to submit information** to CMS on clinical quality measures and other measures selected by CMS.

What is Meaningful Use – The First Cut

Goal A	Improve quality, safety, efficiency, & reduce health disparities	(15)
Goal B	Engage Patients and Families	(4)
Goal C	Improve Care Coordination	(3)
Goal D	Improve Population and Public Health	(2)
Goal E	Ensure adequate privacy and security Protection for PHI	(1)

What are the expected results?

- Greater efficiencies within the practice (Pre-visit planning; improved internal communications)
- Greater effectiveness of care quality via the use of HIT (clinician alerts and decision support; tools to reduce medication & testing errors and improve care management & care coordination)
- Improved patient satisfaction (improved access to care and health information; patient engagement in care; patient education)
- Positive health care center reputation (Are you on the cutting edge of health technology, keeping up with your competitors)
- Clinician & staff recruitment & retention (emphasis on new staff roles, i.e., care managers)
- Higher reimbursements to sustain the model

Early Findings of Medical Homes

- Patient outcomes improve and costs are lower, but start-up and maintenance costs are high
- HIT is the essential front-end investment
- Salient to success:
  - Dedicated care managers
  - Expanded access to health practitioners
  - Data-driven analytic tools
  - New incentives

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Early Findings of Medical Homes (cont.)

- Effective participation of PCP depends on:
  - Willingness to develop, update and adhere to evidenced-based clinical guidelines
  - Flexibility to incorporate feedback from care team members and patients
  - Willingness to use HIT in diagnostics and treatment planning and routine patient interaction

- Access to an adequate supply of primary care service providers is an issue
  - PCPs account for 35% of the US physician workforce, compared to 50% in most of the world's developed health systems
  - By 2025, the US will face a 27% shortage of adult generalist physicians

- Incentives must be aligned and realistic

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Experiences from the Field

Dr. Pascal Kersaint

Medical Director

Dr. Jacqueline Delmont

Medical Director, Owner Operator

Panel Discussion

- Can the principles of NCQA's PPC-PCMH be useful guidelines for the delivery of better healthcare?
- How was Care Management staffed and what are the challenges to long-term sustainability?
- When did transformation become visible?
- Are there any new risks that accompany becoming a Level 3 medical home?
- Was an incremental approach taken to achieving PCMH and what role did EMR play?

Thank you!

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