The Patient Centered Medical Home (PCMH): Overview of the Model and Movement

Part I

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Presentation Outline

Part I:
- Why the patient-centered medical home (PCMH)?
- What is the PCMH?
- How do I know a PCMH when I see it?
- Where does specialty care fit in?

Part II:
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- How can ACP help practices?
The Cost of American Healthcare

Health Care Expenses In an International Context

The U.S. spends significantly more per person on health care than other developed countries, both in total spending and out-of-pocket spending.

Sources: The Commonwealth Fund, calculated from 2004 OECD Health Data and data in 2004.

For all the Money We Spend, How Well Does Our System Perform?

A Commonwealth Fund study ranked the performance of the health systems of six countries, with 1 being the highest ranking and 6 being the lowest. The U.S. ranked at or near the bottom in 9 of the 10 categories.

<table>
<thead>
<tr>
<th>Overall Ranking</th>
<th>Australia</th>
<th>Canada</th>
<th>Germany</th>
<th>New Zealand</th>
<th>United Kingdom</th>
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<td>Length, Healthy, and Productive Lives</td>
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<td>4.5</td>
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<td>Health Expenditures per Capita, 2004</td>
<td>$2,076</td>
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<td>$3,085</td>
<td>$2,083</td>
<td>$2,546</td>
<td>$6,102</td>
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</table>

Source: Country Rankings: Overall Health System Performance, Commonwealth Study, 2004 (OECD Data)
What about within the U.S.? – Significant Geographic Variation

Chart 1: Medicare Spending per Beneficiary, by Hospital Referral Region, 2006


- States with red circles have PC/Specialty Ratio of < 1.0
- States with green circles have PC/Specialty Ratio of > 1.45

EQUITY AND EFFICIENCY - MULTIPLE CONDITIONS - CHART 5/9

Relationship Between Quality of Care and Medicare Spending

States with higher spending per Medicare beneficiary tended to rank lower on 22 quality of care indicators. This inverse relationship might reflect medical practice patterns that favor intensive, costly care rather than the effective care measured by these indicators.

Relationship between quality and Medicare spending, as expressed by overall quality ranking, 2000–2001

Source: Medicare administrative claims data and Medicare Quality Improvement Organization program data, as analyzed by Bunker and Chandra (2006). The solid line shows that for every $1,000 increase in Medicare spending per beneficiary, a state’s quality ranking dropped by 0.3 points. Adapted and reproduced with permission of Health Affairs Press from Bunker and Chandra, “Medicare spending, the physician workforce, and beneficiaries’ quality of care” (Web Exclusive), 2004. Permission conveyed through the Copyright Clearance Center, Inc.
Increasing Demand for Health Care Services

Population and service demand growing

- U.S. population projected to be 349 Million by 2025
- 902 million visits were made to physician offices in the US in 2006 - 2/3 Primary care - IM, Peds, and FP
- Insurance reform will expand coverage

Aging and chronically ill population

- 2011 10,000 seniors per day will become eligible for Medicare
- 83% of current Medicare patients have one or more chronic conditions
- 23% of current Medicare patients have 5 or more chronic conditions, account for ~ 3/4 of Medicare spending, see about 14 different physicians in a year and have about 40 office visits

In Order to See Real Change...

We Need to Redesign How We Deliver Care and How We Pay for It!
“[Better] performance is not simply – it is not even mainly – a matter of effort; it is a matter of design”

- Don Berwick
  Administrator of CMS
  (Former CEO, IHI)

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What is the Patient-Centered Medical Home?

- Vision of primary care as it should be
- Strengthening the physician-patient relationship
- Getting patients the care they want and need when they need it
- Framework for organizing systems of care at both the micro (practice) and macro (society) level
- Model to test, improve, and validate
- Important component of more comprehensive reform (including accountable care organizations)

Evolution of the PCMH “Joint Principles”

ACP, American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), and American Osteopathic Association (AOA) have similar positions in promoting PCMH

ACP, AAFP, AAP, and AOA—representing 330,000 physicians—establish PCMH “joint principles” in March 2007 to provide standard definition of delivery model and describe the environment necessary to support it

These joint principles guide the collective actions of the organizations to further develop, promote, and test the PCMH
Joint Principles

- Personal physician in physician-directed practice
- Whole person orientation
- Coordinated care, integrated across settings
- Quality and safety emphasis
- Enhanced patient access to care
- Supported by payment structure that recognizes services and value

Team-based care:
- NP/PA
- RN/LPN
- Medical Assistant
- Office Staff
- Care Coordinator
- Nutritionist/Educator
- Pharmacist
- Behavioral Health
- Case Manager
- Social Worker
- Community resources
- DM companies
- Others...

“Neighbors” Endorsing the Joint Principles

- American Academy of Hospice and Palliative Medicine
- American College of Neurology
- American College of Cardiology
- American College of Chest Physicians
- American College of Osteopathic Family Physicians
- American College of Osteopathic Internists
- American Geriatrics Society
- American Medical Association
- American Medical Directors Association
- American Society of Addiction Medicine
- American Society of Clinical Oncology
- Association of Professors of Medicine
- Association of Program Directors in Internal Medicine
- Clerkship Directors in Internal Medicine
- Infectious Diseases Society of America
- Society for Adolescent Medicine
- Society of Critical Care Medicine
- Society of General Internal Medicine
How do you Know a PCMH When you See One?

Process needed to recognize practices that have and use the capability to provide patient-centered care

- Practice recognition provides purchasers (employers, government) and patients with prospective assurance that the practice has capabilities
- Recognized PCMHs would also be accountable for quality of care by reporting on evidence-based clinical and patient experience measures—provides retrospective assurance
- National Committee on Quality Assurance (NCQA) announced a voluntary recognition process based on its Physicians’ Practice Connection (PPC) module, the PPC-PCMH in January 2008
  - ACP, AAFP, AOA, and AAP helped NCQA develop the module
  - Undergoing revisions now, with new version to be released in January 2011
- Other entities are also developing PCMH recognition/accreditation processes – The Joint Commission, URAC, CARF, AAAHC
NCQA PPC-PCMH Recognition Module; Major Domains/Standards

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

Each standard contains sub-elements – 10 of which are considered “must pass”

For more information: http://ncqa.org/tabid/631/Default.aspx

Scoring: Building a Ladder to Excellence

Level 1: 25-49 Points; 5/10 Must Pass
Level 2: 50-74 Points; 10/10 Must Pass
Level 3: 75+ Points; 10/10 Must Pass

Increasing Complexity of Services
### NCQA Recognition Activity

>1500 practices have received recognition
- 33% Level 1
- 5% Level 2
- 62% Level 3

58% of practices have < 5 physicians at the site

47% of practices are part of multi-sites

Concentration in the Northeast and Mid-South
- Practices more likely to seek recognition when/where tied to reward

About 66% are adult primary care practices; 15% are pediatric practices

31 (17%) are community health centers

SOURCE: NCQA, July 2010

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Complex Delivery

Health care delivery is complex – e.g., the typical primary care physician coordinates care with 229 other physicians working in 117 practices


Specialty Care Connections

PCMH is NOT a gatekeeper system

Emphasis on transitions in care & continuity (e.g., referral agreements, care transitions programs)

ACP in discussions with several groups regarding the PCMH model and primary care/specialty care interface (sharing care)

ACP Council of Specialty Societies PCMH workgroup:

- Developed FAQs on the relationship of the PCMH to specialty physicians*
- Facilitating the development of the “PCMH Neighbor” concept – white paper to be released in late Summer/early Fall 2010

* FAQs available at: http://www.acponline.org/running_practice/pcmh/understanding/specialty_physicians.htm

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Thank You!

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Questions?