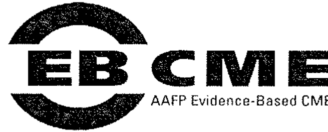

AAFP Chapter Lecture Series:

Patient-Centered Medical Home

Presented By

Karen L. Smith, MD, FAAFP

Private Physician
Raeford, NC

This CME activity is supported by an
educational grant to the AAFP from **Pfizer and sanofi-aventis**.

AAFP Chapter Lecture Series: Patient-Centered Medical Home

CME Credit

This activity has been reviewed and is acceptable for up to 1 Prescribed credit by the American Academy of Family Physicians (AAFP).

The AAFP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians.

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Karen L. Smith, MD, PA, FAAFP, has returned a form indicating that she has no affiliation or financial interest in any organization(s) that may have a direct interest in the subject matter of his CME presentation.

Disclosure of Unlabeled/Investigational Uses of Products

Karen L. Smith, MD, PA, FAAFP, returned forms declaring that the content of his presentation at this AAFP sponsored CME course will not include discussion of unapproved or investigational uses of products or devices.

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The views and opinions expressed herein are those of the faculty/author/speaker and do not necessarily represent those of the American Academy of Family Physicians. Any recommendation made by the faculty/author/speaker must be weighed against the physician's own clinical judgment, based on but not limited to such factors as the patient's condition, benefits versus risks of suggested treatments, and evidence-based practice guidelines or practice recommendations supported by evidence, pharmaceutical compendia and other authorities.

Content Development

The AAFP would like to thank William J. Geiger, MD, FAAFP for creating the content for this series.

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AAFP Chapter Lecture Series Assessment Questions

Patient-Centered Medical Home

The data from these questions will be used in aggregate form in a research article and has been approved for IRB exempt status. Participation is voluntary; refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

Pre-Assessment Questions:

Please select the most appropriate answer to each of the following questions by filling in the bubble next to the corresponding answer. Please be sure to fill in the bubble of you response completely.

	A	B	C	D	E
Question # 1	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
Question # 2	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
Question # 3	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ

Post-Assessment Questions:

***NOTE*: The orders of the questions and answers have been scrambled and are not in the same order as the pre-assessment questions.**

Please select the most appropriate answer to each of the following questions by filling in the bubble next to the corresponding answer. Please be sure to fill in the bubble of you response completely.

	A	B	C	D	E
Question # 1	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
Question # 2	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
Question # 3	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ

AAFP Chapter Lecture Series Course Evaluation:

Patient-Centered Medical Home

Please rate you agreement to the following statements. Please be sure to fill in the bubble of you response completely.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I would rate Karen Smith, MD as excellent.	5	4	3	2	1
The content presented in this session covered the stated learning objectives.	5	4	3	2	1
The session was appropriately paced to sufficiently cover the amount of material presented.	5	4	3	2	1
The content of this session was of an appropriate level.	5	4	3	2	1
The course material content adequately supported the presentation.	5	4	3	2	1

Please provide any additional comments related to the faculty/session.

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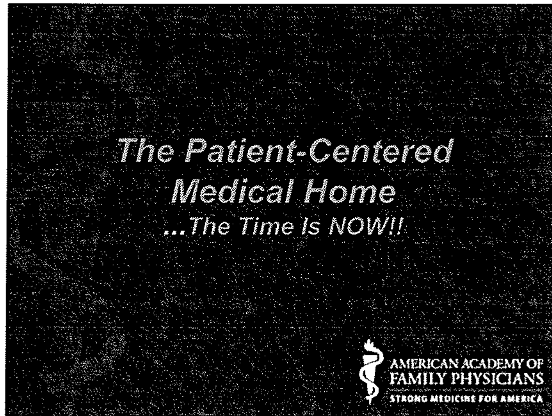

Learning Objectives

- Review *goals* of PCMH and the need for comprehensive medical care for children, youth, and adults
- Define the *components* of the PCMH model
- Evaluate *technology* needs and develop a plan to project future expectations
- Establish realistic time lines for *implementation*
- Clarify *decision-making policy* in different private practice models
- Articulate *impact* PCMH can have on practice during implementation

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Primary Care is Foundational

- ***WHO stated in 1978 that primary care "is the key" to attaining "adequate health."***
  International Conference on Primary Health Care. Declaration of Alma-Ata. *WHO Chron.* 1978;32(11):428-430.
- ***Healthcare systems based on primary care have:***
  - Better quality care
  - Lower costs
  - Less disparity
  - Better population health

Stange KC, Miller WL, Nutting PA, et.al. Context for Understanding the National Demonstration Project and the Patient-Centered Medical Home. *Ann Fam Med.* 2010;8(Supp 1):S2-S8.

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PCMH Will Revitalize Primary Care

- ***It provides a Vision for the future practice of family medicine.***
- ***It is a Guide for office redesign that promises better results for patients and for physicians.***
- ***It provides a Path to fortify primary care and establish its value in our health system.***

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History of the Medical Home

- First introduced by pediatricians for special needs children in 1967
- IOM advocated for medical homes in 1996
- Future of Family Medicine Project called for a "personal medical home" for all Americans in 2004
- American College of Physicians called for "advanced medical homes" in 2006
- *Not* a new concept to family physicians

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2007 – Joint Statement

- Joint declaration by:
  - American Academy of Family Physicians
  - American Academy of Pediatrics
  - American College of Physicians
  - American Osteopathic Association
- Purposes of the report
  - Define the concept
  - Delineate the evidence
  - Determine the agenda for change
  - Develop political support

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7 Core Features

- A personal physician
- Physician-directed medical practice
- Whole person orientation
- Coordinated care
- Quality and safety
- Enhanced access
- Payment reform

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Personal Physician

- Ongoing relationship over time between the patient and the physician
- IOM's *Crossing the Quality Chasm* - "Continuous healing relationship"

http://www.nap.edu/html/quality_chasm/reportbrief.pdf

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Personal Physician

- Future of Family Medicine –
  - "Accepts real responsibility for looking after his/her patient in sickness and in health"
  - "Commits to sticking with the patient regardless of their health and medical concerns, to help them get appropriate and safe care, matched to their goals"
  - "Dwells in the community with those they serve and contributes to the life and progress of their community"

Future of Family Medicine Project Leadership Committee. The Future of Family Medicine: A Collaborative Project of the Family Medicine Community. *Ann Fam Med. 2004*;2(Suppl 1):S3-S32.

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Benefits of a Personal Physician

- Patients value relationship over everything else
- Best predictor of patient satisfaction
- Better outcomes and lower overall costs
- Eliminates disparities in care
- More preventive services

http://www.graham-center.org/PreBuilt/PCMH.pdf

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Physician-Directed Practice

- Leads a multidisciplinary team that takes responsibility for ongoing care
- Change from physician-focused care to team-focused care
- Each member of the team feels and takes personal responsibility for the patients
- Will require a major paradigm shift
- Physician as leader, teacher, and trainer

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Physician-Directed Practice

- Break the acute care, 10-15 minute visit model of practice
- Paradigm shift from individual patients to population health
- Keep the whole patient panel healthy, not just see the patients on today's schedule
- Fewer face-to-face visits and more management by telephone, e-mail ("virtual office visits"), and group visits

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Physician-Directed Practice

- Chronic care model
  - Alternative to the acute care model
  - Disease registries
  - Team involvement
  - Group visits
  - Focused visits/templates
  - Care plans
  - Outcomes focused

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Whole Person Orientation

- Takes responsibility for all health care needs
  - Acute and chronic care
  - Transgenerational care
  - Preventive services
  - End of life care
- Utilizes the biopsychosocial model
- Heart of true "patient-centered" care
- True patient advocacy within the system
- "In the context of personal values, across settings, and culturally and linguistically appropriate."

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Whole Person Orientation

- "Comprehensivists"
- Accountable for the right care at the right time
- Arranging for care with other professionals
- Broad Community linkages:
  - Community agencies
  - Public Health agencies
  - Advocacy for underserved

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Whole Person Orientation

- Patients who don't get comprehensive whole person care:
  - Are less satisfied
  - Feel less enabled/empowered
  - Have a greater symptom burden
  - Use more health care resources

http://www.graham-center.org/PreBuilt/PCMH.pdf

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Coordinated Care

- "Integration" – making a sensible whole out of many parts
- Health care is a complex and confusing multifaceted system
- Seamless care across all elements – specialty care, hospital, home health agencies, nursing homes, community agencies
- Facilitated by registries, information technology, and information exchange

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Quality and Safety

- Advocate for optimal, patient-centered outcomes
- Evidence-based medicine, best practices, and decision support
- Continuous quality improvement
- Major safety focus

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Enhanced Access

- Open-access scheduling, extended office hours
- New communication options with the PCMH Team
  - E-mail consultations
  - Practice web site
  - Access patient data
- Availability 24/7

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Payment Reform

- Revised system that adequately values the added care provided to patient in a PCMH
- Present system rewards consumption and utilization
- Reform must enable physicians to deal with complexities of medical, behavioral, and social issues of patients, particularly with chronic illnesses
- Proposals usually include basic fee-for-service, plus monthly management fees, plus quality/efficiency bonuses

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STRONG MEDICINE FOR AMERICA

Encouraging Healthy Lifestyles
A Special Report on Overweight and Obesity

Public Health Issues

Health Reform

PORTFOLIO

Join

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AAFP

Patient-Centered Medical Home

Ready to Start Building Your PCMH?

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4 Elements of a PCMH

- Practice Organization
- Health Information Technology
- Quality Measures
- Patient Experience

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Patient-Centered Medical Home Checklist

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QUALITY MEASURES

Are you using these clinical information systems:

Your practice is a culture of improvement if you and your staff:

Does your practice use these checklists and reminders?

Do your care plans reflect:

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PCMH – Patient Centered Maximized Healthcare

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Patient Centered Primary Care Collaborative

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www.transformed.com

www.pcpcc.net

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CERTIFICATION

- **2007 – NCQA Launches PPC-PCMH**
  (Physician Practice Connections – Patient-Centered Medical Home)

www.ncqa.org

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PPC-PCMH Content and Scoring

**Must Pass Elements

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NCQA CERTIFICATION

PPC-PCMH Scoring

Level of Qualifying	Points	Must Pass Elements at 50% Performance Level
Level 3	75 - 100	10 of 10
Level 2	50 – 74	10 of 10
Level 1	25 – 49	5 of 10
Not Recognized	0 – 24	< 5

Levels: If there is a difference in Level achieved between the number of points and "Must Pass", the practice will be awarded the lesser level; for example, if a practice has 65 points but passes only 7 "Must Pass" Elements, the practice will achieve at Level 1.

Practices with a numeric score of 0 to 24 points or less than 5 "Must Pass" Elements do not Qualify.

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CHANGE!?! Ugh!

- Change is tough
- No one likes to push out of their comfort zone
- Change can be dangerous
- But change is one of the few constants in life!

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Change is the constant, the signal for rebirth, the egg of the phoenix.

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Progress always involves risks. You can't steal second base and keep your foot on first.

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CHANGE!?! Ugh!

危机

Crisis =

Danger + Opportunity

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HOW DO WE LEAD CHANGE?

- Vision
- Support
- Planning
- Communication
- Timeframe
- Perseverance

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VISION

- Know exactly what you want to build
- Know exactly why you want to build it
- Establish a sense of urgency
- Paint an exciting picture of the future after the change

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Every production of genius must be a production of enthusiasm.

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SUPPORT

- Find champions and change agents
- Build a team to move the change forward
- Make sure you have enough resources
- Develop broad base of support at all levels of the organization

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PLANNING

- Realistic assessment of your practice
- Divide into 3 areas
  - What can be kept
  - What needs to be modified
  - What needs to go
- Stage the changes over 2-3 years
- Plan to get some early wins

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COMMUNICATION

- Develop a broad-based communication plan
- Communicate clearly and concisely
- Use every medium of communication available
- Repetititon over and over…
- Honesty and openness

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FEAR
is a darkroom where negatives are developed.

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TIMEFRAME

- Implementing a program is quick, but changing a culture takes a long time
- Always takes longer than you think
- "The devil is in the details!"
- But don't wait until the plan is perfect to start
- Make it a PDSA cycle

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PERSEVERANCE

- Change is hard work
- Changing a culture takes more energy that we anticipate
- Develop thick skin!
- Develop a strong heart!
- Develop a support team!

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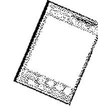
NATIONAL DEMONSTRATION PROJECT

TransforMED



- Study of varied 36 practices from May 2006-June 2008 – 31 completed
- Mixed findings on PCMH:
  - Can be built, but may worsen patients' perceptions of care
  - Better chronic disease care, but some other quality outcomes worsened
  - Will require great leadership, motivation, and outside facilitation
  - Will take more time and resources than predicted

Crabtree FB, Nutting PA, et al. Summary of the National Demonstration Project and Recommendations for the Patient Centered Medical Home. *Ann Fam Med.* 2010;8(Suppl 1):S80-S90.

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MOUNTING EVIDENCE

- 2007 prospective cohort study of 756 patients with "life-limiting illnesses" in California
- In the "patient-centered" group:
  - 38% fewer admissions
  - 36% fewer inpatient days
  - 30% fewer ED visits
- 26% lower costs

Sweeney L, Halpert A, Waranoff J. Patient-Centered Management of Complex Patients Can Reduce Costs Without Shortening Life. *Am J Manag Care.* 2007;13:84-92.

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MOUNTING EVIDENCE

- Between 1996 and 2005, ED visits increased 20%
- Most avoidable with appropriate primary care
- Those with "usual source of care"
  - 7% of care in the ED
- Those with "no usual source of care"
  - 21.6% of care in the ED

Petterson SM, Rabin D, Phillips RL Jr, et al. Having a Usual Source of Care Reduces ED Visits. *Am Fam Physician.* 2009;79(2):94.

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MOUNTING EVIDENCE

- Study of North Carolina Medicaid claims for asthma in children 1998-2001
- Fee for service vs Medical Homes
- Better use of asthma medications and fewer ED visits and hospital admissions
- Spending levels increased, but due to better provision of preventive services

Domino ME, Humble C, Lawrence WW Jr, et al. Enhancing the medical homes model for children with asthma. *Med Care.* 2009;47(11):1113–1120.

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MOUNTING EVIDENCE

- Geisinger Health System in Pennsylvania
- 36 primary care practices with NCQA Level 3 PCMH certification vs control practices
- Positive results:
  - 40% reduction in 30-day readmissions
  - 20% reduction in admissions
  - 7% lower costs

Arvantes, J. Geisinger Health System Reports That PCMH Model Improves Quality, Lowers Costs. *AAFP News Now. May 25, 2010.*

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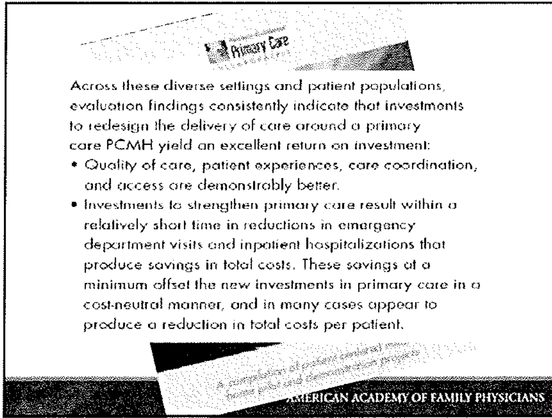

FAMILY MEDICINE UPDATES

Group (NAPCRG) is taking steps toward this end through the development of a new mentorship workshop and program that creates opportunities for long distance mentorship for protegés who cannot find local mentors. The goal of the program is to "increase the number, quality, efficiency, and productivity of research mentors in family medicine."[7] The Grant Generating Project, funded by the Society of Teachers of Family Medicine, the American Academy of Family Physicians Foundation, and NAPCRG, is an opportunity for education and mentorship for new researchers who may not have local assistance for their research activities. While these programs are great resources, individual departments should also expect and support mentorship among their faculty by providing protected time for research and mentoring. Until we establish a stronger research presence within each family medicine department, we should continue to develop opportunities for long distance mentorship and look to tap experienced colleagues in other departments.

Hajar Kadnar, MD, Senior Fellow,
NRSA Primary Care Research
Acting Instructor, Family Medicine,
University of Washington,
Family Medicine Research Section

AAFP From the American Academy of Family Physicians

Ann Fam Med 2010;8:375-376. doi:10.1370/afm.1151.

FOR PRACTICES LARGE AND SMALL, HERE'S GOOD NEWS ABOUT THE PATIENT-CENTERED MEDICAL HOME

Even with the growing popularity of the patient-centered medical home (PCMH) model of care, some family physicians still think the rewards of transforming their practices into PCMHs are not worth the cost and effort. But if you are one of these family physicians, I encourage you to think again. Recent PCMH developments, including a new TransforMED program designed to help small physician practices transform, may inspire you to change your mind.

TransforMED, which is an independent subsidiary of the AAFP, has been working hard to develop the PCMH as a viable model of care for family physicians and to provide resources to help practices transform to the model. We've been involved in many PCMH

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The Future of Family Medicine looks bright…

…build it and they will come!!

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