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Patient-Centered Medical Homes (Presentation Handout)



Presented to AFC SPC, 3/14/13 by Barbara
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What is a PCMH?

From the March 2007 Joint Principles of the PCMH: AAP, American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American Osteopathic Association (AOA)

- Personal primary care provider (PCP)
- PCP directed medical practice
- Whole person orientation
- Care coordinated and/or integrated
- Payment for the added value provided to patients



Why now?

The ACA provides resources states can use to support, improve, or expand new and existing medical home efforts. While the law promotes the medical home model it does not require states to launch or enhance medical home programs.

But....the expectation is that PCMHs will save money in the health system while improving patient care and quality.



ACA provisions

- 2703 – Creates a new state plan option for states to establish health homes for Medicaid beneficiaries with chronic conditions. Also offers states enhanced funding for up to eight quarters after approval of a state plan amendment (SPA) implementing this option.
- §3021, §10306 – Explicitly identifies the medical home model as one that could be tested by the new CMS Center for Medicare and Medicaid Innovation.
- §3502 – Establishing Community Health Teams to Support the Patient-Centered Medical Home.
- §4108 – Incentives for Prevention of Chronic Diseases in Medicaid.
- §5405 – Grants to states for establishing programs to educate providers on topics including the medical home.
- §10333 – Community-based networks will help providers offer comprehensive, coordinated care for low-income populations.



Recognition

- A PCMH can happen without official recognition
- But financial rewards will probably require some sort of recognition that the PCMH is in place



Many paths to (and many names for) accreditation/certification/recognition/etc.

- National Committee for Quality Assurance (NCQA)
- URAC (formerly the Utilization Review Accreditation Commission)
- Joint Commission
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)



Support for the process

- HRSA has established an aggressive goal for CHC PCMH recognition - 40% by September 2014.
 - HRSA is supporting several initiatives to assist BPHC grantees with the survey costs and assistance in achieving PCMH recognition
 - The Accreditation Initiative: Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission
 - The Patient Centered Medical Health Home Initiative: National Committee for Quality Assurance (NCQA)
- bphc.hrsa.gov/policiesregulations/policies/pcmhpaths.ppt*
- HRSA has also funded the Ryan White MHRC to provide training and TA on the process
- <https://careacttarget.org/mhrc>



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More Detail on BPHC support

ACCREDITATION INITIATIVE

Eligibility: All Section 330 funded grantees; application process begins with submitting a Notice of Interest(NOI).

Key Programmatic Content:

- Grantees can choose the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC) to gain accreditation status for their organization. Both accrediting organizations offer a PCMH product. Accreditation of the entire organization is available including ambulatory care, laboratory, behavioral health through an on-site survey.
- Accreditation period of 3 years.

Avg time needed to become accredited: 9-12 months.

- HRSA Accreditation Website:
<http://www.bphc.hrsa.gov/accreditation>

More Detail on BPHC support (cont.)

NCQA PATIENT CENTERED MEDICAL HEALTH HOME INITIATIVE

Eligibility: All Section 330 funded grantees and FQHC Look-Alikes; application process begins with submitting a Notice of Interest.

Key Programmatic Content:

- Recognition is accomplished through the completion of an online survey tool. Recognition is provided at the site level. Each individual site must complete the online survey.
- Recognition period of 3 years.
- **Avg. time needed to become recognized:** 9-12 months.
- HRSA PCMHHI Website:
<http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html>



More Detail on the HIV-Medical Homes Resource Center (HIV-MHRC)

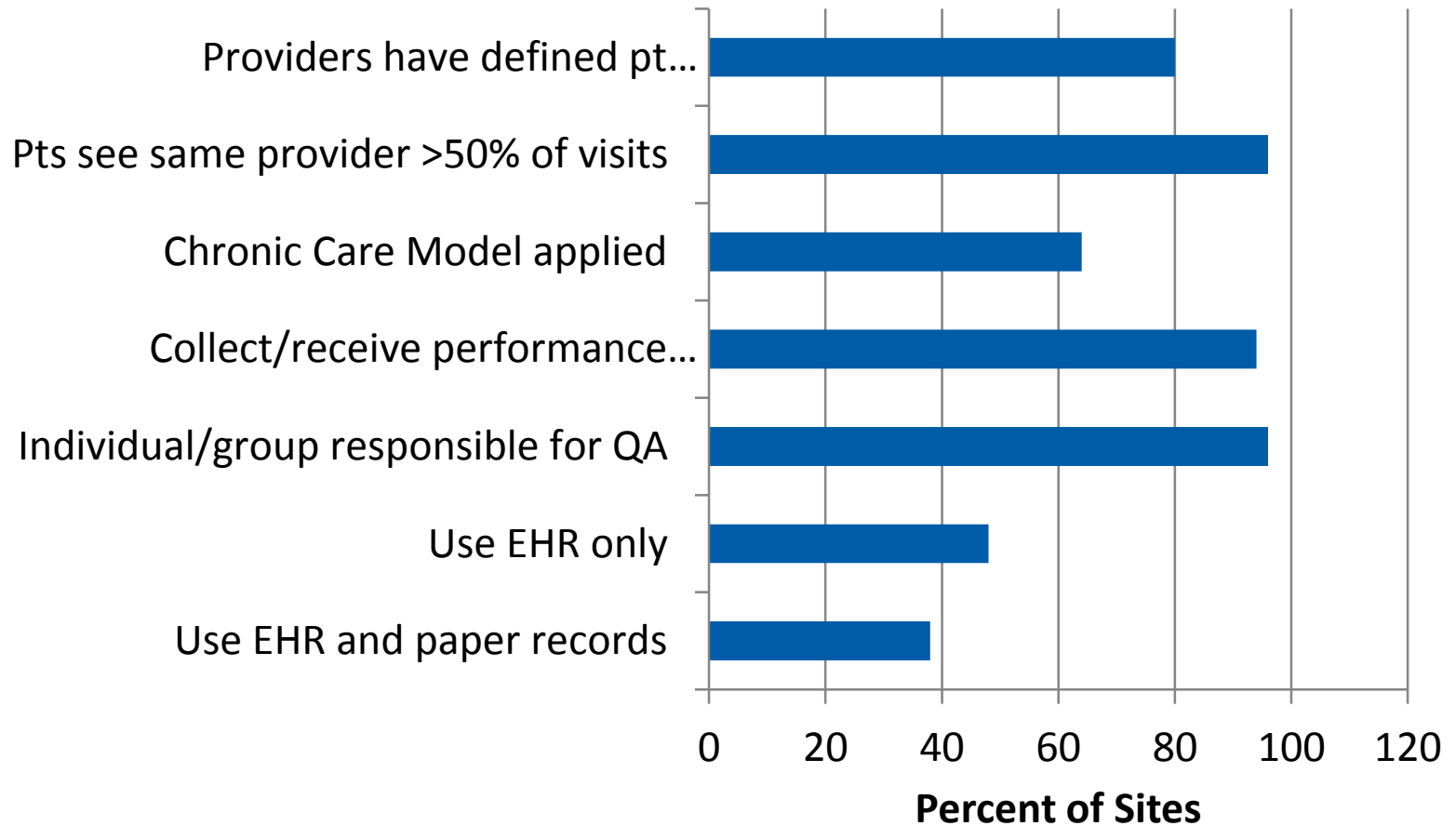
- Joint project of FXB/UMDNJ and UCSF Center for Excellence in Primary Care in HIV (CEPC)
- Provide support to Ryan White grantees and service providers to understand the requirements of and successfully apply for and become certified medical homes.
- Build on the principles of primary care that are at the heart of the patient-centered medical home.
- Funded by the HRSA HIV/AIDS Bureau
- 3 year project (September 2011-2014)
- Targeting Ryan White Funded HIV Clinics throughout the US

HIV-MHRC Needs Assessment

- 48 item online questionnaire, 2/1-4/2/2012
- Disseminated by email to 554 Ryan White HIV/AIDS program grantees across Parts A, B, C and D
- 223 respondents
- 40 states, DC, 3 U.S. territories (PR, Guam, U.S. VI) – all 10 HRSA regions
- Most responses: NY (n=21) and CA (n=14)
- 9 states with at least 10 responses: NY, CA, PA, GA, FL, IL, MA, NJ, NC
- Responses from organizations with more than one funded clinic



Practice Characteristics that Support the PCMH Model of Care





Status as of 2012 of PCMH Recognition/Certification among RW Grantees

Organization	# Recognized or Certified Sites	# Pending Applications	Locations
NCQA level 1	3	13	AR, AZ, CA, CO, CT, IL, MA, MI, NY, TX, VA, WI
NCQA level 2	1		
NCQA level 3	14		
The Joint Commission	11	9	AR, CT, FL, IA, IL, LA, MA, NJ, NY, TX, PR
State Program	5	4	ID, LA, MA, NJ, NY, PR
AAAHHC	2		CO



Needs Assessment Summary/Conclusions

- Many characteristics of Ryan White clinics align with key elements of PCMH
- Responses demonstrate widespread interest and readiness for PCMH development and certification among Ryan White clinics, including capacity for practice change
- Sites with current or pending PCMH recognition/certification illustrate progress and provide an important source of expertise within the RWCA program
- Findings provide insights about issues to be considered / addressed in HIV-MHRC training and technical assistance, including
 - Primary care vs. HIV specialty sites
 - Types of recognition/certification
 - Clinics' interests and priorities for training and TA



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Strategic Planning Workshops for Ryan White Agencies

Goals:

- Increase participants' knowledge about PCMH
- Develop an agency team that will provide a “critical mass” to promote change within the agency
- Support each agency's development of an initial action plan for achieving PCMH certification
- Provide tools and resources to assist in meeting PCMH requirements



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Resource Repository

<http://www.careacttarget.org/mhrc>

The screenshot shows the website for the HIV Medical Homes Resource Center (MHRC). At the top, the TARGET Center logo is displayed with the tagline "Tools for the Ryan White Community" and the mission statement "Supporting HIV care through education and innovation". A navigation bar includes links for "Topics Library", "News and Events", "Ryan White Community", and "Help Desk", along with a search box. The main content area is titled "HIV Medical Homes Resource Center (MHRC)" and features a sidebar with navigation options: "HIV-MHRC Home", "About the HIV-MHRC", and "Medical Homes Resources". The main text describes the MHRC as a HRSA-funded national training and technical assistance cooperative agreement. It includes a "Description" section, a "What we do" section, and a "What's online" section. A "Learn more" section lists links for "About the MHRC", "Medical Homes Bibliography", and "Online Resources". A "Download handout" button is located at the bottom of the main content area. On the right side, there are social media sharing options, a "Rate this Page" section with a star rating, a "Browse for More" section with filters for "Source Type: Cooperative Agreement" and "Topic Areas: Medical Homes", and a "Total views: 487" counter. The HIV MHRC logo, featuring a red and blue ribbon, is also visible.



On-Going Technical Assistance (TA)

- **Baseline TA**
 - Strategic Planning Workshops
 - Two in year 2: west coast and northeast coast
- **Beginner TA: referrals, guidance to resources**
- **Intermediate TA: Beginner + webinars**
 - 1st webinar in December 2012 “Using Documentation to Capture Your Gains in Practice Transformation”
- **Advanced TA:**
 - Intermediate + regular conference calls and/or site visits (based on nature of request)



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Thank you!

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