Army Incentives for the PCMH

The Quadruple Aim: Working Together, Achieving Success
Mr. Ken Canestrini, MHA, FACHE
24 January 2011
## Army Incentives for the PCMH

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17. LIMITATION OF ABSTRACT

Same as Report (SAR)

18. NUMBER OF PAGES

18

19a. NAME OF RESPONSIBLE PERSON

Standard Form 298 (Rev. 8-98)
Prescribed by ANSI Std Z39-18
Outline

- Why are we moving to the PCMH?
- Initial State, Targets
- Army SG’s Guidance
- Community Based Medical Homes
- Army Medicine Incentives
- Examples of measures
Reasons for Action

- Fulfill the Army Family Covenant
- Directed by MHS
- Set the standard for comprehensive care
- Improve continuity of care
- Increase positive clinical outcomes
- Increase patient satisfaction
- Increase access for beneficiaries
- Increase efficiency
- Increase value to beneficiaries
- Improve health of beneficiaries

Scope: PCMH throughout the Army
39% PCM continuity…truly only 29%
- MCSC does a lot of primary care for MTFs
- 20% of patients do not get first call resolution (279K of 1.1M)
- Primary care satisfaction is one of our lowest ratings of overall patient satisfaction
- Concern by Senior Army Leadership about access
- Patient is responsible for arranging care
- Fragmented care
- 30% of referrals to the network were not activated
- High ER utilization rate
- Limited evening/weekend access
Set standard for comprehensive care
- PCMH established throughout the Army providing comprehensive care

Improve continuity of care
- >60% of patients see their PCM; >85% of patients see their PCM team

Increase patient satisfaction
- >92% patient satisfaction for primary care

Increase positive clinical outcomes/ Improve health of beneficiaries
- >90% of HEDIS indicators are in the 90th percentile

Increase access for beneficiaries
- 72 visits per 100 for ER … reduce to 40 visits per 100 enrollees

Increase efficiency
- PMPM

Increase value to beneficiaries
- Increase direct care capacity; longitudinal EMR

Improve staff satisfaction
Army Surgeon General’s Guidance

- Improve access and continuity in primary care
- Improve quality of care
- Deliver high value care
- Standardize operations and patient experience of care
Community based primary care clinics is “Our first major initiative to implement Patient Centered Medical Home”

_TSG - September 2, 2010_

Patient Centered Medical Home
- Patient Centered
- Integrated Team Care
- Expanded Access Options
- Comprehensive primary care services
- Care management
- Care coordination
Primary care is delivered in the PCMH, not in urgent care, emergency departments, or specialist offices (Leakage)

Our patients see their PCM (PCM Continuity)

All empanelled patients are happy, not just those who got an appointment (APLSS)

Patients get the preventive care they need (HEDIS)

We cover our costs (Clinic RVUs)
Business Rules

- Increase our primary care market share
  - Net increase in primary care enrollment to the MTF
- Annual Clinic enhanced RVUs: 60,238
  - Based on .86 PCM availability factor
- Initial Empanelment of 1354 per PCM
- Fully enroll as soon as fully staffed
- Operate at economic advantage to DoD
  - Improve ER/UCC usage rates
  - Improve utilization rates
Performance Incentives

- Continuity of Care
  - $10 for each visit with PCM

- Patient Satisfaction
  - Phone Service
  - Access
  - Courtesy
  - Overall Satisfaction
# PCM Continuity by Army Regions

(DEC 2009 – NOV 2010)

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Data Source: TRICARE Operations Center / Data Report: PCMBeingSeen_ParentDMIS
PCM Continuity by DMIS (FY 2010)

Medcom %

- OCT 2009: 68.7% (79 MTFs)
- FEB 2010: 54.8% (63 MTFs)
- JUL 2010: 47.8% (55 MTFs)
- NOV 2010: 37.0% (42 MTFs)

Ratings:
- 60% and better (Green)
- 40 – 59.9% (Yellow)
- 39.9% and below (Red)


2011 MHS Conference
Access to Care: Patient Satisfaction

APLSS #11: Scheduling Appointment Until Visit
Where Enrollees Get Their Primary Care: MEDCOM

- ER in Network, Non-emergency: 3.1%
- ER in MTF, non-emergency: 11.2%
- Primary Care in Network: 5.9%
- Primary Care in this MTF: 79.8%

2011 MHS Conference
Where Enrollees Get Their Primary Care: Fort XXXXX

- ER in Network, Non-emergency: 4.3%
- ER in MTF, non-emergency: 19.4%
- Primary Care in Network: 4.9%
- Primary Care in this MTF: 71.4%
Staffing Model

Clinic level services include:

- Management team (3)
  - Group Practice Manager
  - Health Systems Specialist
  - Office Admin Assistant
- Float provider (1)
- Behavioral health provider (1)
- Full service pharmacy (2)
  - Clinical pharmacist
  - Pharmacy tech
- Laboratory (2)
  - Moderate complexity
- Immunizations/float nurse (1)
  - Cross-trained LPN

Total Staff: 35

Clinic Level Services:

- Float provider
- Clinical Pharmacist
- Laboratory techs
- Immunizations/float nurse
- Behavioral Health Provider
- Pharmacy tech
- Management team

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