Can we practice Evidenced Based Medicine without an Evidence Based System: An Introduction to the Patient Centered Medical Home (PCMH)

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Medical Director, Community Clinics Department
University of Florida/Shands Jacksonville
"Americans can always be counted on to do the right thing

[Winston Churchill]
“Americans can always be counted on to do the right thing ... after they have exhausted all other possibilities.”

[Winston Churchill]
The Medical Home Model...the right thing?
HISTORY

1967
HISTORY

1967

American Academy of Pediatrics (AAP) introduces the concept of the medical home
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
2007 – Joint Statement

- Joint declaration by:
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- Purposes of the report
  - Define the concept
2007 – Joint Statement

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- Purposes of the report
  - Define the concept
  - Delineate the evidence
2007 – Joint Statement

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- Purposes of the report
  - Define the concept
  - Delineate the evidence
  - Determine the agenda for change
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- Purposes of the report
  - Define the concept
  - Delineate the evidence
  - Determine the agenda for change
  - Develop political support
The IOM Quality Chasm Report
Conclusions
The IOM Quality Chasm Report
Conclusions

❖ “The current care systems cannot do the job.”
The IOM Quality Chasm Report
Conclusions

❖ “The current care systems cannot do the job.”
❖ “Trying harder will not work.”
The IOM Quality Chasm Report
Conclusions

❖ “The current care systems cannot do the job.”
❖ “Trying harder will not work.”
❖ “Changing care systems will.”
Patient Centered Medical Home

PRINCIPLES
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Personal physician

Physician directed medical practice

Whole person orientation

Care is coordinated and/or integrated

Enhanced access

Quality and safety are hallmarks of the medical home
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Quality and safety are hallmarks of the medical home
PRINCIPLES
Payment Reform

- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
PRINCIPLES

Payment Reform

- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
- It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
**Payment Reform**

- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
- It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
- It should recognize case mix differences in the patient population being treated within the practice.
## PPC-PCMH Content and Scoring

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A. Has written standards for patient access and patient communication**</td>
<td>4</td>
<td>B. Uses data to show it meets its standards for patient access and communication**</td>
<td>5</td>
<td>C. Uses electronic system to write prescriptions</td>
<td>3</td>
</tr>
<tr>
<td>B. Uses data to show it meets its standards for patient access and communication**</td>
<td>9</td>
<td>C. Has electronic prescription writer with safety checks</td>
<td>2</td>
<td>D. Has electronic prescription writer with cost checks</td>
<td>8</td>
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<table>
<thead>
<tr>
<th>Standard 2: Patient Tracking and Registry Functions</th>
<th>Pts</th>
<th>Standard 3: Care Management</th>
<th>Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Uses data system for basic patient information (mostly non-clinical data)</td>
<td>2</td>
<td>A. Adopts and implements evidence-based guidelines for three conditions **</td>
<td>3</td>
</tr>
<tr>
<td>B. Has clinical data system with clinical data in searchable data fields</td>
<td>3</td>
<td>B. Generates reminders about preventive services for clinicians</td>
<td>4</td>
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<tr>
<td>C. Uses the clinical data system</td>
<td>3</td>
<td>C. Uses non-physician staff to manage patient care</td>
<td>3</td>
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<tr>
<td>D. Uses paper or electronic-based charting tools to organize clinical information**</td>
<td>6</td>
<td>D. Conducts care management, including care plans, assessing progress, addressing barriers</td>
<td>5</td>
</tr>
<tr>
<td>E. Uses data to identify important diagnoses and conditions in practice**</td>
<td>4</td>
<td>E. Coordinates care/follow-up for patients who receive care in inpatient and outpatient facilities</td>
<td>20</td>
</tr>
<tr>
<td>F. Generates lists of patients and reminds patients and clinicians of services needed (population management)</td>
<td>21</td>
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<tr>
<th>Standard 3: Care Management</th>
<th>Pts</th>
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<td>A. Adopts and implements evidence-based guidelines for three conditions **</td>
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<tr>
<td>A. Assesses language preference and other communication barriers</td>
<td>2</td>
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<tr>
<td>B. Actively supports patient self-management**</td>
<td>6</td>
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<thead>
<tr>
<th>Standard 5: Electronic Prescribing</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Uses electronic system to write prescriptions</td>
<td>3</td>
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<tr>
<td>B. Has electronic prescription writer with safety checks</td>
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<tr>
<td>C. Has electronic prescription writer with cost checks</td>
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<tr>
<th>Standard 6: Test Tracking</th>
<th>Pts</th>
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<tr>
<td>A. Tracks tests and identifies abnormal results systematically**</td>
<td>7</td>
</tr>
<tr>
<td>B. Uses electronic systems to order and retrieve tests and flag duplicate tests</td>
<td>6</td>
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<tr>
<th>Standard 7: Referral Tracking</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Tracks referrals using paper-based or electronic system**</td>
<td>4</td>
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<th>Standard 8: Performance Reporting and Improvement</th>
<th>Pts</th>
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<tr>
<td>A. Measures clinical and/or service performance by physician or across the practice**</td>
<td>3</td>
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<tr>
<td>B. Survey of patients' care experience</td>
<td>3</td>
</tr>
<tr>
<td>C. Reports performance across the practice or by physician **</td>
<td>3</td>
</tr>
<tr>
<td>D. Sets goals and takes action to improve performance</td>
<td>3</td>
</tr>
<tr>
<td>E. Produces reports using standardized measures</td>
<td>2</td>
</tr>
<tr>
<td>F. Transmits reports with standardized measures electronically to external entities</td>
<td>15</td>
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<th>Standard 9: Advanced Electronic Communications</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Availability of Interactive Website</td>
<td>1</td>
</tr>
<tr>
<td>B. Electronic Patient Identification</td>
<td>2</td>
</tr>
<tr>
<td>C. Electronic Care Management Support</td>
<td>4</td>
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**Must Pass Elements**
Health Care Reform and the Patient Centered Medical Home

• From H.R. 3590 Patient Protection and Affordable Care Act

  • Sec. 2703. State option to provide health homes for enrollees with chronic conditions.

  • Title V Sec. 5301. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship.

  • Sec. 5501. Expanding access to primary care services and general surgery services.

• Health Care and Education Reconciliation Act Sec. 1202.
  • Payments to primary care physicians
What factors inspired us to function like a medical home?
Historical Overview

Community Affairs Department, 1989-Jan. 27, 2011

- Elizabeth Means, VP established the department to address unmet medical needs in underserved communities
- The initial goal was to provide health education, health promotion, and community outreach in targeted communities
- Programs are primarily funded through grants, strategic partnerships, faith-based organizations and community support
- The goal has expanded to provide free and reduced comprehensive health care to the medically underserved in the urban core.
Community Affairs Department
“Community Responsive Medicine”

Medical Director
Vice President
Consultant

Clinical Programs

JUDI

Grant Writing

Clinics

Disparity
Hybrid
Traditional

Durkeeville
Brentwood
Paxon

Soutel
Eastside
Murray Hill

C. B. McIntosh Wellness
C. B. McIntosh Pediatric

Gateway

D-RAP
REACH
HY-LIP
P-DIP
CHF
CARE
KIM
Care Mgmt.

Disease Mgmt.
Clinical Pharmacy
J-HIT
Psych
Case Mgmt.

CHF/HRS A
Coumadin
Access
Anxiety
Social Worker

HY-LIP/HRS A
Portal
Allscripts

Pain
IDX

Med Data Server
Based Connectivity

Med Data Server
Based Connectivity

Med Data Server
Based Connectivity

Med Data Server
Based Connectivity
DIABETES RAPID ACCESS PROGRAM

THE DISEASE MANAGEMENT PROTOTYPE
Graph 1: Overall baseline characteristics of participants and data analysis by gender.

Number of Participants – 457; Males – 157, Females - 300
Graph 3: Race-related differences in Hemoglobin A1c levels.

Number of Participants – 457;
African American – 280, Caucasian – 162, Other – 15
Number of ER self-pay cases.
Growth in Medical Home Visits Improves Care, Lowers Costs and Decreases Emergency Department Visits
ER impact on an annual basis with an average cost per visit saved.

<table>
<thead>
<tr>
<th>Overall Number of Walk-ins by Clinic 2008 - 2010</th>
<th>Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastside</td>
<td>$1,625,975.00</td>
</tr>
<tr>
<td>Brentwood</td>
<td>$1,709,959.68</td>
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</tbody>
</table>

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<tr>
<th>Number of ER Follow-ups by Clinic 2008 - 2010</th>
<th>Cost Savings</th>
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</thead>
<tbody>
<tr>
<td>Eastside</td>
<td>$439,400.00</td>
</tr>
<tr>
<td>Brentwood</td>
<td>$202,076.16</td>
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<tr>
<th>Number of Hospital Discharges by Clinic 2008 - 2010</th>
<th>Cost Savings</th>
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</thead>
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<td>Eastside</td>
<td>$842,010.00</td>
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<tr>
<td>Brentwood</td>
<td>$516,255.00</td>
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</table>
Concclusion
Conclusion

1. Medical Home is evolving (not a silver bullet)
Conclusion

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2. JUDI is evolving
Conclusion

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2. JUDI is evolving

3. JACHO is now in the game
Conclusion

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4. Meaningful Use and HIT will change the game
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5. PQRI prelude to VBP (outcome driven care)?
Conclusion

1. Medical Home is evolving (not a silver bullet)
2. JUDI is evolving
3. JACHO is now in the game
4. Meaningful Use and HIT will change the game
5. PQRI prelude to VBP (outcome driven care)?
6. Exciting time to be in Primary Care