

# 2011 Military Health System Conference

## Incentivizing the PCMH

The Air Force Medical Home Performance Index

*The Quadruple Aim: Working Together, Achieving Success*

Timothy J. Kosmatka, Lt Col, USAF, MC

24 Jan 2011



Air Force Medical Operations Agency

# Report Documentation Page

Form Approved  
OMB No. 0704-0188

Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. REPORT DATE <b>24 JAN 2011</b>		2. REPORT TYPE		3. DATES COVERED <b>00-00-2011 to 00-00-2011</b>	
4. TITLE AND SUBTITLE <b>Incentivizing the PCMH: The Air Force Medical Home Performance Index</b>				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) <b>Air Force Medical Operations Agency, Brooks City-Base, TX, 78235</b>				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT <b>Approved for public release; distribution unlimited</b>					
13. SUPPLEMENTARY NOTES <b>presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland</b>					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT <b>Same as Report (SAR)</b>	18. NUMBER OF PAGES <b>12</b>	19a. NAME OF RESPONSIBLE PERSON
a. REPORT <b>unclassified</b>	b. ABSTRACT <b>unclassified</b>	c. THIS PAGE <b>unclassified</b>			

# Overview



- Key Focus Areas
- Medical Home Performance Index (MHPI)
  - Methodology
  - Samples
- Non-Financial Incentives

# Key Focus Areas



- Patient satisfaction
  - Less likely to seek care elsewhere if satisfied
- Continuity
  - Decreased referrals/follow-up appts likely
- HEDIS
  - Improved performance to decrease morbidity
- ER/Urgent Care Utilization
  - Decreased leakage leads to decreased cost

# Medical Home Performance Index



- Goal is to reward sustained and improved performance in each of 4 focus areas
  - Greater emphasis on sustainment (2/3)
- Each of 4 key focus areas weighted
  - Greatest emphasis on continuity
- Initial plan will offer max bonus of 10% of PPS for the MTF Family Health Clinic
  - Goal to minimize potential disparity between large and small by using clinic PPS



# Measures

Measure	Weight	Goal	Definitions
Satisfaction w/visit	10%	95%	Roll-up (Average ) of SDA questions 1,3,4,5, and 6. Measure: Patients answering either a 4 or 5 on a 5-point Likert scale / Total responses.
Continuity (Team)	40%	90%	Average of FHT "Team" continuity from patient perspective. Number of empanelled patient visits with team / total number of empanelled patient PC visits (excludes T-Con and non-count visits)
HEDIS Average	30%	4	Average of the HEDIS composite from FHI Push Report (Diabetes LDL Screening, Diabetes LDL Control, Diabetes HbA1C Screening, Diabetes HbA1C Control, Asthma Meds, Colorectal Screening, Cervical Cancer Screening, Breast Cancer Screening) (max 5 points) (BGA* pts only)
ED/UC rate/100	20%	<3/100/mo	ED visits with Emergency E&M and BIA MEPRS for DC or Place of Service = 23 for network. UC visit without Emergency E&M and BHI MEPRS for DC or Place of Service = 20 for network.



# Earning Potential

## Earning Sustainment Bonus (67% of funds):

Metric scores will be grouped into Tiers. Higher tier scores receive a greater payout

Sustainment Tier	% Sustainment Bonus Earned
1	100%
2	66%
3	33%
4	0%

## Earning Improvement Bonus (33% of funds):

Improvement bonus money earned with each incremental point of metric improvement

1	2	3	4	5	6	7	8	9	10
10%	20%	30%	40%	50%	60%	70%	80%	90%	100%



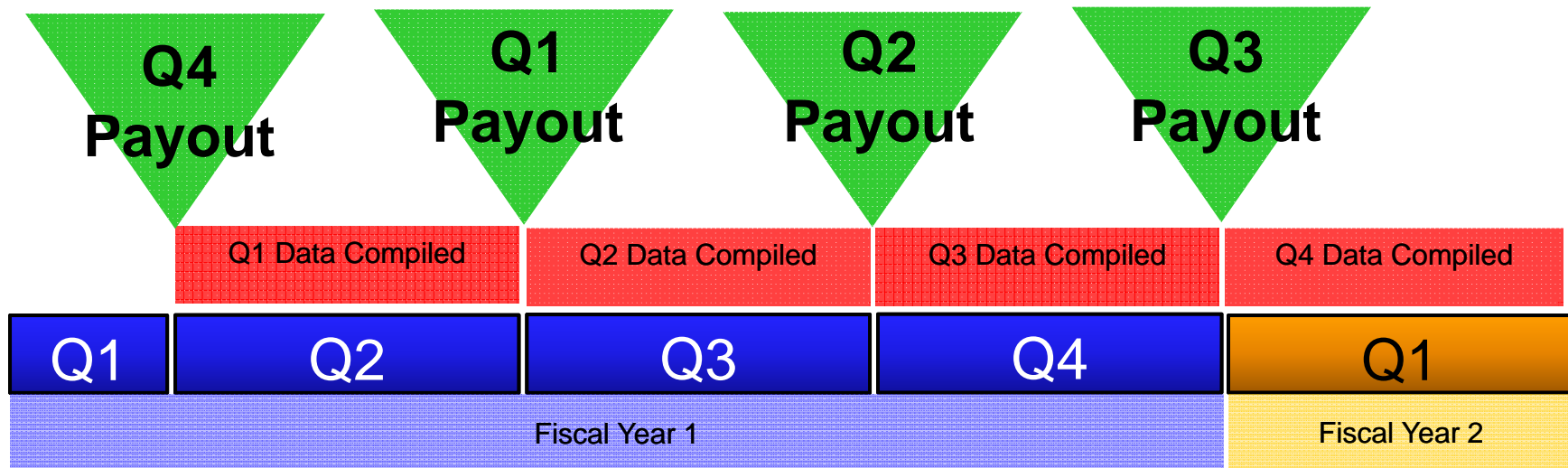
# Example MTF Earning Potential

Measure	Weight	Sample MTF A		Sample MTF B	
		Improvement	Sustainment	Improvement	Sustainment
Potential Quarterly Payout	100%	\$9,400	\$19,100	\$47,200	\$95,800
Satisfaction w/visit	10%	\$940	\$1,910	\$4,720	\$9,580
Continuity (Team)	40%	\$3,760	\$7,640	\$18,880	\$38,320
HEDIS Average	30%	\$2,820	\$5,730	\$14,160	\$28,740
ED/UC rate/100	20%	\$1,840	\$3,820	\$9,440	\$19,160



# Incentive Distribution Timeline

- Incentive to be distributed quarterly based on previous quarter's performance (3 month lag)

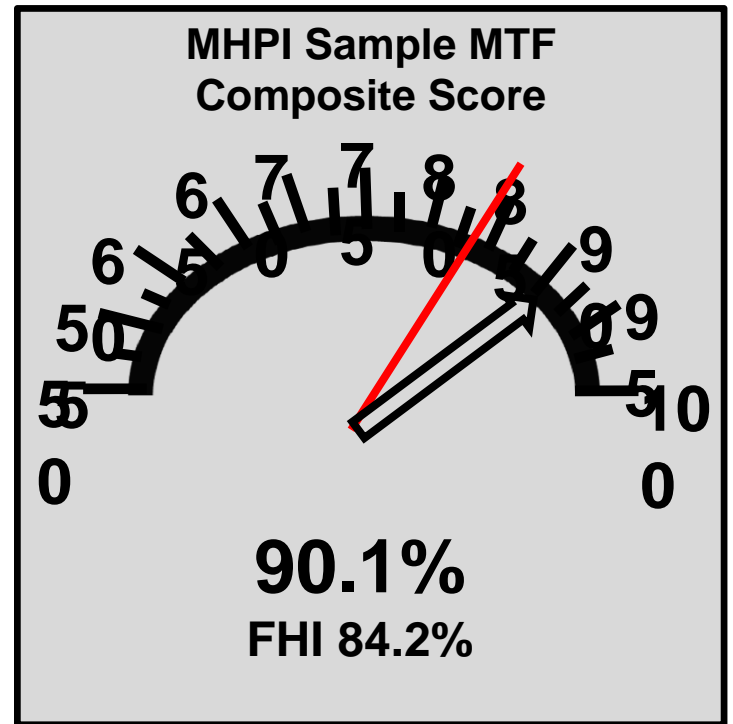


# MHPI Sample Scorecard



Earned 3rd Quarter FY 2010 = \$12,306 (43% of Max)  
 Maximum Possible = \$28,500

<b>Satisfaction</b>  92.79% FHI Avg 93% Goal 95%	<b>Continuity</b>  70.40% FHI Avg 72% Goal 90%
ED/UC Rate 2.32/100 FHI Avg 3.8/100 Goal <3	<b>HEDIS</b> Average 3.38 FHI Avg 3.2 Goal 4



Composite Score = weighted average

**Composite Scoring is the basis for non-financial recognition**

# Potential Non-Monetary Incentives



- Disney Institute: Each quarter; top performing team (8 personnel) in area of overall performance on MHPI scorecard as well as team with greatest improvement earns TDY
- Annual Awards: Recognize top performing MTF (based on composite score) as AFMS Outstanding PCMH
  - Additional awards for highest MTF annual performance in each focus area
- Profiling Performance: Peer/benchmark comparisons provide motivation (“peer pressure”)
- Publicizing Performance: Recognize MTFs/teams for improvement/sustainment
- Consultative Services: Recognize/utilize top performing teams as potential consultants for AFMS

# Way Ahead



- Begin MHPI program with 2Q FY11
  - 4Q FY10 is baseline
  - 1Q FY11 is measurement period
  - 2Q FY11 analysis of data and incentive payments made
- Initial plan to include all MTFs that implemented PCMH in 2008-09
  - Goal to phase in additional MTFs pending response/results
- Regular follow up with MTF/MAJCOMs from AFMOA to review performance/best practices

# QUESTIONS?



**AIR FORCE  
MEDICAL HOME**

**QUALITY  
MEASURES**

**PATIENT  
EXPERIENCE**

**PATIENT**

**PHYSICIAN-led  
TEAM**

**INFORMATION  
MANAGEMENT  
&  
TECHNOLOGY**

**PROACTIVE PREVENTIVE HEALTH CARE**

