

2011 Military Health System Conference

Army Incentives for the PCMH

The Quadruple Aim: Working Together, Achieving Success

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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

Initial State



- 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

Target State



- 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

PCMH Frame Framework



- 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

Strategic Performance Metrics



Community Based Medical Homes

- 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)

Army Community Based Medical Homes



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



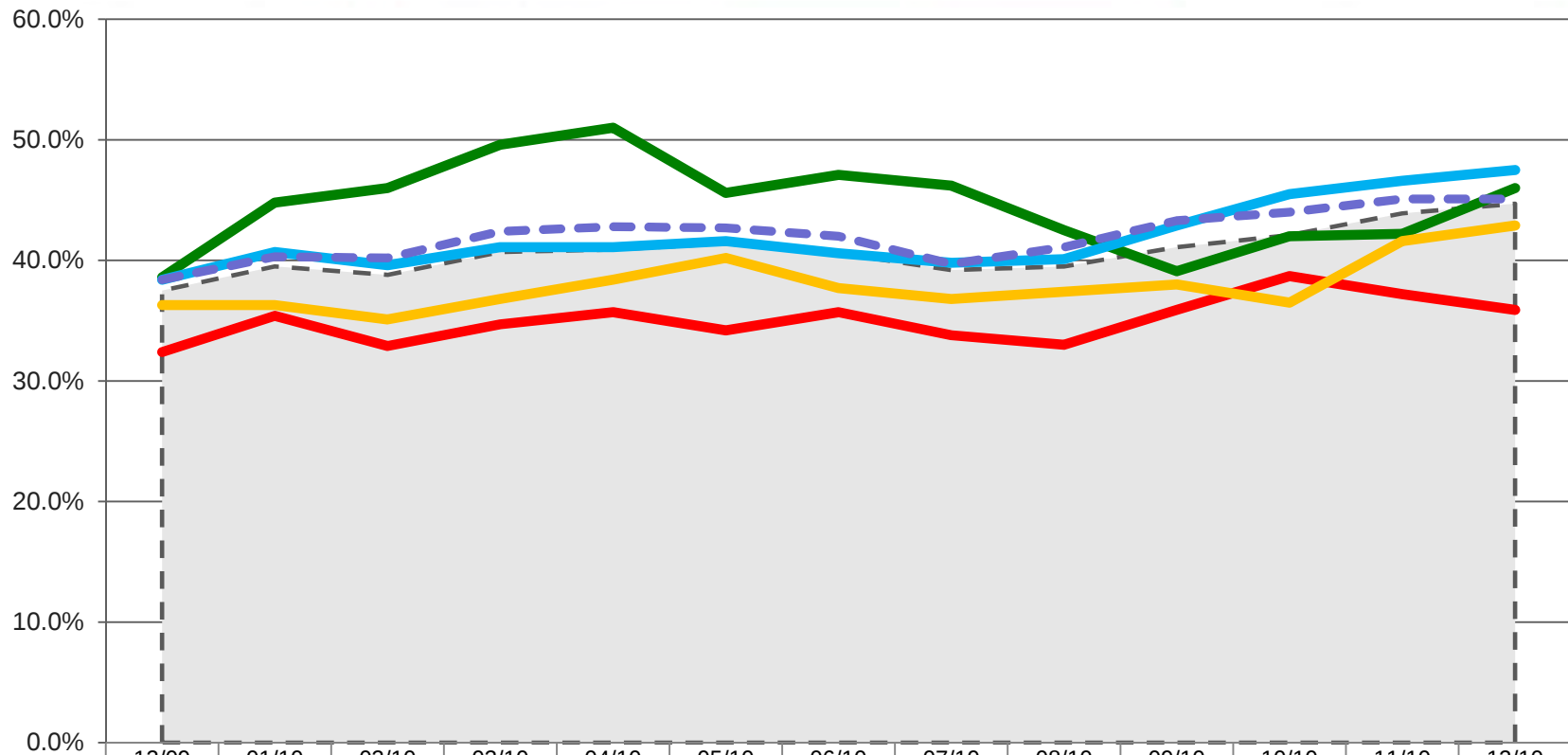
- Continuity of Care
 - \$10 for each visit with PCM

- Patient Satisfaction
 - Phone Service
 - Access
 - Courtesy
 - Overall Satisfaction



PCM Continuity by Army Regions

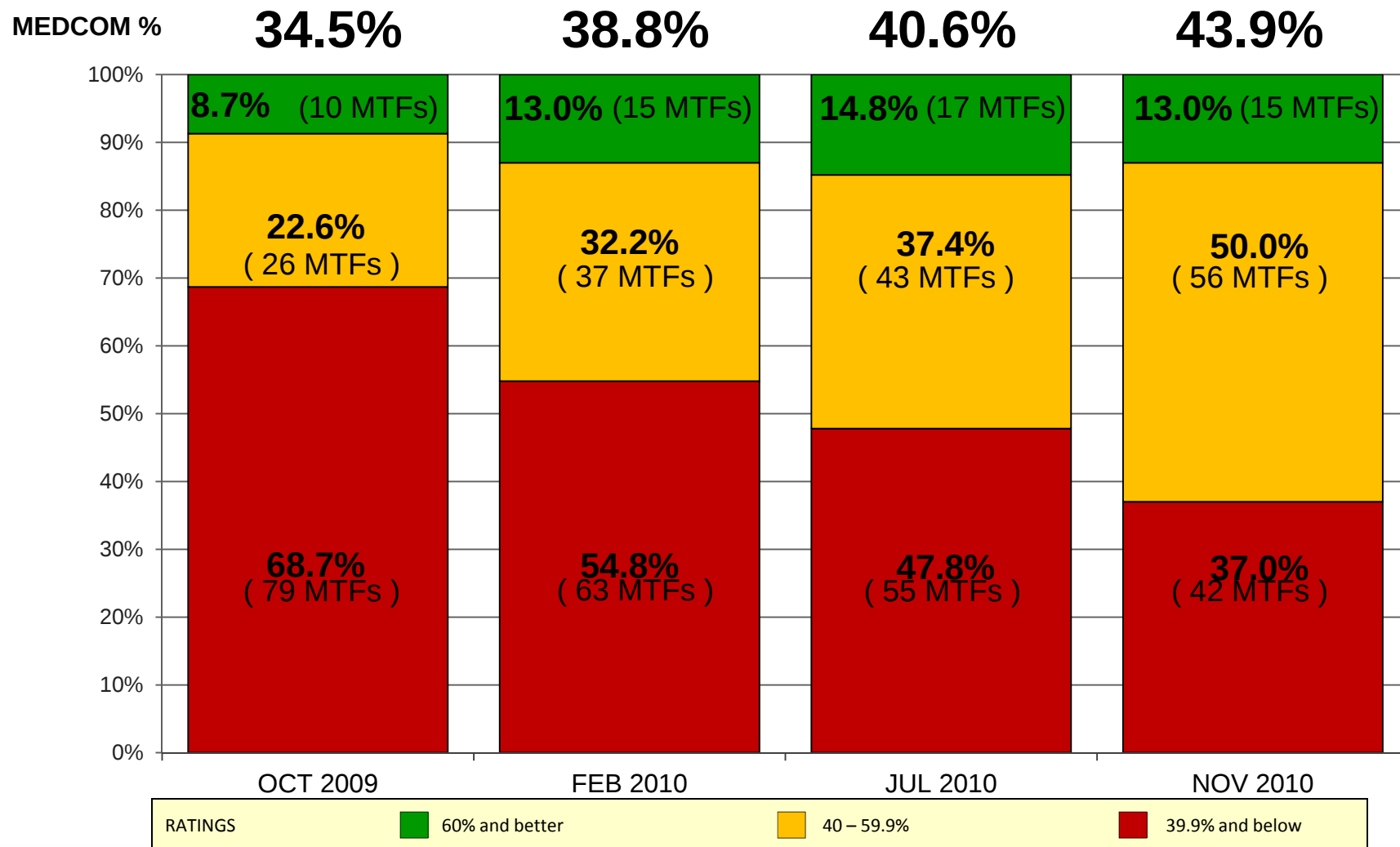
(DEC 2009 – NOV 2 010)



	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
MEDCOM	37.5%	39.5%	38.8%	40.7%	40.9%	41.4%	40.6%	39.2%	39.5%	41.1%	42.1%	43.9%	44.7%
ERM	38.6%	44.8%	46.0%	49.6%	51.0%	45.6%	47.1%	46.2%	42.5%	39.1%	42.0%	42.2%	46.0%
NRM	38.4%	40.7%	39.6%	41.1%	41.1%	41.6%	40.6%	39.8%	40.1%	42.9%	45.5%	46.6%	47.5%
PRM	32.4%	35.4%	32.9%	34.7%	35.7%	34.2%	35.7%	33.8%	33.0%	35.9%	38.7%	37.2%	35.9%
SRM	38.4%	40.3%	40.2%	42.4%	42.8%	42.7%	42.0%	39.7%	41.1%	43.3%	44.0%	45.1%	45.1%
WRM	36.3%	36.3%	35.1%	36.8%	38.4%	40.2%	37.7%	36.8%	37.4%	38.0%	36.5%	41.6%	42.9%

Data Source: TRICARE Operations Center / Data Report: PCMBeeingSeen_ParentDMIS

PCM Continuity by DMIS (FY 2010)



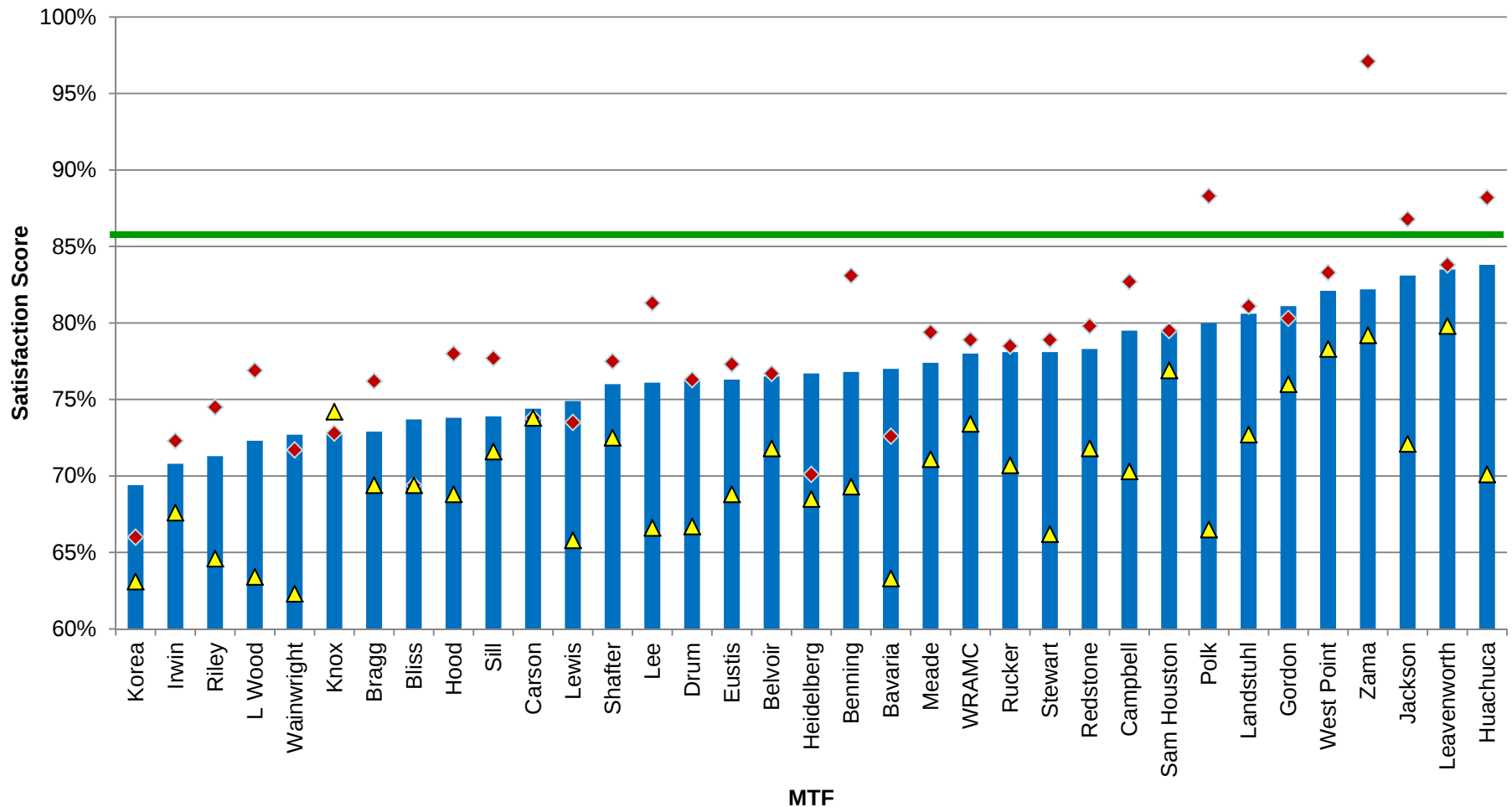
SOURCE: TRICARE Operations Center / REPORT: PCM Medical Home Report / PERIOD: FY 2010

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Access to Care: Patient Satisfaction



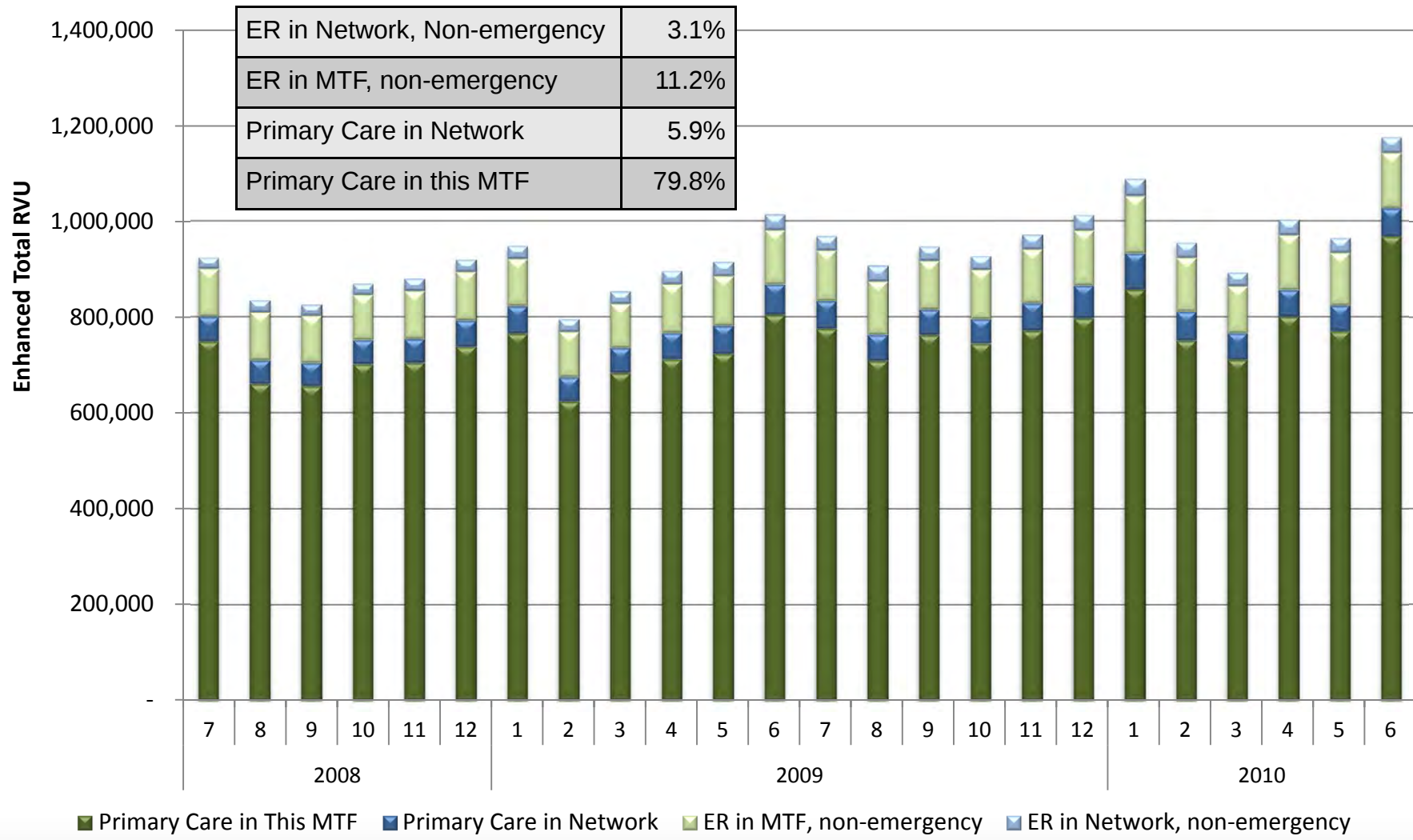
APLSS #11: Scheduling Appointment Until Visit



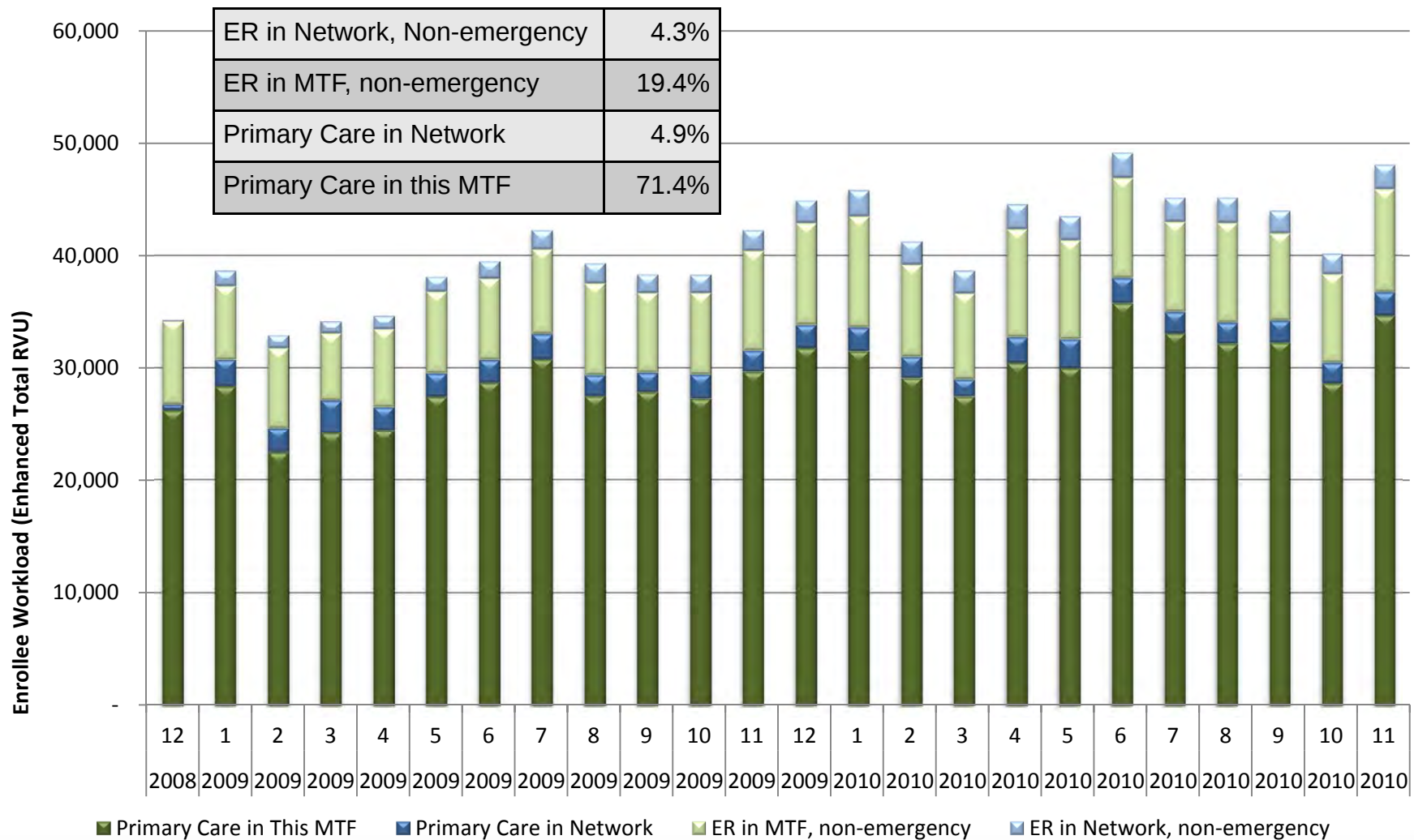
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52 Wk Avg Goal Dec-10 FY08

Where Enrollees Get Their Primary Care: MEDCOM



Where Enrollees Get Their Primary Care: Fort XXXX



Army Community Based Medical Homes



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

