

Patient Centered Medical Home (PCMH) and NCQA Recognition



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Overview

- Why NCQA?
- Why is it Important?
- FY2011 Recognition
- FY2012 Recognition
- Timing
- Some Helpful Hints



National Center for Quality Assurance

- PCMH codified as the new model of primary care at the December 2009 MHS Strategy Review and Analysis Group (MHS R&A)
 - MHS R&A is Assistant Secretary of Defense and all Service SGs
- MHS R&A also identified the National Center for Quality Assurance (NCQA) as the outside body to recognition MHS PCMHs
 - Brands MHS PCMHs as national-level quality practices in support of goals to optimize MTFs and recapture enrollment from the private sector (long view)
 - MHS PCMHs are Family Medicine, Internal Medicine, Pediatrics, Aviation/Flight/Undersea and other primary care clinics
 - Approximate number of PCMHs is approximately 450 MHS-wide
 - Plan is for all PCMHs to reach Level 2 or 3 NCQA recognition by FY16
- NCQA Recognition is managed via the TMA contract in collaboration with Service leads

POM and NCQA

- POM – Program Objective Memorandum
 - FY12-16 PCMH and Integrated Behavioral Health funding
 - Office of Management and Budget (OMB) tracking funding vs. performance
 - POM Funding won't flow until and will stop unless performance gates are achieved by Services/MTFs
 - FTEs funded/hired
 - Enrollment of Existing Patients into PCMHs **measured by NCQA Recognition and/or Tri-Service Criteria**
 - Decreased Utilization Rate
 - Increased Capacity leading to increased enrollment

Tri-Service PCMH Enrollment

- NCQA Recognized Level 2 or 3 or Tri-Service PCMH Criteria
- Developed because more practices are PCMHs than funded for recognition
- Criteria (Must meet all):
 1. **Enrollment Capacity Modeling:** Used Service methodology to review population size and needs (what, when)
 2. **Demand Management** (Scheduling Template/Templates): Simplified templates, analyzed demand and made changes to meet demand/access standards
 3. **Team-Based Practice:** Practice has transformed itself into team-based practices with identified roles for nurse, techs, etc. to accomplish population-based health management
 4. **Staffing Evaluations:** Compared existing staffing resources against the Service-specific standard, identifying if the practice has enough of all types of FTEs and taking corrective action to resolve the gaps
 5. **Standard Position Descriptions:** **Standard** business rules for staff identifying actions they can take on their own without seeking permission, such as proactive care coordination, etc.
 6. **Co-location of practices/team:** is the practice organized in a way to increase communication and efficiency
 7. Accomplishes daily **huddles** as well as periodic "Big Team" huddles to identify opportunities for process improvement
 8. Team regularly reviews the following **metrics**, identifying areas for improvement: access, satisfaction, Quality and HEDIS, Readiness, and ED Utilization

Tri-Service PCMH Enrollment as of January 2012

Service	Total Prime + Plus	Total # Enrollees in PCMHs	% PCMH Enrollment
Army	1,455,375	900,000	62%
Navy	724,805	573,228	79%
AF	1,140,886	808,641	71%
Total Direct Care	3,321,066	2,281,869	69%

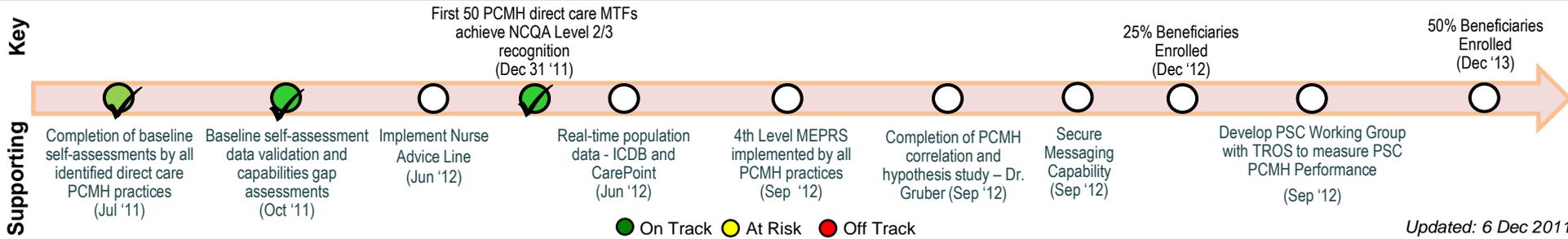
Exceeded POM target of 1.25 Million
By 80+% 11 months early



Service	# NCQA Recognized or Tri-Service Equiv. Practices	Total Number of Primary Care Practices	% PCMH Practices
Army	152	195	78%
Navy	75	107	70%
AF	111	140	79%
Total Direct Care	338	442	76%

DOD/P&R and NCQA

- DOD/Health Affairs falls under DOD/Personnel and Readiness (P&R)
 - DOD/P&R mandates development and tracking of a Portfolio of Initiatives (POIs)
 - 11 DOD/HA POIs – PCMH is most mature in MHS
 - POI reported quarterly to MHS R&A, ASD/HA and up to DOD/P&R
 - Evaluates PCMH based on performance measures vs. cost
 - PCMH POI Measures: **NCQA Recognition**, Enrollment, PSC savings through lower utilization and increased recapture of enrollment, patient and staff satisfaction, PC recapturable, ED utilization, PMPM cost growth, readiness, quality



Updated: 6 Dec 2011

Initiative Management			
Source of Initiative			
<ul style="list-style-type: none"> In Dec 2009 MHS leadership decided to implement PMCH across all primary care platforms in the MHS in response to perceived gaps in patient satisfaction and rising healthcare costs. 			
Stakeholders			
<ul style="list-style-type: none"> HA/TMA, OCMO, OSM, OTSG, BUMED, AFMS, MTF leadership and staff, Tri-Service PMCH Advisory Board and Working Group 			
Familiarity			
<ul style="list-style-type: none"> The PCMH initiative is managed through Tri-Service collaboration and governance. The Tri-Service PCMH Working Group (WG) reports to the Tri-Service PCMH Advisory Board (AB), which provides overall guidance, oversight and decision-making. 			
Risks			
<ul style="list-style-type: none"> If sites don't have initiatives with achievable, outcome driven impacts, we will be unable assess pilot success The ability to provide "real time" feedback to pilot sites on their performance is critical PPS poses significant risk to the PCMH model of care by driving counter-productive PCM behaviors MHS business intelligence tools (TOL, TOC, AHLTA, Carepoint, etc.) must change to support PCMH care. Success is dependent upon leadership involvement and their understanding of this new way of doing business 			
Resource			

	FY11	FY12	FY13
Baseline	TBD	TBD	TBD
Req't / Funded	TBD	TBD	TBD

Initiative Overview	
Current Fact Base	
<ul style="list-style-type: none"> Studies from civilian health and early pilots in the MHS indicate that the PCMH model of care has a positive impact on beneficiary satisfaction, population health, and costs (through reduction of specialty care and ER utilization); However, we do not know which structural elements of PCMH (e.g., increased staff, after-hours access) impact performance and by how much. This correlation is important because some elements are costly to implement while some are not. 	
Problem/Opportunity Statement	
<ul style="list-style-type: none"> The MHS is redesigning MTF primary care practices (Internal Medicine, Family Medicine, Pediatrics, etc.) according to the Joint Principles of the Patient Centered Medical Home to improve the health of the population, improve care coordination, improve beneficiary satisfaction, and reduce growth in per capita cost. 	
Expected Outcome	
<ul style="list-style-type: none"> Metrics to track performance in key areas of healthcare quality, continuity, satisfaction, readiness impacts and per capita costs Identify and proliferate best practices across MHS. Understanding of which structural elements of PCMH impact performance and by how much. An overall positive impact on the Quadruple Aim including performance specific measures aligned to Readiness (IMR), Population Health (Obesity, HEDIS Measures for Prevention), Experience of Care (Beneficiary Satisfaction, Getting Timely Care, Third Available, PCM Continuity) and Per Capita Cost (ER Utilization, Overall PMPM) Improve primary care staff satisfaction (Current Overall 59%) 	

Current Performance				
Key Measures				
Performance Measure	Current	FY12	FY14	FY16
Enrollee primary care satisfaction (Army/Navy/AF)	92.6% 92.5% 92.1%	90% (all)	92% (all)	92% (All)
Number of MTF enrollees in recognized level 2 or greater PCMH	TBD	1.25 mil	2.5 mil	all
Estimated Time to Impact				
Initial impact on key measures expected by the end of 2013 when 50% of beneficiaries are expected to be enrolled to level 2/3 PCMHs. Full impact expected when all primary care practices transition to Level 2/3 PCMH operations by 2016. By 2016, it is expected that transformative changes to the culture will be made, and expected changes to healthcare outcomes, satisfaction and per capita costs should be realized.				
Supporting Measures				
Performance Measure	Current	FY12	FY14	FY16
ER Utilization per 100 Enrollees	50	40		
Percentage of Visits During Which Enrollee Sees His/Her PCM	52%	60%		
Primary Care Third Available Appointment (Routine/Acute)	66%/57%	78%/62%		

FY11 NCQA Recognition

- 48 Practices sought recognition in FY11 (2008 NCQA Standards)
 - Army: 17
 - Navy: 16
 - AF: 15
- TMA Actions:
 - Six MHS/NCQA training events throughout CONUS Aug/Sep 2011
 - MHS Recognition Guidebook showing enterprise answers and best practice guidance on using MHS tools to meet standards (Carepoint, AHLTA, CHCS, etc.) including query directions
 - Telecons with Services and NCQA to de-conflict issues/identify helpful hints or potential problems areas early and often
 - TMA, Service leads and NCQA contractors worked with each practice individually to facilitate recognition on a daily basis
- Results:
 - Level 3: 43 (94%)....comparing favorably to 60% in private sector
 - Level 2: 2 (4%)
 - Level 1: 1 (2%)
 - Still under evaluation: 2

FY12 Recognition

- First 50 practices to seek recognition already underway (see backup slides)
- An additional 49+ practices will seek recognition in FY12

	Army	Navy	AF	JTF	Total
FY11	17	16	15	0	48
FY12 Round 1	20	15	15	0	50
FY12 Round 2	25	23	0	1	49
FY12 Total	45	38	15	1	99
Total Projected FY11/12	62	54	30	1	147
Total Practices	195	107	140	12	454
% NCQA Recognized as of Feb 12	9%	15%	11%	0%	11%
% Recognized Projected end CY12	32%	50%	21%	8%	32%

FY12 Recognition Support

- TMA is funding four (4) NCQA/MHS PCMH training events in FY12
 - 18-19 Jan 12 – San Diego
 - 1-2 Feb 12 – McGuire/Dix/Lakehurst Joint Base
 - 22-23 Feb 12 – Ft Sam Houston/San Antonio
 - April 12 – Germany
- MHS Recognition Guidebook almost complete and includes
 - Best practice examples
 - Directions
 - CHCS Queries for required data pulls
 - Will be updated with new information throughout the process
- TMA/Service Leads/NCQA Government Recognition Program Office available to answer questions via phone or email
- Readiness for recognition? Use the MHS NCQA Self-Assessment Tool at:
 - <http://www.tricare.mil/tma/ocmo/PatientCenteredMedicalHome.aspx>

Some Helpful Hints

- Talk to your peers and share information on solutions to standards
- Most successful practices:
 - Asked a lot of questions of each other, Service leads, TMA, NCQA
 - Found a recognition partner – another practice seeking recognition
- Use TSWF!
- Review PCMH Workshop Slides (MHS Conference Website) for best practices
- www.tricare.mil/tma/ocmo/PatientCenteredMedicalHome.aspx for best practices, news, updates and guidebooks
- Work with TMA, Services and Regional Commands

Timing

- Get started early but there's no rush; you have until 10 Nov 2012 to submit
- Your Service lead will want to review your submission prior to you formally submitting to NCQA; this is to ensure that you have all your bases covered
- You need at least three months' data to submit to NCQA
 - So do your self-assessment now and identify those areas where you need to fix your processes
 - Use the new process/collect data for at least 3 months

Recognition and Performance

- Please review the research and other evidence showing a link between NCQA recognition and PCMH performance
 - Improved outcomes, satisfaction
 - Reduced utilization, costs
- Ask some of your peers who sought recognition last year
 - We weren't too happy to do the recognition survey initially but over time, we found that it drove us to make changes in our practice that have made us better at what we do and have had a real impact on patient satisfaction
 - We are starting to see real changes in our ability to affect the healthcare of our patients. I'm seeing major improvements...that I didn't ever think I'd see
 - I think the new NCQA Standards are even better than the old ones....they really ensure you put the patient at the center of everything and really focus on performance outcomes

Summary

- **Who Says We Have to Do This?** Your Surgeon General agreed to recognition in December 2009; affirmed this at each quarterly R&A
- **When Is It Due?** If you are scheduled for recognition in FY12, you have until 15 November 2012 to submit your survey.
- **What If We're Not Scheduled for Recognition Yet?** Don't worry; you will be. Until then, review the NCQA Standards and Guidelines and evaluate your practice's areas for improvement using the MHS PCMH Self-Assessment Tool, both available on the TMA OCMO/PCMH website.
- **Do I Have A Choice?** In the short term, only those practices deemed ready to seek recognition will be given recognition funding by TMA. In the long term, all practices will seek recognition by the body approved by the R&A; right now that's NCQA.
- **Does Recognition have Other Benefits?** Besides branding your clinic as a PCMH, there is evidence to show that the required processes drive improvements in outcomes, satisfaction and other performance measures.

FY12 Practices

First 50 Round 1

Next FY12 50 – List due Feb/Mar 2012

Army FY12

Army	Blanchfield Army Community Hospital Screaming Eagle CBMH
Army	Eisenhower Army Medical Center Internal Medicine Clinic
Army	Eisenhower Army Medical Center TMC #4
Army	Winn Army Community Hospital Family Medicine Clinic
Army	Winn Army Community Hospital Internal Medicine Clinic
Army	Winn Army Community Hospital Combined Health Clinic
Army	Winn Army Community Hospital Richmond Hill CBMH
Army	Tripler Army Medical Center Schofield Barracks Family Practice
Army	Tripler Army Medical Center Schofield Barracks Peds
Army	Tripler Army Medical Center Family Practice
Army	Tripler Army Medical Center Warrior Ohana CBMH
Army	Kimbrough AmbulatoryCare Center Primary Care Practice
Army	Kimbrough Ambulatory Care Center Kirk Army Health Clinic Primary Care Practice
Army	Kimbrough Ambulatory Care Center Barquist Army Health Clinic Primary Care Practice
Army	Kenner Army Health Clinic Primary Care Practice
Army	Bavaria MEDDAC Hohenfels Army Health Clinic
Army	Bavaria MEDDAC Bamberg Army Health Clinic
Army	Madigan Army Medical Center Puyallup Community Based Medical Home
Army	General Leonard Wood Army Community Hospital Ozark Community Based Medical Home
Army	Weed Army Community Hospital Mary E. Walker Family Practice Clinic

Navy FY12

Navy	Oak Harbor Family Practice Clinic
Navy	Beaufort Family Practice Clinic
Navy	San Diego - NTC Family Practice Clinic
Navy	Cherry Point Family Practice Clinic
Navy	San Diego - Miramar Family Practice Clinic
Navy	Camp Lejeune Pediatric Clinic
Navy	Camp Lejeune Family Medicine Clinic
Navy	San Diego - Chula Vista Family Practice Clinic
Navy	San Diego - East County Family Practice Clinic
Navy	NHCNE - Newport Family Practice Clinic
Navy	NHCNE - Groton Family Practice Clinic
Navy	Rota Family Practice Clinic
Navy	Lemoore Family Practice Clinic
Navy	Pendleton Family Practice Clinic
Navy	NMC San Diego - Primary Care Clinic

Air Force FY12

Service	Plan Name
AF	28TH MED GRP-ELLSWORTH Family Practice Clinic
AF	579TH MED GRP-BOLLING Family Practice Clinic
AF	779TH MED GRP-ANDREWS Family Practice Clinic
AF	87TH MED GRP-MCGUIRE Family Practice Clinic
AF	628TH MED GRP-CHARLESTON Family Practice Clinic
AF	359TH MED GRP-RANDOLPH Family Practice Clinic
AF	15TH MED GRP-HICKAM Family Practice Clinic
AF	374TH MED GRP-YOKOTA AB Family Practice Clinic
AF	16TH MED GRP-HURLBURT FIELD Family Practice Clinic
AF	52ND MED GROUP-SPANGDAHLEM Family Practice Clinic
AF	86TH MEDICAL GROUP-RAMSTEIN Family Practice Clinic
AF	55TH MED GRP-OFFUTT Family Practice Clinic
AF	14TH MED GRP-COLUMBUS Family Practice Clinic
AF	2ND MED GRP-BARKSDALE Family Practice Clinic
AF	30TH MED GRP-VANDENBERG Family Practice Clinic