



MA Patient Centered Medical Home Initiative: Has it Made a Difference?

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Agenda

- MA Patient-Centered Medical Home (PCMH) Initiative overview
- Has it made a difference?
 - NCQA PCMH Recognition
 - Transformation
 - Clinical Quality
 - Staff Satisfaction
 - Lessons Learned
 - Informing version 2.0
- Summary





Massachusetts Patient-Centered Medical Home Initiative

- Multi-payer, statewide initiative
- Sponsored by MA Health & Human Services, legislatively mandated
- 44 participating practices
- 3-year demonstration; March, 2011-March, 2014
- Included payment reform

Vision: All MA primary care practices will be PCMHs by 2015





MA PCMHI: Core Competencies

- | | |
|---|--|
| <ul style="list-style-type: none">• Patient/family centeredness• Team based care• Planned visits & follow-up care• Registry use for population and patient management• Care coordination• Care management for high risk patients | <ul style="list-style-type: none">• Self management support• Patient and family education• Shared decision making, patient action plans• Evidence based care• Integration of QI• Enhanced access• Integration of behavioral health and primary care |
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MA PCMH: Incentive Alignment/ Payment Reform

- Payment Streams:
 - Fee for Service
 - Start-up Infrastructure Payments
 - Prospective Payments
 - ✓ Medical Home Activities
 - ✓ Clinical Care Management
 - Shared Savings



MA PCMHI: Technical Assistance

- Learning Collaborative
- Medical Home Facilitation
- Website and e-updates
- Data collection, aggregation and reporting
- Online courses, toolkits



MA PCMHI Evaluation Questions

Question 1:

To what extent and how do practices become medical homes?

- Extent
 - Patient-family centeredness
 - Care management
 - Care coordination
 - Access
 - Teamwork
 - Information technology
 - Leadership
- Barriers and Facilitators

Question 2:

To what extent do patients become partners in their health care?

- Perceived self-management efficacy
- Patient-family centeredness by chronic and non-chronic

Question 3:

What is the initiative's impact on utilization, cost, clinical quality, patient and provider outcomes?

- Emergency Department use
- Hospitalizations
- Cost
- Clinical quality measures
- Staff satisfaction
- Patient satisfaction



Has it made a difference?

NCQA PCMH Recognition



Final MA PCMHI NCQA Dashboard

97% of practices achieved NCQA Recognition

Recognition Level	Number/Percent
Level One	4/9%
Level Two	12/27%
Level Three	37/61%



Has it made a difference?

Transformation



Transformation Stories: Cambridge Health Alliance Malden Yellow Team Pilot PCMH

Before and After

<http://youtu.be/jlb7HRHlggM>

Transformation: MHIQ

Access to Care and Information (Access)

Access to Care and Information

- Health care for all
- Same-day appointments
- After-hours access coverage
- Accessible patient and lab information
- Online patient services
- Electronic visits
- Group visits

Practice-Based Services

- Comprehensive care for both acute & chronic conditions
- Prevention screening and services
- Surgical procedures
- Ancillary therapeutic and support services
- Ancillary diagnostic services

Care Management

- Population management
- Wellness promotion
- Disease prevention
- Chronic disease management
- Patient engagement and education
- Leverages automated technologies

Care Management (Care Mgt)

Care Coordination (Coord)



Care Coordination

- Community-based resources
- Collaborative relationships
 - Emergency Room
 - Hospital care
 - Behavioral health care
 - Maternity care
 - Specialist care
 - Pharmacy
 - Physical Therapy
 - Case Management
- Care Transition

Practice-Based Care Team

- Provider leadership
- Shared mission and vision
- Effective communication
- Task designation by skill set
- Nurse Practitioner / Physician Assistant
- Patient participation
- Family involvement options

Practice Management

- Disciplined financial management
- Cost-Benefit decision-making
- Revenue enhancement
- Optimized coding & billing
- Personnel/HR management
- Facilities management
- Optimized office design/redesign
- Change management

Health Information Technology

- Electronic medical record
- Electronic orders and reporting
- Electronic prescribing
- Evidence-based decision support
- Population management registry
- Practice Web site
- Patient portal

Health Information Technology (HIT)

Quality and Safety

- Evidence-based best practices
- Medication management
- Patient satisfaction feedback
- Clinical outcomes analysis
- Quality improvement
- Risk management
- Regulatory compliance

Quality and Safety (Quality)

Practice Based Care Team (Team)

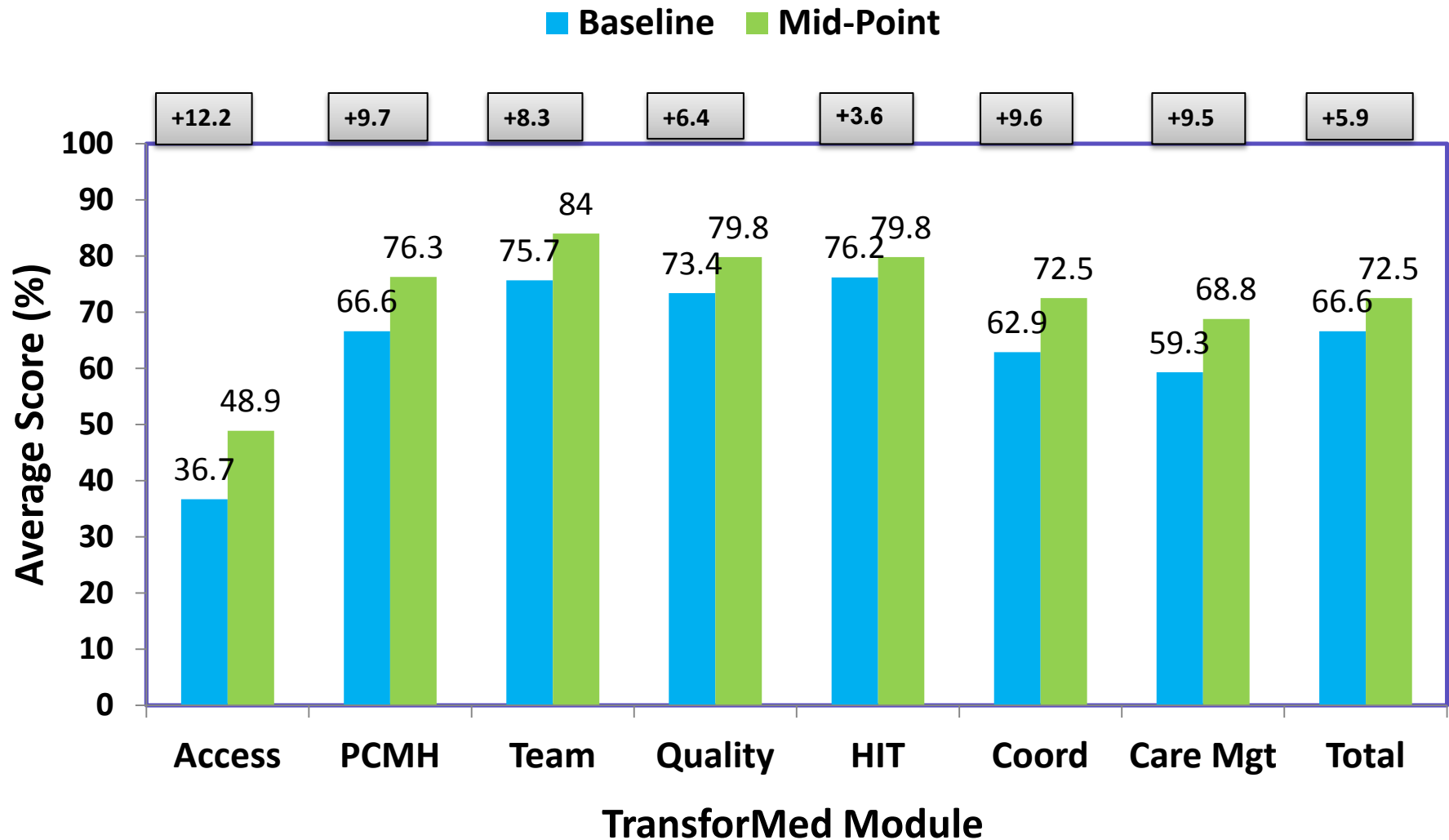
Patient -Centered Medical Home (PCMH)

Find out more at www.TransforMED.com

version 2.3.3 - 10/2009
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Transformation: MHIQ Change Over Time





Transformation: MHIQ Change Over Time

Statistically Significant Improvement	Trend Toward Improvement	No Change
<ol style="list-style-type: none">1. Access2. Patient-Centered Care3. Practice-Based Team Care4. Care Coordination5. Care Management	<ol style="list-style-type: none">1. Total	<ol style="list-style-type: none">1. Quality & Safety2. Health IT



Transformation: MHIQ Change Over Time Limitations

- Lacks sufficient statistical power to detect small or moderate significant differences across intervention groups – PCMH practices and comparison practices
- Not truly longitudinal – different people responded at time point 1 and 2

Transformation: How Practices Become PCMHs

Qualitative Evaluation

- Evaluation Site visits
 - Site selection criteria
 - ✓ Level of change from baseline to mid-point on practice transformation survey (MHIQ)
 - ✓ Practice type (adult v. pediatric)
 - ✓ Level of achievement
- Interviews with Medical Home Facilitators

5 Factors Contributing to Transformation

- Sequence of core competency adoption
- Strong leadership and staff buy in
- Focus on staff capacity and resources
- Electronic Medical Record (EMR) proficiency
- Active use of available technical assistance and peer learning



Qualitative Evaluation: Site Visit Themes

Successes

- Team-based care is highly valued as a critical element
- Practices are using HIT for QI and see the value of developing a culture of QI

Opportunities

- Considerable variability exists in how practices understand and implement clinical care management
- Building physician buy-in for PCMH transformation is challenging

Qualitative Evaluation: Strategies that Facilitate Staff Buy-in

- Educate staff about the transition to PCMH
- Involve staff in decision making
- Re-shape staff role to shift responsibilities
- Provide 1:1 coaching for slow adopters
- Establish visible leadership support

Transformation Resources

- 8 learning sessions, 6 on-line courses, many webinars
- Clinical Care Management Curriculum
- Medical Home Facilitator expertise
- Shared savings methodology
- MA PCMH website: practice tools, webinars, learning sessions, online courses, links, communications
- Patient/family engagement practice toolkit
- Behavioral health integration elements, assessment and toolkit
- Physician Leadership Institute

Behavioral Health Integration Toolkit

Firefox | PCMH Courses : Community Integratio... | pcmhourses.ehs.state.ma.us/content.php?cid=416

The Official Website of the Office of Health and Human Services (EOHHS) | My Start Page | Jump | Inbox | Search | Course Help

Health and Human Services

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Behavioral Health Integration Roadmap

Hide

- Home
 - ☒ Roadmap Overview: Instructions
 - Step 1: Download Self-Assessment Results
 - Step 2: Identify Domain of Focus
 - Step 3: Identify Elements of Focus
 - ☒ Community Integration Domain
 - Self-Help Referral Connections
 - Community Resources Connections
 - Specialty Referral Connections
 - Engagement with Specialty Agencies
 - Patient Participation in Administration
 - Patient Participation in Services
 - Behavioral Education Programs
 - Links and Resources

Community Integration Domain

Community Integration

The seven elements of integration within the Community Integration domain focus on referral to and connection with behavioral health resources in the practice's community. Engagement with the community-based behavioral health resources that exist outside of the primary care setting assists the patient in maintaining their emotional health in between primary care visits.

Community Integration

Relationship and Communication Practices	Patient Care and Population Impact	Community Integration	Care Manager Practices	Clinic System Integration
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<http://pcmhi.ehs.state.ma.us/online-courses>

<http://pcmhcourses.ehs.state.ma.us/users/index.php>



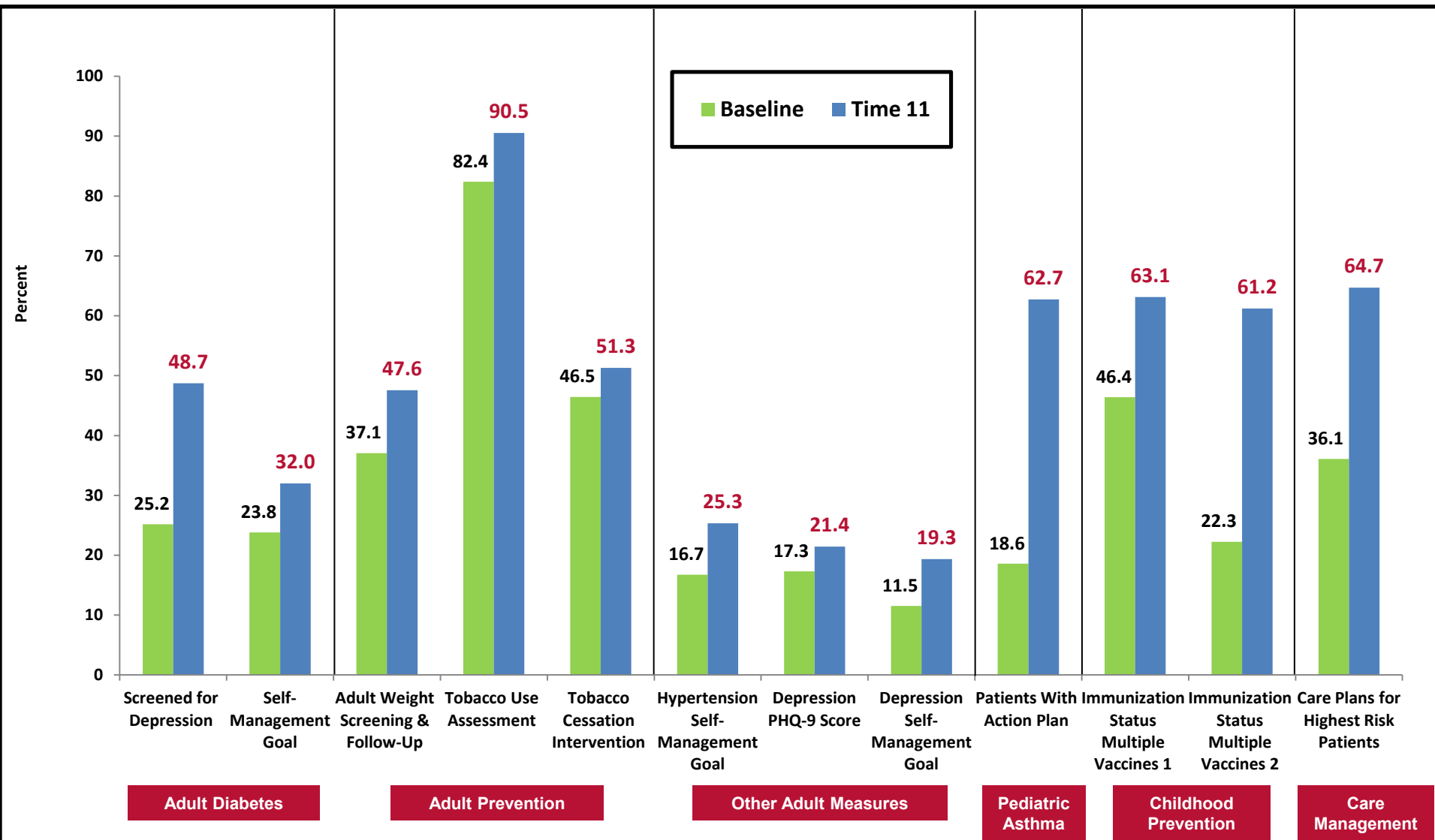
Has it made a difference?

Clinical Quality

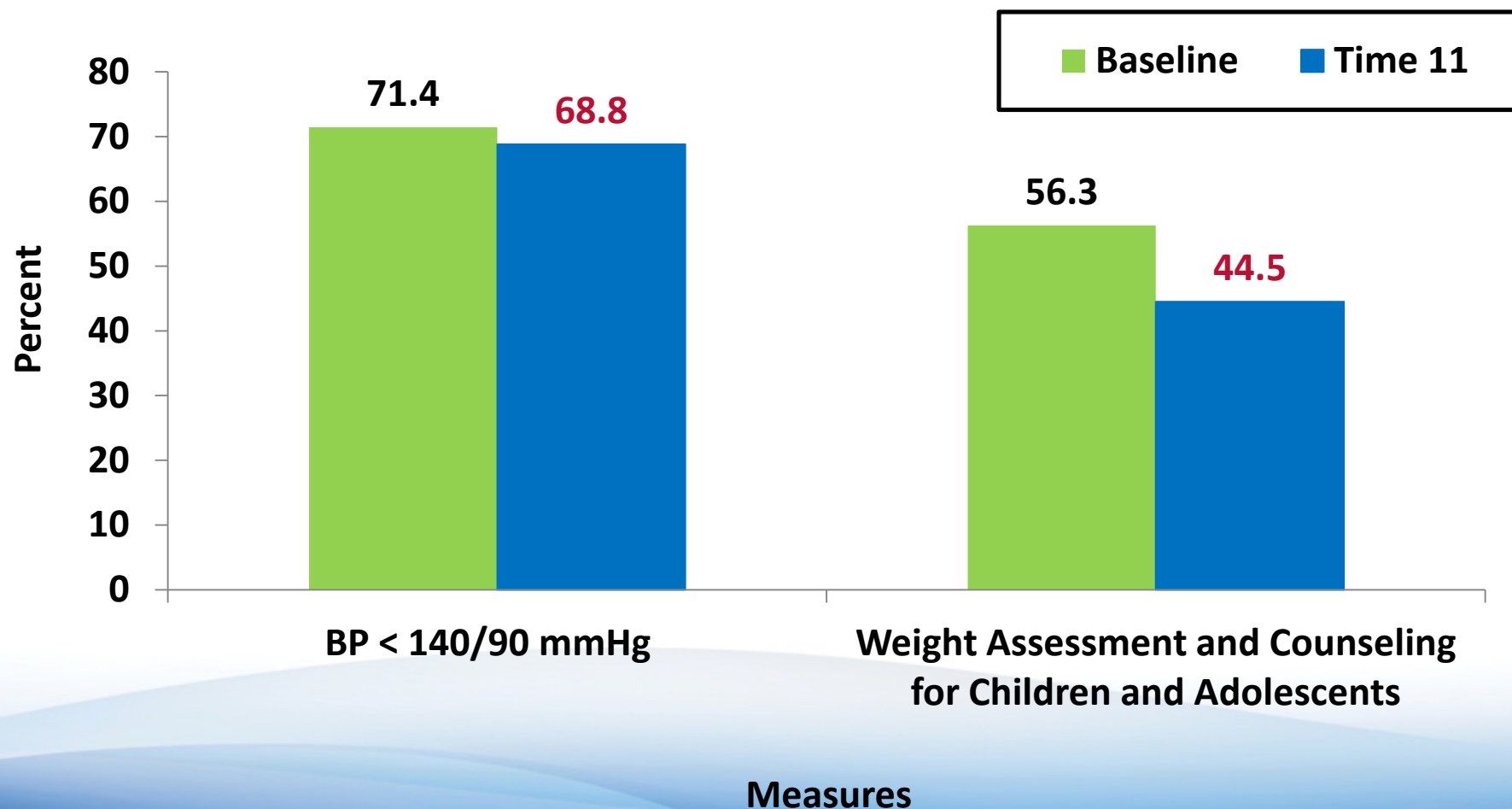


Clinical Quality Measures with Significant Improvement in Change over Time

11 of 22 measures showed statistically significant improvement



Clinical Quality Measures with Significant Decline in Change over Time



Values met the study's definition of statistical significance $p < .05$.



Has it made a difference?

Staff Satisfaction



Staff Survey Methods

- Survey tool included questions from:
 - TransforMED Clinician & Staff Survey
 - Minimizing Errors/Maximizing Outcomes (MEMO)
 - AHRQ Patient Safety Questionnaire
- Domains
 - Adaptive reserve – the ability to successfully change
 - Adoption of core competencies
 - Job satisfaction
- Administration
 - Time 1: 6 months after initiation
 - Time 2: 14 months after initiation

Staff Survey Time 1, 2: Key Findings

- Adaptive Reserve characteristics stable
- No change in adoption of the core competencies of teamwork and QI culture
- Drop in job satisfaction among Study Group staff, was seen for the clinical staff as opposed to non-clinical staff who showed an increase in job satisfaction



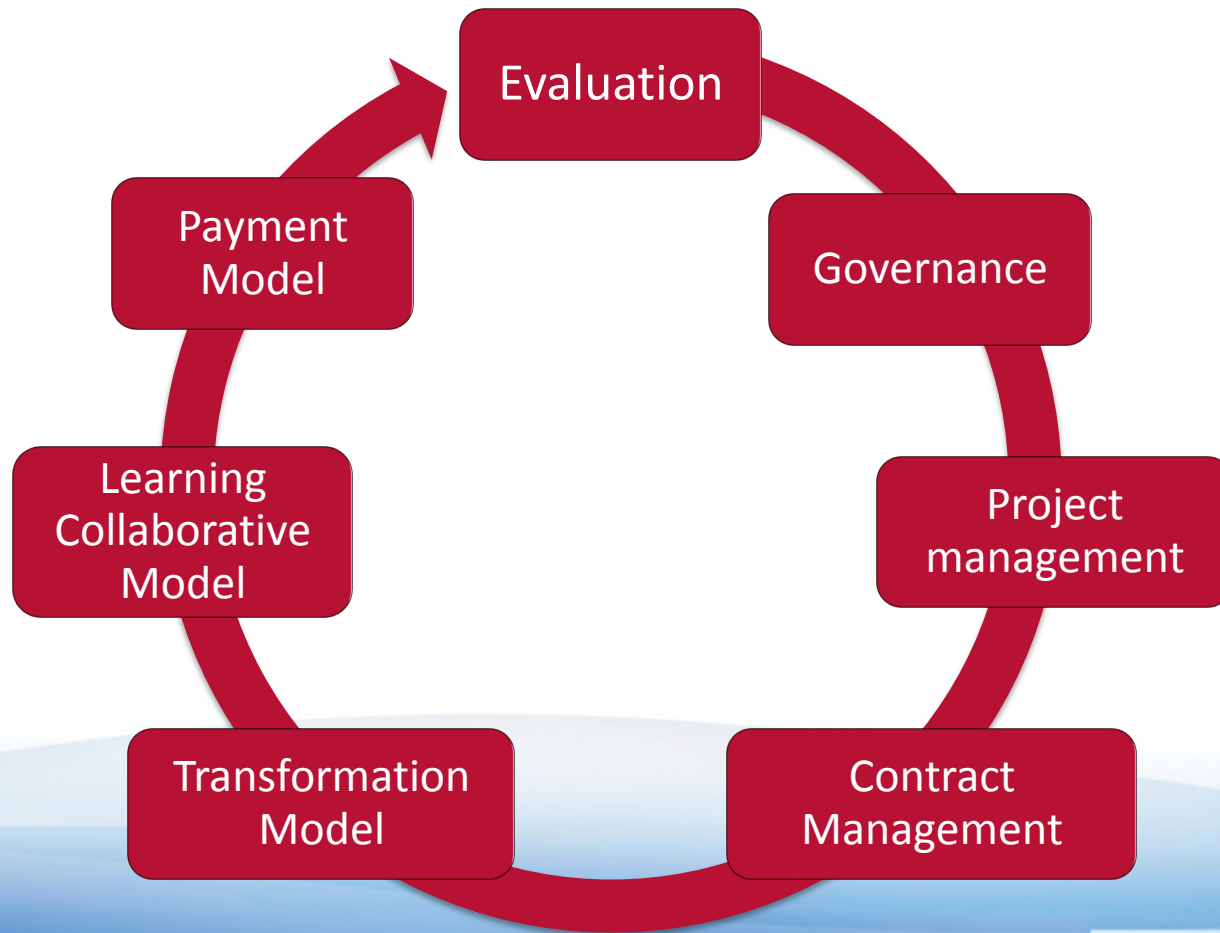
Has it made a difference?

Lessons Learned

Methods

- Natural group interview/discussion with Project Leadership of MA PCMH
- Project leaders rotated moderator role
- Topic guide included key components of the initiative
- Participants included:
 - EOHHS — Jean Carlevale
 - UMass Medical School — Judith Steinberg, Christine Johnson, Pam MacLeod & David Polakoff
 - Bailit Health Purchasing — Michael Bailit & Margaret Houy
 - Mass League — Joan Pernice

Key Components of the Initiative





Crucial Lessons

Engaged Leadership

Project team

Early
Intervention

Patient at the
center

Foster culture of
continuous
learning

New approaches

Specific Lessons

With all major stakeholders is essential
for success

Roles and responsibilities are clear at
beginning

Intervene early
in practices
struggling

Patient involvement
at every level of
initiative

With the initiative
with all stakeholders

Be open to changing
direction, bringing in
new approaches

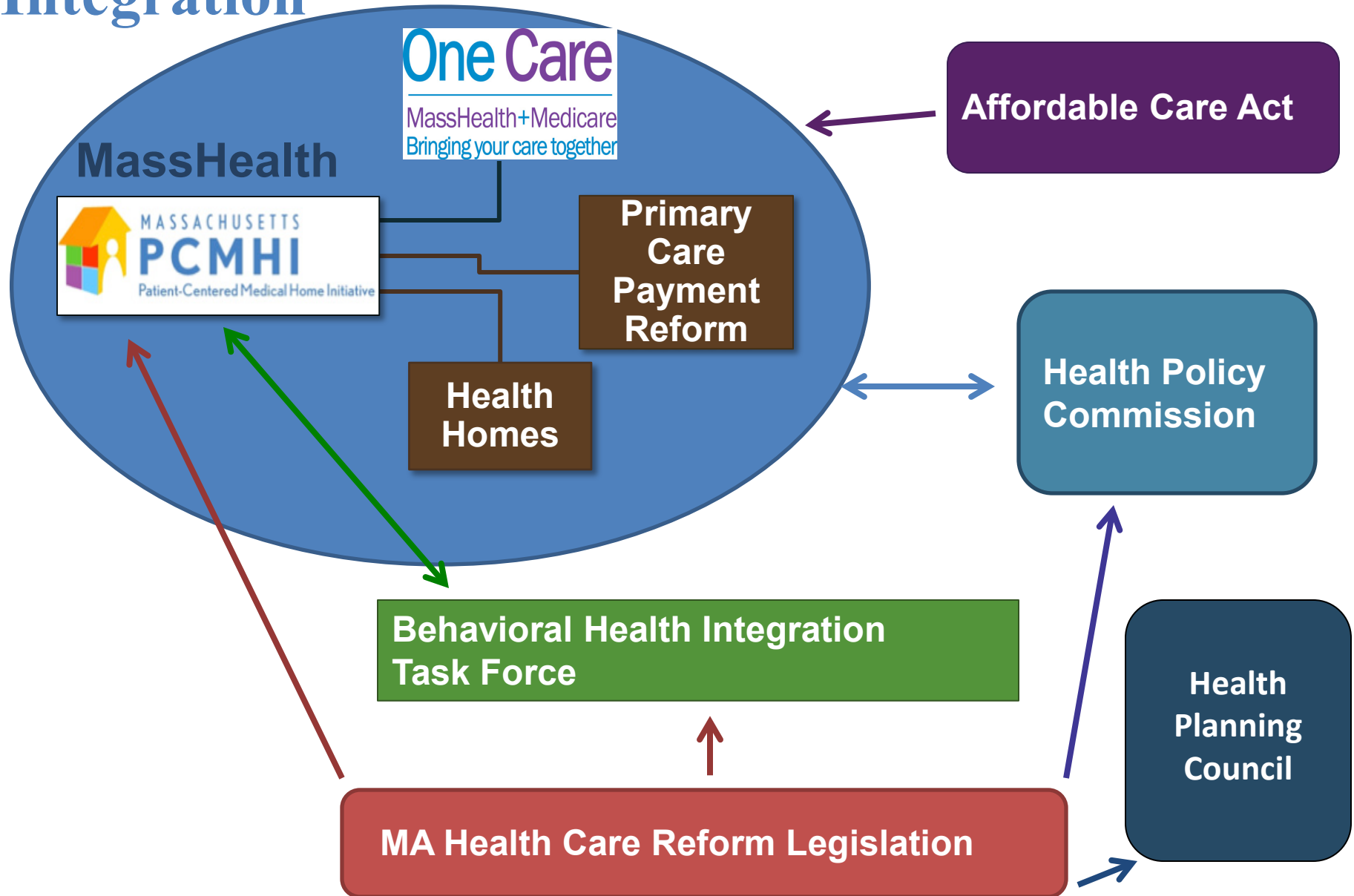


Has it made a difference?

Informing Version 2.0



MA Healthcare Reform & Behavioral Health Integration





MA PCMH **Has** Made a Difference

- 43 out of 44 practices received NCQA recognition
- Practices developed new models of care with re-energized teams
- Statistically significant improvement in self-assessed PCMH component implementation
- Identified factors contributing to practice transformation and strategies for successful staff buy-in
- Created and archived numerous transformation resources
- 11 of 22 clinical measures showed statistically significant improvement
- Lessons learned disseminated and applied
- Informed version 2.0 healthcare reform programs and efforts

Final analysis with three time points for surveys and cost/utilization data due Fall 2014

Acknowledgments

- The MA PCMH participating practices
- The UMass MA PCMH team
- MassHealth and participating payers
- Bailit Health Purchasing