

Idaho Medical Home Collaborative Pilot Program Overview & Lessons Learned (So far...)

David Simnitt, Deputy Administrator
Division of Medicaid
IMHC Co-Chair

PCMH Pilot Background

- * Administered by the Governor's Patient-Centered Medical Home Collaborative (Exec. Order 2010-10)
- * Multi-payer
- * Two-year duration (2013-2014)
- * Broad representation across state, practice size, progress toward PCMH transformation, etc.

Who Was Eligible to Apply to the Pilot?

- * Primary Care Clinic: pediatrics, family medicine, internal medicine
- * Accepting Medicare, Medicaid, private, and self-pay patients
- * Committed to practice transformation/redesign under PCMH model
- * Committed to implementing all change areas as outlined by the IMHC medical home definition
- * Committed to future NCQA recognition including formal quality improvement activities
- * Utilization of an electronic registry with reporting functionality (either freestanding or EHR based)

What is Required of Pilot Practices?

- * Achieve NCQA Level I by 1/1/2015
- * Participate with a minimum of 2 payers
- * Participate in technical assistance events
- * Utilize chronic disease registry to track and manage pilot participants
- * Complete clinic/practice quality measure reporting at 6 months and quarterly thereafter

Pilot Practice Requirements (Cont.)

- * Complete PCMH Progress Reporting
 - * PCMH-A Patient Centered Medical Home Assessment - semi-annual
 - * Progress Report Narrative – quarterly
 - * PCDC – Primary Care Development Corp. – six months, quarterly thereafter until achieve NCQA
 - * Patient Satisfaction Survey – six months, annually thereafter

IMHC Pilot Participants at Kick-Off

January 2013

* 40 Service Locations

* 19 Provider Organizations

Supports – Technical Assistance

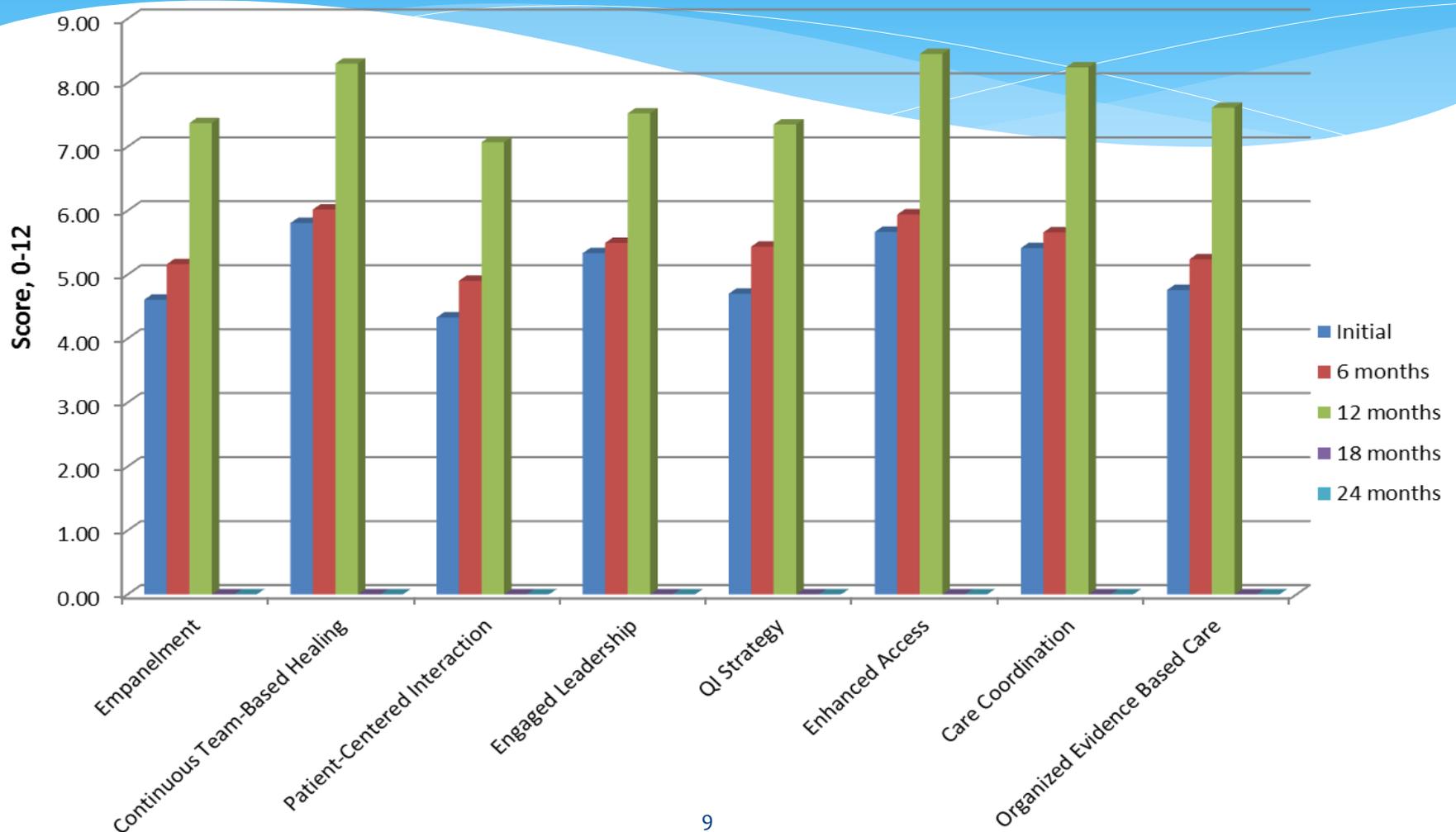
Nov. 2012 – Statewide Kick-off event with IMHC Members and Pilot Clinics

- * 1st Year
 - * 2 Webinars – Disease Registry & Quality Improvement
 - * 1 Video Conference – Care Plans
 - * 1 Face-to-Face Statewide Annual Meeting
 - * Practice Coach One-on-One Site Visits
 - * Focused on NCQA recognition assistance
 - * Support generally at organizational level
 - * Variety of Other Activities by Each Payer

Supports – Technical Assistance (Cont.)

- * 2nd Year
 - * 2 Webinars – Referral Tracking & Patient Transitions
 - * 1 Video Conference – Data Population Management
 - * 1 Face-to-Face Statewide Wrap-Up Meeting
 - * Regional Lunch-n-Learns to promote networking
 - * Practice Coach One-on-One Site Visits
 - * Focused on sustainability & compliance
 - * Support generally at organizational level
 - * Variety of Other Activities by Each Payer

SUCCESS as reported on PCMH-A Transformation is occurring in IDAHO!



SUCCESS – Pilot Clinic NCQA status

61% of Pilot Clinics Recognized or Applied for NCQA by 8/1/14

	Pilot Clinic
NCQA Recognized at start up 1/1/3	8
NCQA Recognized as of 7/31/14	5
Applied	6
Applying Aug-Oct 2014	12
TOTALS	31

What Transformation Really Looks Like!

* Clinic #1

- * Family of 6 yr old with asthma living in car with frequent ER visits
- * Pilot Clinic RN Care Manger coordinated assistance for family shelter placement
- * Stability resulted in child accessing medical care appropriately from Medical Home Team with child now thriving and “back in school”

* Clinic #2

- * Uncovered disturbing trend when reporting Medical Home quality measures specific to A1C compliance & BMI goals
- * Developed PDSA cycles to address both issues

IMHC Pilot Wrap Up Event

- * **November 7, 2014** – Statewide event to be hosted by BSU in collaboration with IPCA’s annual learning session
- * Educational opportunity to learn from national and local content experts
- * **Pilot wrap up & networking - success and lessons learned from Pilot Clinics to be shared**
- * *Continuing the PCMH Journey* – SHIP update

IMHC Pilot Participants - Current

- * **August 2014**

- * 31 Service Locations

 - (9 withdrew since pilot began)

- * 15 Provider Organizations

 - (4 withdrew since pilot began)

IMHC Pilot Clinics – Aug. 2014

Clearwater Valley Clinics	Rexburg Medical Center
Family First Medical Center, PLLC	Saint Alphonsus Medical Group Eagle
Family Health Services-Twin Falls	Saint Alphonsus Medical Group McMillan
Family Health Services- Rupert	Saint Alphonsus Medical Group Overland
Family Health Services- Buhl	Sandpoint Family Health Center, LLC
Family Health Services-Jerome	Sandpoint Pediatrics
Family Health Services-Burley	Shoshone Family Medical Center
FMRI - Emerald	St. Mary's Cottonwood Clinic
FMRI - Fort	St. Mary's Kamiah Clinic
FMRI -Meridian	Terry Reilly - Boise Clinic
FMRI- Raymond	Terry Reilly - Caldwell Clinic
Health West Family Medicine Clinic	Terry Reilly - Middleton Clinic
Health West Pocatello	Terry Reilly Health Services Nampa
Ironwood Family Practice, PA	Valley Medical Center-Family Practice
Kaniksu Health Services-Bonnars	Kaniksu Health Services-Sandpoint
Kaniksu Health Services- Priest River	

Why Did Pilot Clinics Withdraw?

- * 6 Clinics – (One Provider Organization)
 - * Withdrew 4 clinics in Sept. 2013
 - * Cited task of transforming 6 clinics initially not achievable with existing staff and resources
 - * Maintained pilot enrollment of 2 clinics with RN care coordinators on site & greatest provider buy-in
 - * Withdrew remaining 2 clinics in August 2014
 - * Revised PCMH long-term plan with intent to transform up to 12 additional family practice clinics within next 2 years, thus not practical to seek NCQA 2011 standards by end of 2014
 - * Intend to seek NCQA 2014 standards for up to 14 clinics within 2 years.
 - * Continuing transformation efforts at 2 clinic sites withdrew in Aug. 2014
 - * Positive input regarding technical assistance provided

Why Clinics Withdrew (Cont.)

- * 3 Small clinics withdrew; 2 – 4 providers
 - * August 2013
 - * May 2014
 - * July 2014
- * Common factors cited
 - * Underestimated staff & financial resources needed to transform and meet NCQA standards within 24 months
 - * Inadequate EMR to support care coordination and reporting requirements
 - * Staff turnover – loss of key staff supporting transformation effort significant factor

Lessons Learned

- * Readiness Assessment – Imperative clinics understand “magnitude of transformation effort”
- * Adequate EMR & IT support essential to support model
- * Organization & physician champion support and engagement imperative at start-up and ongoing for clinic to sustain process and culture change
- * PCMH clinic networking & mentoring essential for sustainability

Lessons Learned

- * NCQA application and transformation process must be a team effort with dedicated staff; common for clinics to limit this “assignment” to one staff along with other full time duties. These clinics at risk of meeting NCQA in 24 months
- * Data Results - due to confusion in quality measure reporting timeframes, received inconsistent data. Subsequently, timeframes and instructions have been clarified. Find clinics continue to struggle reporting “annual” measures due to limitations within EMR’s. Important that reporting expectations are clear and standardized processes are established during start-up phase.

Recommendations to IHC

- * **Have a Rigorous Screening Process for Practice Inclusion in SHIP Testing**
 - * Don't be afraid to say “**not yet**” to practices that are not ready to take the transformation plunge
 - * Invest in and support **pre-transformation** activities so practices that want to transform can be part of the year 2 or year 3 cohort
- * **Develop and Implement Key Virtual Medical Home and Medical Home Neighborhood Infrastructure Elements EARLY**
 - * Important for all clinics but this external support especially important for small clinics in rural and frontier areas
 - * Currently, only three independent clinics remaining in pilot with 6 or less providers and they have not completed NCQA application to date.

Recommendations to IHC

- * **Look to Idaho's Medical Home Early Adopters/Pioneers to Provide Mentoring Support to Newly Transforming Practices**
- * **Assure Robust HIT Resources and IT Supports**
 - * Systematic coordination of care dependent on adequate EMR & disease registry
 - * Consistent and accurate quality and financial reporting is very difficult
- * **Focus on Whole System Change – Not Just Practice Transformation**