MEDICAL HOME IN THE HUDSON VALLEY

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- Project participants
- Timeline
- Quality profile
- Medical home transformation
- Evaluation

Project Participants

Hudson Valley Project Characteristics

- EHR install base - key component to the Hudson Valley project is the existing physician EHR install base
  - An existing, stable EHR implementation in a physician's office helps physicians achieve Medical Home more quickly
- Multi-payor collaborative - involves six health plans and approximately 53% to 65% of commercial market
  - Aetna, CDPHP, Hudson Health Plan, MVP, United, WellPoint
- Large intervention group – 225 physicians in medical home group

- 225 primary care physicians in Hudson Valley
  - 13 groups: 3 FQHCs, 10 physician practices
  - Physician practices run from solo practitioners to primary care physicians in multi-specialty groups of 100+
- Six health plans
  - Provide claims data to data aggregator for quality profile and utilization metrics
  - Pay incentives after quality profile is issued
  - Participate actively in project design via the THINC Quality Committee
- IBM has pledged support with incentive payments

THINC

- Manage project and deliverables
- Work with health plans to determine payment process and triggers
- Use THINC Quality Committee to ensure collaborative process for development of project goals and implementation
- Physician recruitment

Taconic IPA

- Intensive planning for and leadership of medical home transformation initiative
- Physician recruitment

Cornell

- Conduct evaluation, data gathering, develop and administer surveys, analysis, etc.

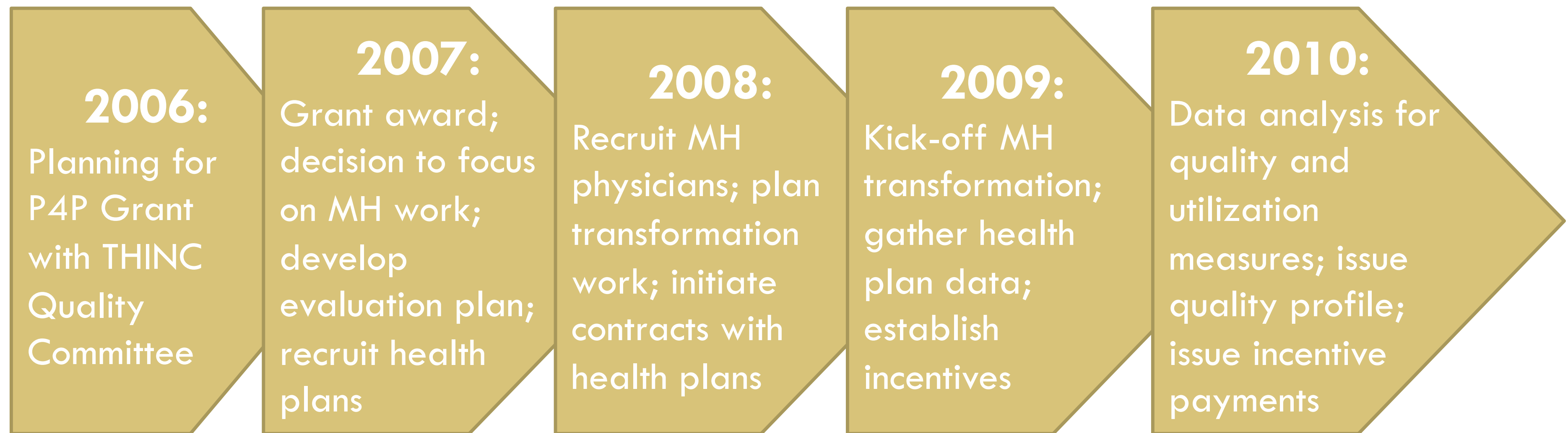
ViPS

- Data acquisition and analysis

Timeline

- In 2007, THINC was awarded a P4P grant from the NYS Department of Health
  - Critical seed funding and a galvanizing tool for planning
- Request for grant applications sought projects implementing quality metrics, quality report cards, and health plan incentives
  - Right after award and with NYS DOH approval, THINC decided to leverage this project and add a significant medical home component

Timeline



Lesson Learned: double or triple your time estimate:

- 2.5 years of planning work (2006 to 2008)
- 10 months of intensive medical home transformation work (2009)
- 12 months to complete health plan data contracts and acquire data (2009)
- 6 months to complete data analysis, and issue quality profile and incentive payments (2010)

Quality Profile and Incentives

- Will include:
  - 10 HEDIS measures
  - EHR-based clinical measures
    - From one EHR system in year one
    - Plan to add other EHRs in subsequent years
  - NCQA PCMH recognition level

- 2009 Incentive payments will be issued after quality metrics report card in Q1 2010
- 20% of incentive payments goes to scoring on quality metrics and 80% goes to achievement of NCQA PPC-PCMH Medical Home Level 2 certification
- Aggregate health plan incentive pool will be around $1.5 million
  - Allowed variation -- payment approach or pmpm varies among health plans

Medical Home Transformation

Medical Home Transformation

- Physicians agreed to seek NCQA Level 2 or Level 3 recognition for patient centered medical home
  - Lots of pros and cons to NCQA recognition process and criteria – NCQA is revisiting it as we speak
  - But it is best current objective criteria for medical home
  - Bear in mind – all these physicians have EHRs and have "first mover" interest in medical home
- Brought in outside expertise and consulting support from MassPro and TransforMED
- Combined with staff support from Taconic IPA and THINC

- On site practice assessments to establish baseline and gap analysis with NCQA PCMH criteria
- Ongoing monitoring of progress toward achieving criteria – phone calls, webinars, on-site meetings
- Monthly medical council meetings
- Two all-day retreats
- On-line community to share ideas, questions, concerns
- Intensive hand-holding for actual application preparation

Of 13 Groups:

- Six practices have already received level 3 recognition
- Two solo practitioners have elected to delay applications until mid-2010

- FQHCs are very close to medical home already when they have access to technology
- Large practices are much better equipped to handle administrative requirements of NQCA recognition process
- Small practices (<10) incurred between at least 50-100 hours of overtime (if not more) just to complete application
- Solo practitioners either delayed or needed truly aggressive staff support from Taconic IPA and project consultants

Observations

- Again, these are “first-mover” physicians who believe in the principles of PCMH and already have EHRs
- Spent thousands of dollars on staff time – particular hardship for small practices
- Outside support structure enables nearly all groups to get across the line
  - Medical council became an extremely valuable forum

Project Evaluation

Evaluation

- Working with Rainu Kaushal, MD, MPH, and Lisa Kern, MD, MPH, at Weill Cornell Medical College to conduct a robust academic evaluation of project
- Goal is to determine incremental effects of medical home incentives and EHRs on quality and costs
- Three-group study with before-and-after evaluation

	Chart Type	P4P	Medical Home Practice Redesign
Group 1	Paper	No	No
Group 2	EHR	No	No
Group 3	EHR	Yes	Yes

Evaluation

- Will use four years of quality data
- Includes measurement of utilization outcomes
- Surveys of physicians and patients to gather their input about implementation of medical home
- Evaluation design should produce results to inform policy debate as well as participant health plans’ decisions about value of medical home
- Expect preliminary findings about year one in mid-2010

Future

- Seek to add care coordinators as shared resource
- Ongoing monitoring of performance on quality and cost
- Support to push level 2 physicians to level 3
- Expand medical home group if we can secure resources to support new participants
- Leverage clinical summary exchange functionality being sponsored by THINC
  - Electronic transmission of referral, consult, discharge summary via the CCD

Questions?