IMPLEMENTATION OF MEDICAL HOME CONCEPT IN CHC'S AND CHALLENGES FACED

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OUTLINE

- Review 2 core components of Medical Home
- How CHC’s are implementing each component
- Challenges
- Community Health of South Florida’s experience

Overview of CHI

- FQHC since 1971
- Started from 2 trailers
- 7 main sites, 27 school based clinics
- Budget $43 million
- Staffing
  - 64 Providers, 660 Staff
- Comprehensive array of services
  - Primary care, OB/Gyn, Dental, Optometry, Podiatry, Behavioral Health (includes a CSU), UCC's, Pharmacy, Radiology, Transportation, etc, etc
- Patient demographics
  - 63% uninsured, 16% Medicaid, 6% Medicare
  - 72% at or below 100% poverty level
  - 54% Hispanic, 33% African American, 9% White

Selected Core Components of Medical Home

1. Personal Physician
   - 1st contact with patient
   - Responsible for all of patient's care needs
2. Care Coordination
   - Referrals, Hospitalization, Linkages
   - Tracking of patients, referrals and tests

Personal Physician

- How are CHC's implementing this concept?
  - Patients assigned to personal Provider
  - Provider works with and directs consistent support staff
  - Patient sees this Provider and same staff probably 3/4 visits
  - Back up Provider
  - Provider, back up Provider and support staff work in defined unit
  - Patient identifies with his/her Provider and the entire team in unit
  - Cultural and linguistic appropriateness of care
  - Easy access to care
    - Open access, expanded hours, innovative communication methods

Personal Physician

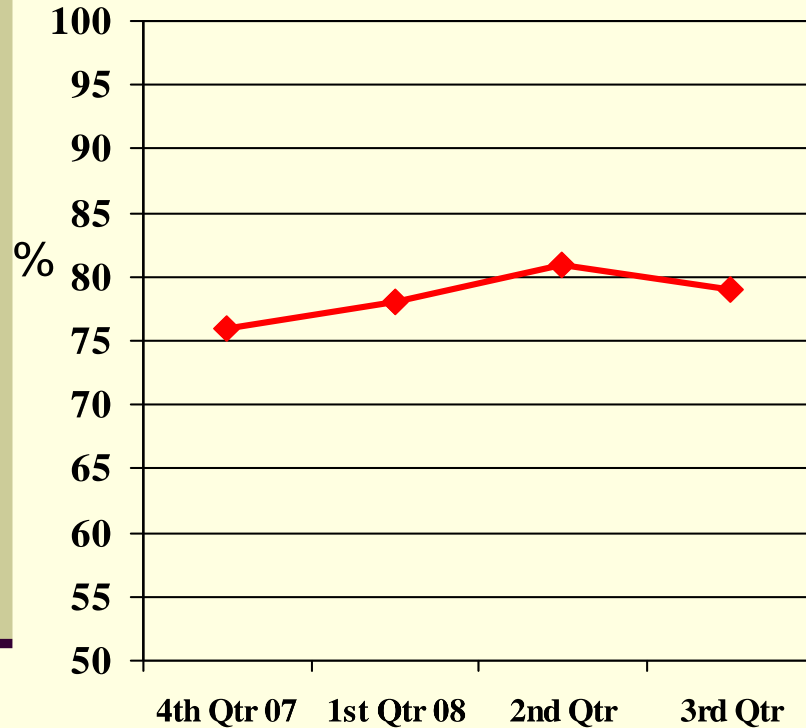
- Challenges
  - Provider shortage
    - Demand for care vs. supply of Providers
    - Turnover
  - High no show rate with high walk in volume
  - Multiple different back up Providers
  - Difficulty with Physician and support staff accountability
  - Limited line staff Provider/team involvement in performance improvement
  - Scheduling policy
  - Waiting time for next available appointment
  - Organization culture

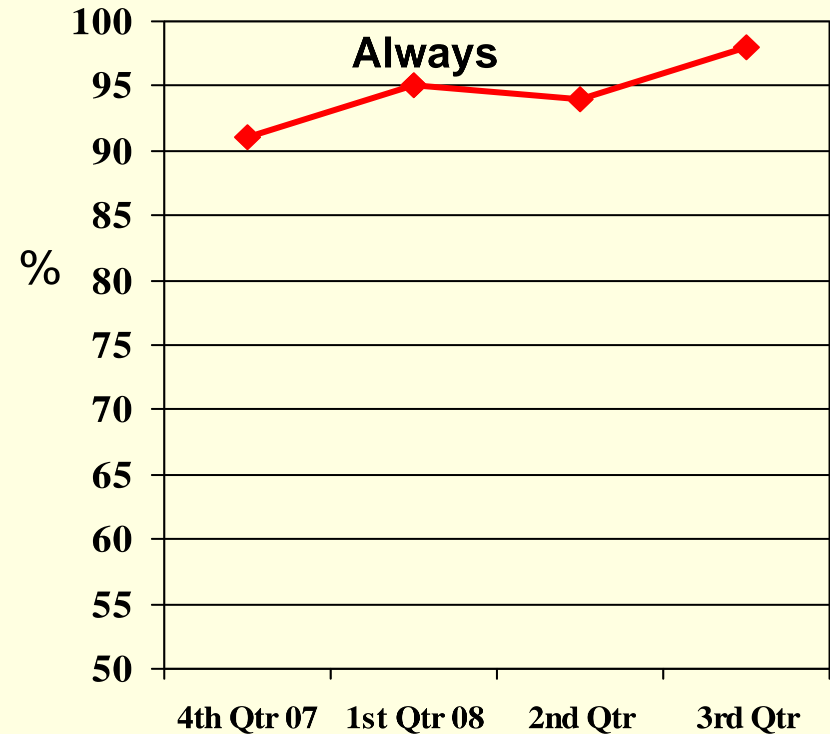
Personal Physician
CHI's Experience in Implementation

- Organization culture
- Supporting policies
- Room in schedule for most Providers for same day appointments
- Designated walk in Provider in other sites
  - A next best option
- Provider and team accountability for quality outcomes for panel
  - Different strategies utilized
  - Waiting time to next available appointment

Personal Physician

CHI's experience – Patient satisfaction surveys





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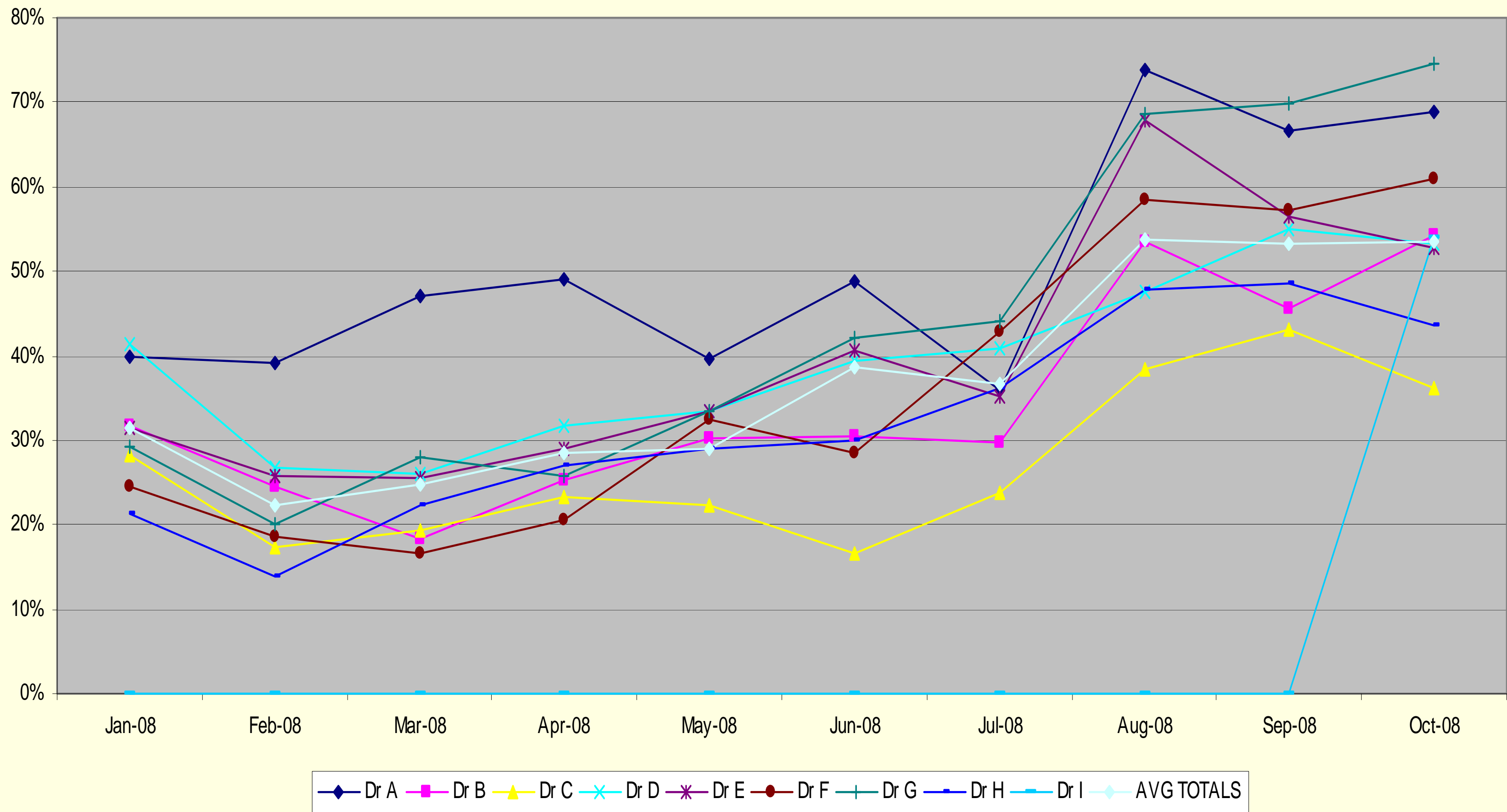
Personal Physician
CHI's experience - Benchmarking



	PROVIDER DASHBOARD: MONTHLY DATA	GOALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
	PRODUCTIVITY		2008								
1	# of Encounters	425	321	259	205	303	262	269	238	249	244
2	Collections	$12,750	$8,668	$7,340	$6,411	$8,762	$7,803	$6,995	$6,974	$7,460	$7,460
	QUALITY OF CARE										
3	Mammogram Compliance	65%	53%	42%	38%	42%	41%	49%	44%	47%	45%
	PATIENT SATISFACTION										
4	Overall Satisfaction Score	5.00			4.90			4.92			5.00
	PARTICIPATION IN ACTIVITIES										
5	Participation in Peer Review	4/mth	4	4	1	4	4	4	4	4	4
6	Grand Rounds/Dept Mtn Attendance		1	1	1	1	1	1	0	1	1
7	Board Certification/Effort				3			3			3
8	Participation in Comm/Soc Activities	1/qtr			1			0			1
	QUARTERLY DATA	GOALS	*PEERS*	***AVG***	*POINTS*	*PEERS*	*AVG*	*POINTS*	*PEERS*	***AVG***	*POINTS*
	PRODUCTIVITY	60 points			***36.1***			***38.1***			***34.4***
1	*# of Encounters*	*425*	*320*	***262***	*18.5*	*320*	***278***	*19.6*	*320*	***244***	*17.2*
2	*Collections*	*$12,750*	*$7,600*	***$7,473***	*17.6*	*$7,600*	***$7,853***	*18.5*	*$7,600*	***$7,298***	*17.2*
	QUALITY OF CARE	18 points			***12.3***			***12.2***			***12.6***
3	*Mammogram Compliance*	*65%*	*40%*	***44%***	*12.3*	*40%*	***44%***	*12.2*	*40%*	***45%***	*12.6*
	PATIENT SATISFACTION	12 points			***10.8***			***11.0***			***12.0***
4	*Overall Satisfaction Score*	*5.00*	*4.48*	***4.90***	*10.8*	*4.48*	***4.92***	*11.0*	*4.48*	***5.00***	*12.0*
	PARTICIPATION IN ACTIVITIES	10 points			***9.0***			***9.0***			***9.0***
5	*Participation in Peer Review*	*4*	*10*	***3.00***	*3.0*	*10*	***4***	*4.0*	*10*	***4.00***	*4.0*
6	*Grand Rounds/Dept Mtn Attendance*	*2*	*1*	***2***	*2.0*	*1*	***2***	*2.0*	*1*	***1***	*1.0*
7	*Board Certification/Effort*	*3*	*2*	***3***	*3.0*	*2*	***3***	*3.0*	*2*	***3***	*3.0*
8	*Participation in Comm/Soc Activities*	*1*	*1*	***1***	*1.0*	*1*	***0***	*0.0*	*1*	***1***	*1.0*
	ADJUSTMENTS		***TOTAL POINTS***		***68.1***	*TOTAL POINTS*		***70.3***	*TOTAL POINTS*		***67.9***
	Tardiness: 1 point /day for each arrival time >7mins		***ADJMTS Tardiness***		***2.0***	***ADJMTS Tardiness***		***0.0***	***ADJMTS Tardiness***		***0.0***
			FINAL POINTS		***66.1***	***FINAL POINTS***		***70.3***	***FINAL POINTS***		***67.9***
			% OF SALARY EARNED		***3.31***	*% OF SALARY EARNED*		***3.52***	*% OF SALARY EARNED*		***3.40***

Personal Physician

CHI's Experience - Additions to Job Descriptions and Evals

Reviews Quality Care Guidelines/Patient Reminder print-out or electronically to identify overdue items (tests and other health maintenance procedures)
Ensures that PFSS and Nursing staff appropriately address overdue health maintenance tests and procedures
Provides constructive feedback to PFSS and Nursing Staff when overdue items are not appropriately addressed
Demonstrates knowledge of CHI's Quality of Care Indicators including the UDS Clinical Measures
Meets goals for Hemoglobin A1c testing and average value in Diabetic patients (FP, IM)
Meets goals for Blood Pressure targets in patients with Hypertension (FP, IM)
Meets goals for Pap testing in females ages 21-64 (FP, IM)
Meets goals for Mammography testing in females age >40 (FP, IM)
Meets goals for Immunization compliance in children up to age 2 (Pedi)
Meets goals for Depression screening and prevalence in adults (FP, IM)
Meets goals for Dental visit compliance (FP, IM, OB, Pedi)
Meets goals for other CHI Quality of Care Indicators pertinent to specialty
Facilitates access to Behavioral Health Services for patients referred from primary care (BH)
Facilitates access to Dental visits for patients referred from primary care (Dental)
Participates in the development, and the assessment of the effectiveness, of practice guidelines to improve care outcomes
Effectively and promptly reacts to abnormal physical, lab or procedure findings based on evidence based guidelines
Effectively empowers patients to be involved in their care including involving patients in self management goal setting

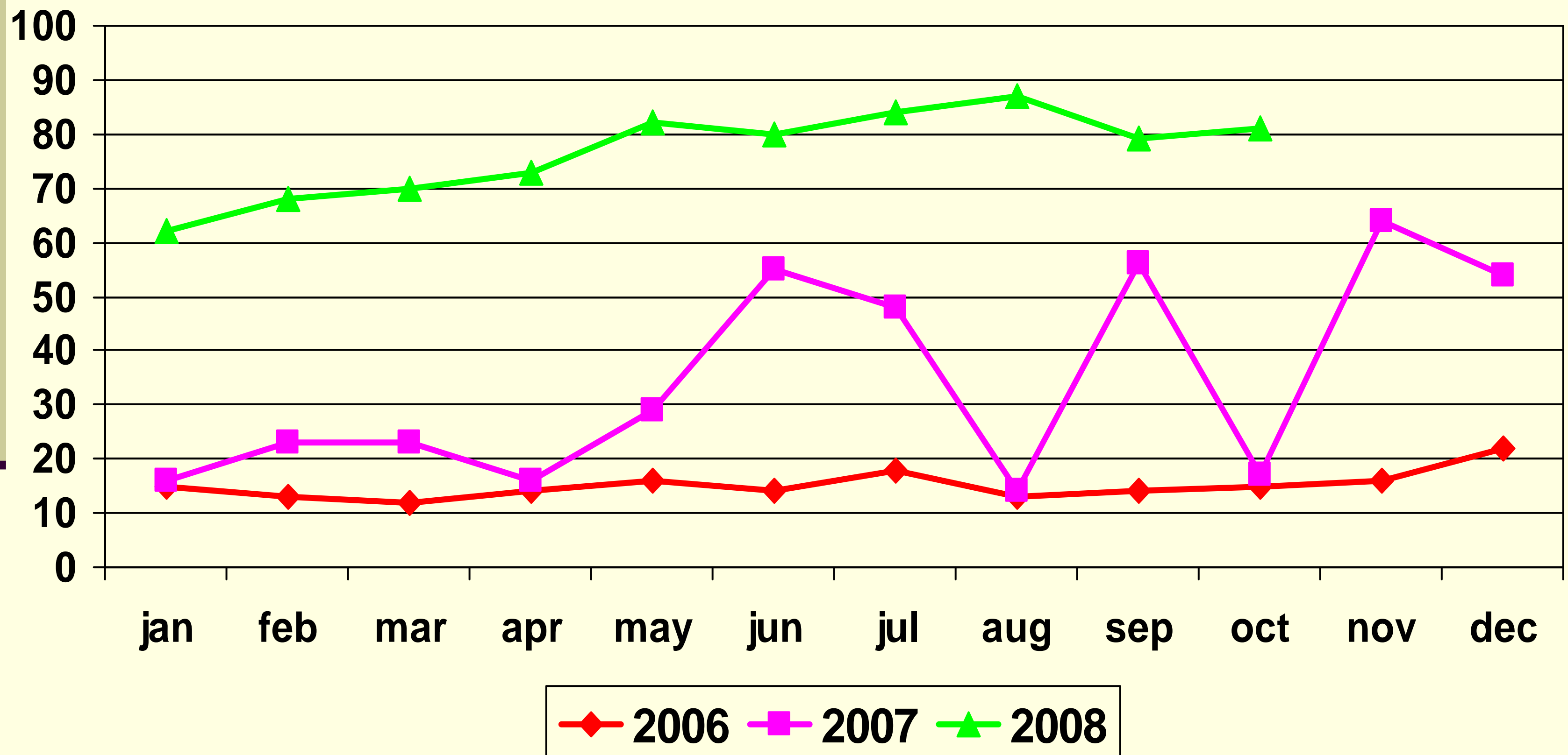
Care Coordination

- How are CHC's implementing this concept?
  - Care coordinated across
    - All aspects of complex health care system (subspecialty care, hospitals, home health care agencies, nursing homes, etc)
    - Patient's family and CBO's
  - Outreach, Transportation, Housing assistance, Medicaid eligibility activities, Meal delivery, etc
  - All based on comprehensive community needs assessment
  - Patient tracking systems
    - Lab test tracking
    - Referral tracking

Care Coordination

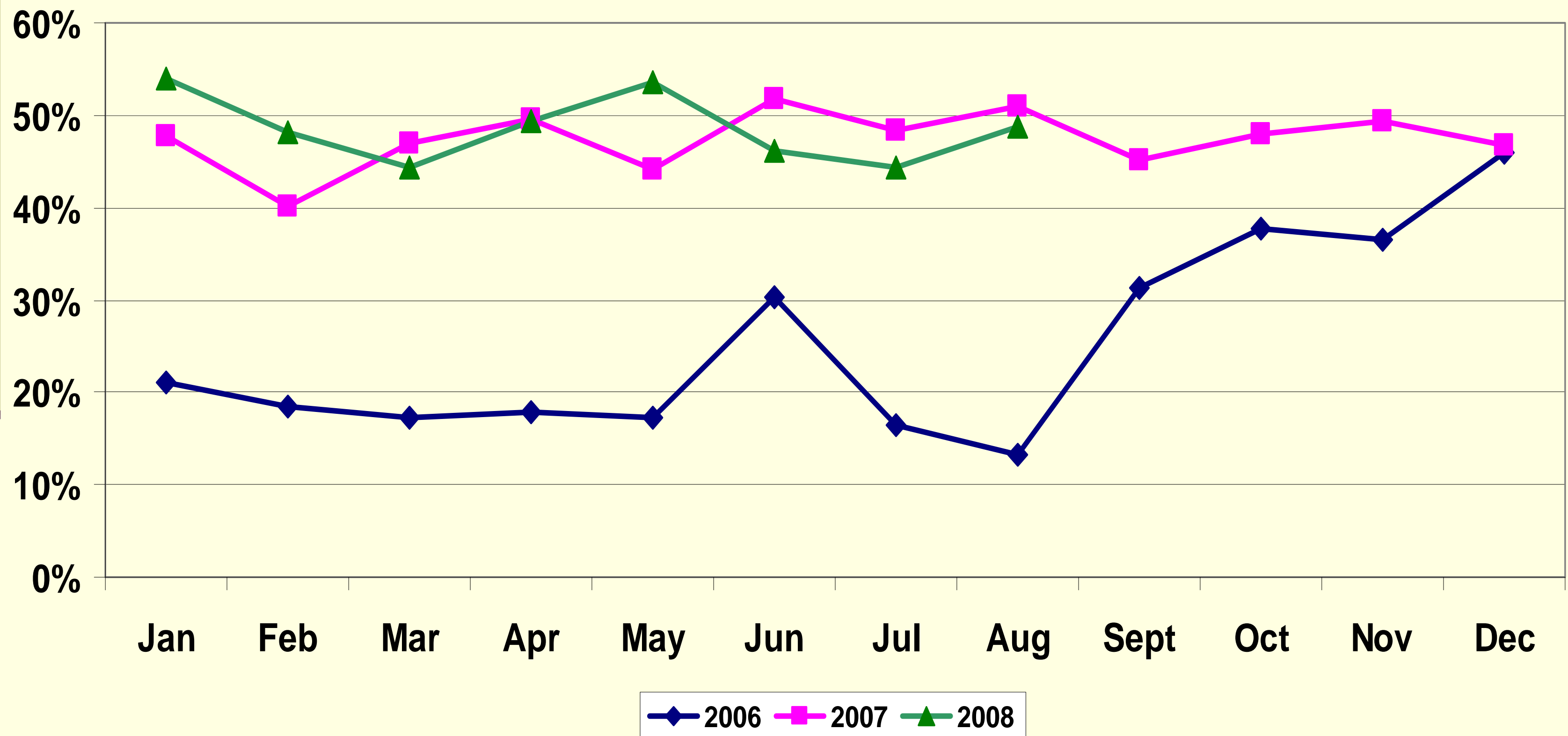
- Challenges
  - Provider time
  - Delegation of in-patient care
  - Access to defined sub-specialists
  - Medicaid patients not accepted by some
  - Capabilities of Management Information System
  - Staff resources for complete tracking
  - Information sharing
    - Health information exchange

Care Coordination
CHI's experience – OB patient care coordination



Care Coordination

CHI's experience – UCC patient care coordination



Summary

- Discussed 2 core components of Medical Home
- How CHC’s are implementing each component
- Challenges
- Community Health of South Florida’s experience

Strategies to Sustain Implementation of Medical Home Concept in CHC's

- CHC level strategies
  - Clear Senior Management vision to fully implement model
  - Defined supporting policies and procedures
  - Defined staffing model
  - Defined performance indicators
  - Inclusion of expectations in Provider contracts and staff job descriptions + performance evaluations + incentive bonuses
  - Organizational culture in which "patient care comes first"
- National strategies
  - Workforce: HPSA, NHSC
  - Competing priorities: Productivity vs. Quality
  - Staffing models
  - National definition and benchmarking of "indicators of a CHC's medical homeness"
  - Health care reform

THANK YOU

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References

- www.aap.org
- www.aafp.org
- www.acp.org