

PCMH: An Employer's Perspective

Our Journey to Open a Medical Home



Who is RoyO Martin?

- Company started in 1923 with a small sawmill in central Louisiana
- Still privately owned by the Martin Family
- Currently the largest private land owner in the state of Louisiana with nearly 600,000 acres
- Manufacture OSB, Plywood, Lumber and treated poles for commercial use
- World wide sales
- Headquartered in Alexandria, LA with operations in Louisiana, Alabama and Arkansas
- FSC Certified land stewards



Our Benefit Structure

- Self Insured, Self Administered
- BCBS Third Party Administrator
- Choice of high (\$1250) or low (\$500) deductible
- 64% choose the high deductible plan
- Deductible/Coinsurance model designed in 1980 and basically the same ever since
- No Copays, nothing at zero dollar
- We have experienced 3% growth in medical claims over a 10 year period





Our employee base

- Average 1250 employees
- 89% men
- 46% are between 30-45 years of age
- 90% live within a 50 mile radius in central Louisiana
- 70% are hourly employees
- 80% stated they had no primary care provider. Of the 20% that identified a PCP, many named our medical directors



Our Journey

- 2001 hired an Occupational Health Nurse
- Initiated “Winning with Wellness” program
- 2004 OHN’s in central Louisiana formed “Wellness Works in Cenla”
- 2005 started weekly onsite doctor visits for employees to address personal health and workers comp
- 2005 Katrina hit

Our Journey

- 2006 – The state of Louisiana began focusing on health care delivery because of the challenges facing New Orleans and our Charity Hospital system in Louisiana which was in ruins
- 2007 – Louisiana formed the *Louisiana Health Care Quality Forum* and our VP of Human Resources, Ray Peters was selected to be on the board
- 2008-2009 – VP chaired Outreach and Education committee; assigned to co-chair committee on funding PCMH's
- 2008-2009 – Co-chaired “Medical Home Payment Pilot” subcommittee
- 2009 – Became the board chair for the La. Business Group on Health
- 2009 – RoyOMartin made implementing the medical home model for health care delivery a priority





Our Journey

- Ray oversees health services and benefits which brought our Occupational Health Nurse and I together to bring life to the medical home concept
- We contacted local employers to invite them to participate
- Many understood the concept but only one committed to the project
- We partnered with a fully insured local employer to increase membership rolls



Why a Medical Home

- Access – if healthcare reform goes through as enacted, 42% of Louisiana residents will be eligible for Medicaid.
- Shortage of primary care doctors
- Time – our employees lose time and productivity because of doctor appointments, sick families and stressors from not being able to afford to go to the doctor

Why a Medical Home

- Quality – Using evidence based guidelines and outcome measurements, we anticipate better overall health for our members
- EMR – We felt that having electronic medical records was vital to our success as well as providing the safest care for our members
- Building the structure for a medical neighborhood in which we can proactively support evidence based guidelines and better outcomes





Why a Medical Home

- After looking at the models out there and what has been done in Louisiana, it made sense to create something that was designed to grow, designed to change and designed to adjust to the needs of our members. We, as a company, always seek to improve through change and growth so this model fit our company philosophy.
- We can't afford not to do it



What we created

- *The Central Louisiana Family Health and Wellness Center* opened on March 1, 2011
- Staff includes a physicians assistant, LPN, medical assistant and receptionist
- Overseen by our two medical directors – a general practitioner for younger patients and an internal medicine physician for adults
- Administered by an outside party

Why a medical home

- 45 patients the first week
- An individual visited the second day for a cold, found out he had an irregular heartbeat. After receiving an EKG at the clinic, he was seen by a cardiologist the following Monday – he's fine but on notice
- A woman with diabetes for 21 years came in. It was “normal” for her to pass out and the husband would “put some syrup in her mouth and she'd come back to herself eventually”. The daughter also had diabetes and our OHN was able to go over basic nutrition with her, get her an appointment with a certified diabetic counselor and is now tracking her health.



How will we measure success?

- In the current world, we feel a need to measure return on investment.
- Our metrics will include:
 - Utilization
 - ER
 - Specialists
 - Diagnostic Testing
 - Costs
 - Primary Care – clinic vs community
 - ER
 - Specialists – appropriateness
 - Diagnostic Testing



Metrics Continued

- Severity of Diagnosis
 - We should see a decrease in severity of issues because the patient is receiving the right care at the right time
- Pharmacy
 - Increase in compliance
 - More alignment with appropriate provider prescribing medication (mental health in particular)



Metrics Continued

- Clinical Outcomes
 - Using evidence based guidelines, evaluate all chronic patients to ensure compliance
 - By physician
 - Are correct tests being performed at the right time
 - Diary of follow up contact with patient
 - By Patient
 - Appointments are being kept
 - Medication is being taken properly
 - The patient is responding to outreach
 - Patient is compliant with care plan as outlined



Metrics Continued

- By Clinic
 - Care coordinator is following up with patient
 - Records are reviewed and entered into EMR concerning visits/medications outside of clinic
 - All results are logged
 - Utilization is increasing
 - Patients are returning
- Yearly Health Risk Assessments (HRA's) to document overall health improvement in clinic population
- Satisfaction Surveys





The Reality....

- The “goodwill” received so far from our employee responses make it a success. We hear things like “I can’t believe the company built us a clinic” and “I can finally get that checkup I’ve been putting off”, “You mean no more \$350 well visits at the pediatrician?” and most importantly, a 10 year old, after listening to her mother talk about the thoroughness of the visit spoke up and said, “And I got well”....