The Patient-Centered Medical Home
Way Forward for the MHS

19 July 2011

RADM C.S. Hunter, MC, USN
Deputy Director
TRICARE Management Activity
• Program Enrollment
  – 5.4 million TRICARE Prime
    – 3.7 million in direct care system
    – 1.7 million in contractor networks
  – 2.1 million TRICARE Standard/Extra
  – Others use TRICARE Reserve Select, TRICARE For Life

• Beneficiaries by Category
  – Active duty: 1.7 million
  – Active duty family: 2.4 million
  – Retirees: 1 million
  – Retiree family: 1.8 million
  – Medicare-eligible: 2.1 million
Overview

• Forces Driving Change
• Military Health System Implementation
• Army, Navy and Air Force Implementation
• Outcome Measures
• Potential Initiatives for Private Care Sector
• Way Ahead
Aligning Behind the Quadruple Aim

• Readiness
  – Pre- and Post-deployment
  – Family Health
  – Behavioral Health
  – Professional Competency/Currency

• Population Health
  – Healthy service members, families, and retirees
  – Quality health care outcomes

• A Positive Patient Experience
  – Patient and Family centered Care, Access, Satisfaction

• Cost
  – Responsibly Managed
  – Focused on value
Pressures on the Quadruple Aim
Patient Satisfaction with Military Health Care

Top Customer Service Issues*:
Getting appointments, Clinic wait times, Specialist availability, Finding parking

Satisfaction with Health Care
Prime enrollees only

Satisfaction with Health Plan
Prime enrollees only

Sources: *DMDC Survey Oct ‘10 **Health Care Survey of DoD Beneficiaries
Why are Healthcare Costs Growing in TRICARE?

- Increases in new eligible beneficiaries
  - Increase of 400,000 beneficiaries since 2007
- Expanded benefits
  - TRICARE For Life, Prescription benefits, Reserve coverage
- Increased utilization
  - Existing users are consuming more care (ER, Orthopedics, Behavioral Health)
  - 70% increase in ADSM outpatient purchased care FY05-FY10

![Choropleth Map of World Populations](image)

**Purchased Care Outpatient Utilization Growth**

<table>
<thead>
<tr>
<th>Service</th>
<th>FY05</th>
<th>FY10</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADSM</td>
<td>5000</td>
<td>10000</td>
</tr>
<tr>
<td>ADFMs</td>
<td>15000</td>
<td>20000</td>
</tr>
<tr>
<td>NADFMs&lt;65</td>
<td>10000</td>
<td>20000</td>
</tr>
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**Annual Cost Breakdown (TRICARE Prime)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient</th>
<th>Ambulatory</th>
<th>Pharmacy</th>
</tr>
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<tbody>
<tr>
<td>FY05</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>FY06</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
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<tr>
<td>FY07</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
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<tr>
<td>FY08</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
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<tr>
<td>FY09</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
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</table>
TRICARE Demographics

Gender

- Female: 47%
- Male: 53%

Age Range

- 65+: 10%
- 31-65: 25%
- 19-30: 25%
- 0-18: 25%

Beneficiary Category

- Retiree & Family: 35%
- Active Duty Family: 37%
- Active Duty: 28%

9.6 Million Beneficiaries

- Direct Care at MTF: 40%
- Private Sector Care: 60%
Health Affairs/TMA PCMH Policy

- Policy Memo “Team Enhanced Primary Care Managers by Name (PCMBN) and the Patient-Centered Medical Home (PCMH)”, signed 18 September 2009
  - Incorporates the principles of the patient-centered medical home as the foundation for refocusing the primary health care delivery model within the Military Health System (MHS).
  - Restates MHS primary care access standards, the definition of a PCM, the requirement for an individual PCMBN in the context of the PCM team.
  - Emphasizes the need for a communication plan for beneficiaries and other key stakeholders about the PCMH.
  - Ties compliance with the policy to specific metrics on satisfaction, access, continuity, and healthcare quality.
  - Requires performance to be monitored regularly at the MHS Clinical Quality Forum, the Clinical Proponenty Steering Committee, and the Senior Military Medical Advisory Committee.
Governance

• Key Strategic Initiative for the MHS with on-going visibility at Senior Leadership Levels
  – Tri-Service PCMH Advisory Board meets monthly-> Reports to Senior Leadership
    • Monitors/tasks Tri-Service PCMH Working Group
    • Tracks open items on enterprise policy, guidance and implementation
  – Subordinate PCMH Working Group meets monthly
    • Forms sub-working groups and provides recommendations on implementation issues to Advisory Board
Service Implementation

- Service-specific Branding and Implementation Guidance Approved
  - Army: Army Medical Home
  - Navy: Navy Medical Homeport
  - Air Force: Family Health Operations

- PCMH Practices are
  - Primary Care Platforms (Pediatrics, Internal Medicine, Family Practice, Primary Care and Undersea/Flight Medicine)
  - With enrolled populations
  - Common policies/procedures/guidelines/practices
  - Consist of one or more teams

- 430+ PCMH Practices (current and future)
  - Army: 180
  - Navy: 107
  - Air Force: 140
MHS Implementation

- FY11-16, MHS plans to implement PCMH across the system (at least NCQA Level 2)

Targeted Enrollees in Level 2/3 PCMH

<table>
<thead>
<tr>
<th>Service</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
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<tbody>
<tr>
<td>Army</td>
<td>47,856 (3.4%)</td>
<td>281,506 (20%)</td>
<td>633,389 (45%)</td>
</tr>
<tr>
<td>Navy</td>
<td>132,683 (17%)</td>
<td>390,243 (50%)</td>
<td>597,361 (75%)</td>
</tr>
<tr>
<td>Air Force</td>
<td>304,723 (25%)</td>
<td>731,335 (60%)</td>
<td>1,103,864 (88%)</td>
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- Exceeded FY10 PCMH enrollment projections by 24%
- Updated PCMH enrollee numbers expected late July 2011
NCQA and the MHS

• MHS leadership approved use of NCQA Standards to recognize PCMH practices in Dec 2009

• Baseline Self-Assessments of all 430+ complete
  – Assess cost effectiveness of different elements
  – Evaluate Return on Investment of PCMH investment for CBO
  – Identify capabilities gaps
  – Justify need for resources to help Level 1 PCMH clinics reach Level 2/3 recognition
  – Identify practices ready for certification in FY11-12

• First 50 practices anticipate formal recognition July – Dec 2011
## NCQA PCMH Criteria

### PPC-PCMH Content and Scoring

<table>
<thead>
<tr>
<th>Standard 1: Access and Communication</th>
<th>Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Has written standards for patient access and patient communication**</td>
<td>4</td>
</tr>
<tr>
<td>B. Uses data to show it meets its standards for patient access and communication**</td>
<td>5</td>
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<tr>
<td>C.</td>
<td>9</td>
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<thead>
<tr>
<th>Standard 2: Patient Tracking and Registry Functions</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Uses data system for basic patient information (mostly non-clinical data)</td>
<td>2</td>
</tr>
<tr>
<td>B. Has clinical data system with clinical data in searchable data fields</td>
<td>3</td>
</tr>
<tr>
<td>C. Uses the clinical data system</td>
<td>3</td>
</tr>
<tr>
<td>D. Uses paper or electronic-based charting tools to organize clinical information**</td>
<td>6</td>
</tr>
<tr>
<td>E. Uses data to identify important diagnoses and conditions in practice**</td>
<td>4</td>
</tr>
<tr>
<td>F. Generates lists of patients and reminds patients and clinicians of services needed (population management)</td>
<td>21</td>
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<thead>
<tr>
<th>Standard 3: Care Management</th>
<th>Pts</th>
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<tr>
<td>A. Adopts and implements evidence-based guidelines for three conditions **</td>
<td>3</td>
</tr>
<tr>
<td>B. Generates reminders about preventive services for clinicians</td>
<td>4</td>
</tr>
<tr>
<td>C. Uses non-physician staff to manage patient care</td>
<td>3</td>
</tr>
<tr>
<td>D. Conducts care management, including care plans, assessing progress, addressing barriers</td>
<td>5</td>
</tr>
<tr>
<td>E. Coordinates care/follow-up for patients who receive care in inpatient and outpatient facilities</td>
<td>5</td>
</tr>
<tr>
<td>F</td>
<td>20</td>
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<tr>
<td>A. Assesses language preference and other communication barriers</td>
<td>2</td>
</tr>
<tr>
<td>B. Actively supports patient self-management**</td>
<td>4</td>
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<thead>
<tr>
<th>Standard 5: Electronic Prescribing</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Uses electronic system to write prescriptions</td>
<td>3</td>
</tr>
<tr>
<td>B. Has electronic prescription writer with safety checks</td>
<td>3</td>
</tr>
<tr>
<td>C. Has electronic prescription writer with cost checks</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>8</td>
</tr>
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<table>
<thead>
<tr>
<th>Standard 6: Test Tracking</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Tracks tests and identifies abnormal results systematically**</td>
<td>7</td>
</tr>
<tr>
<td>B. Uses electronic systems to order and retrieve tests and flag duplicate tests</td>
<td>6</td>
</tr>
<tr>
<td>C</td>
<td>13</td>
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<tr>
<th>Standard 7: Referral Tracking</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Tracks referrals using paper-based or electronic system**</td>
<td>4PT</td>
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<tr>
<th>Standard 8: Performance Reporting and Improvement</th>
<th>Pts</th>
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<tbody>
<tr>
<td>A. Measures clinical and/or service performance by physician or across the practice**</td>
<td>3</td>
</tr>
<tr>
<td>B. Survey of patients’ care experience</td>
<td>3</td>
</tr>
<tr>
<td>C. Reports performance across the practice or by physician **</td>
<td>3</td>
</tr>
<tr>
<td>D. Sets goals and takes action to improve performance</td>
<td>3</td>
</tr>
<tr>
<td>E. Produces reports using standardized measures</td>
<td>2</td>
</tr>
<tr>
<td>F. Transmits reports with standardized measures electronically to external entities</td>
<td>15</td>
</tr>
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<table>
<thead>
<tr>
<th>Standard 9: Advanced Electronic Communications</th>
<th>Pts</th>
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</thead>
<tbody>
<tr>
<td>A. Availability of Interactive Website</td>
<td>1</td>
</tr>
<tr>
<td>B. Electronic Patient Identification</td>
<td>2</td>
</tr>
<tr>
<td>C. Electronic Care Management Support</td>
<td>4</td>
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**Must Pass Elements**
Current MHS PCMH Performance Measures

- Optimize Access to Care
  - Primary Care 3rd Available Appointment (Routine/Acute)
  - Getting Timely Care Rate
  - Potential Re-capturable Primary Care Workload
- Promote Patient-Centeredness
  - Percent Visits Where MTF Enrollees See Their PCM
  - Satisfaction with Health Care
- Manage Health Care Costs
  - Annual Cost Per Equivalent Life (PMPM)
  - Enrollee Utilization of Emergency Services
- Develop Our People
  - Primary Care Staff Satisfaction
Expanding Medical Home to Improve Performance

Which Patients Benefit Most?
PCMH Impacts on MHS Performance (2009-2010)

• HEDIS: Preventive Screening
  – National Naval Medical Center (NNMC) Bethesda: Colorectal, Cervical, Breast Cancer > 90th percentile

• PCM Continuity
  – Edwards Air Force Base (AFB): 10% higher than non-PCMH peer group
  – NNMC: ↑19% (56%→75%)

• Satisfaction with Healthcare
  – Edwards AFB >8% higher than non-PCMH peer group

• HEDIS: Adhering to Evidence-Based Guidelines
  – Edwards, Hill AFB improved A1c and LDL
  – NNMC: Diabetes, Asthma > 90th percentile
  – NNMC: ↓39% (70→42)
Performance Issues

• Emergency and urgent care utilization remains high

• To achieve expected reductions in utilization will require a major shift in focus:
  – PMCH implementation must include availability of after-hours and weekend care
  – 24 hour nurse advice line
  – Mature secure messaging services
  – Increased patient confidence in these tools
Purchased Care Sector (PCS)  
PCMH Incentives

• Tracking PCMH penetration for 6 million TRICARE beneficiaries in PCS
• Incentivize the matching and migration of highest risk beneficiaries to PCMH practices
• Encourage PCMH behaviors (demo. potentials)
  – Electronic Health Record proposal
  – Tiered payments for PCMH care of high risk patients/S code accounting
  – Added award for after hours services in PCMH
Engaging Patients in a Partnership for Health

TRICARE Online: A Personal Health Portal

Welcome to TRICARE Online!
TRICARE Online features secure access to beneficiary appointments, prescriptions, and personal health data.

Welcome, Amy Hayes!
You have 2 messages waiting to be read.
Have a question? Ask your doctor's office
Looking for information about your benefits?
Visit the TRICARE Beneficiary Site

Appointments
Book an appointment for:
- Yourself
- Toni Hayes
- Maurice Hayes

Prescriptions
Refill a prescription for:
- Yourself
- Toni Hayes
- Maurice Hayes

Personal Health Data
View information on:
- Allergy Profile
- Encounter Notes
- Laboratory Results
- Problem Lists
- Medication Profiles

Upcoming Appointments
- Toni Hayes
  - School Physical
  - 20 Sep 10, 13:45
  - GEN LEONARD WOOD ACH
- Amy Hayes
  - Follow up
  - 20 Sep 10, 14:30
  - GEN LEONARD WOOD ACH

Announcements
- RelayHealth
- Get started with secure messaging

“Blue button” downloads
Lab Results Now Live!
Way Ahead

• Leveraging evolving technology
  – Secure messaging pilots
  – MHS Portal linkage

• Patient activation
  – Patient and family engagement
  – Healthy lifestyles outreach
  – Comprehensive medication management
  – Shared decision making
  – Brief action planning for self management support
Supporting Change in the Right Direction

PCMH and Quadruple Aim as Enduring Constructs for Care

• Strategic visioning for the future

• Understanding desired end-state
  – Balanced approach to Quadruple Aim
  – Readiness maximized
  – Health outcomes and patient experience improved
  – Sustainable costs

• Moving from health reform to health

• Meaningful use of health IT

• Facilitating and incentivizing the change
We Are All
Faces of TRICARE

All Ages in Many Places
Questions?