



The Patient-Centered Medical Home Way Forward for the MHS

19 July 2011

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TRICARE Beneficiaries: Who We Serve

Over 9.6 Million Beneficiaries



- 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

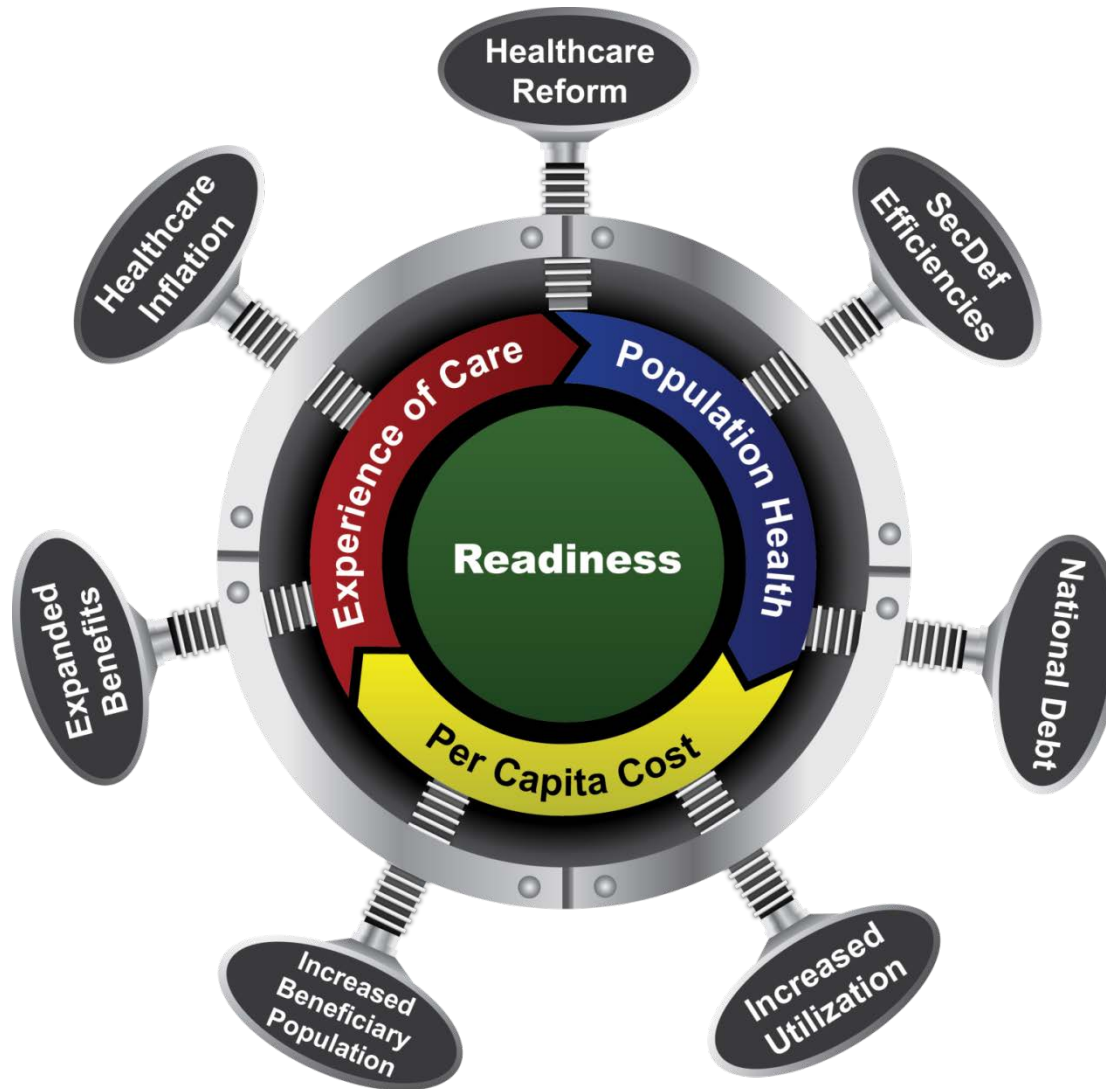
- Forces Driving Change
- Military Health System Implementation
- Army, Navy and Air Force Implementation
- Outcome Measures
- Potential Initiatives for Private Care Sector
- Way Ahead

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



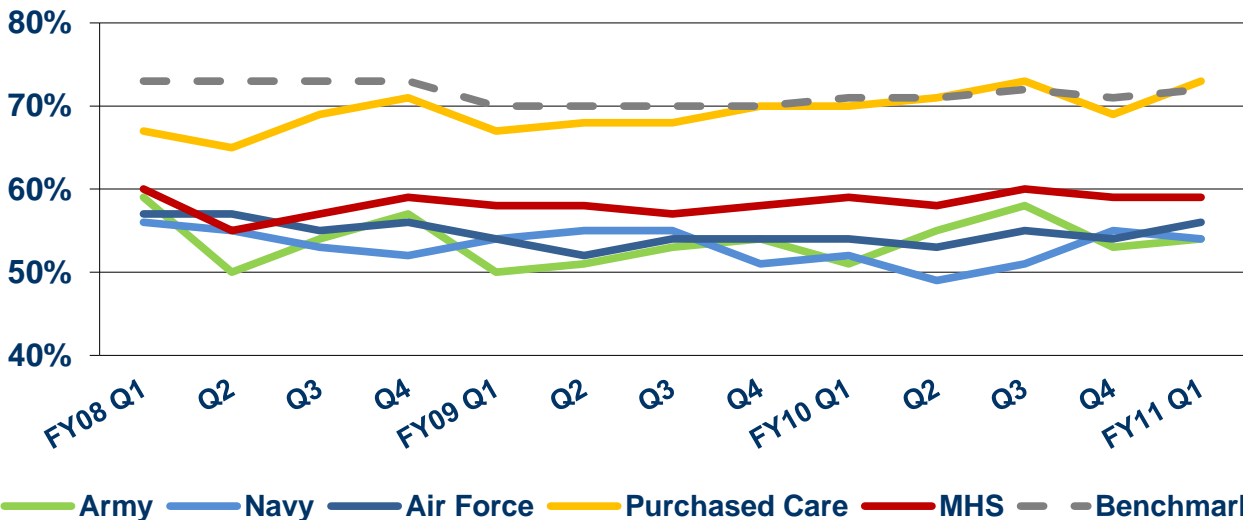


Patient Satisfaction with Military Health Care

Top Customer Service Issues*:

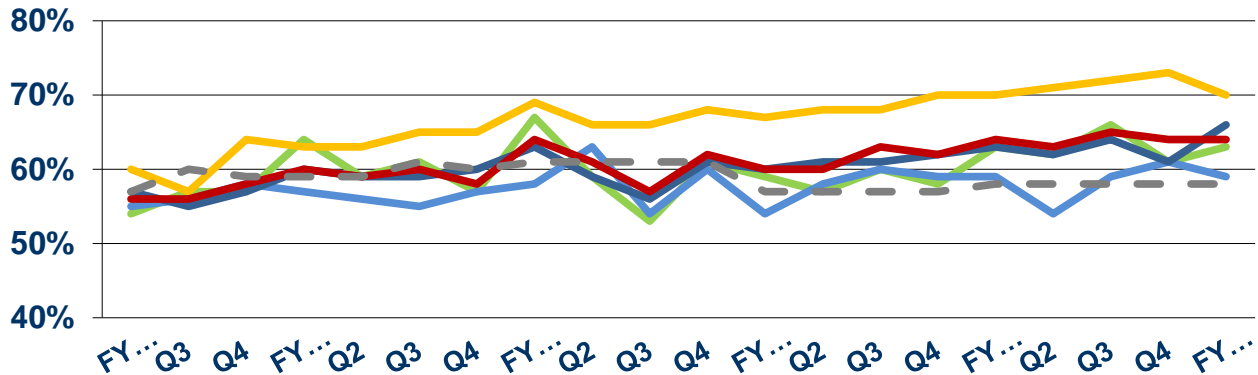
Getting appointments, Clinic wait times, Specialist availability, Finding parking

Satisfaction with Health Care
Prime enrollees only



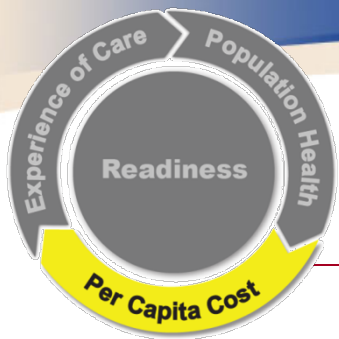
MHS Total Goal ≥ 60

Satisfaction with Health Plan
Prime enrollees only



MHS Total Goal ≥ 58

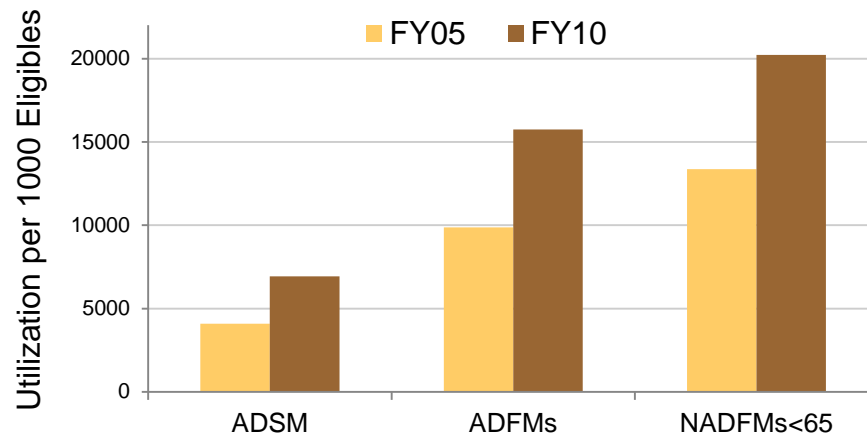
Sources: *DMDC Survey Oct '10 **Health Care Survey of DoD Beneficiaries



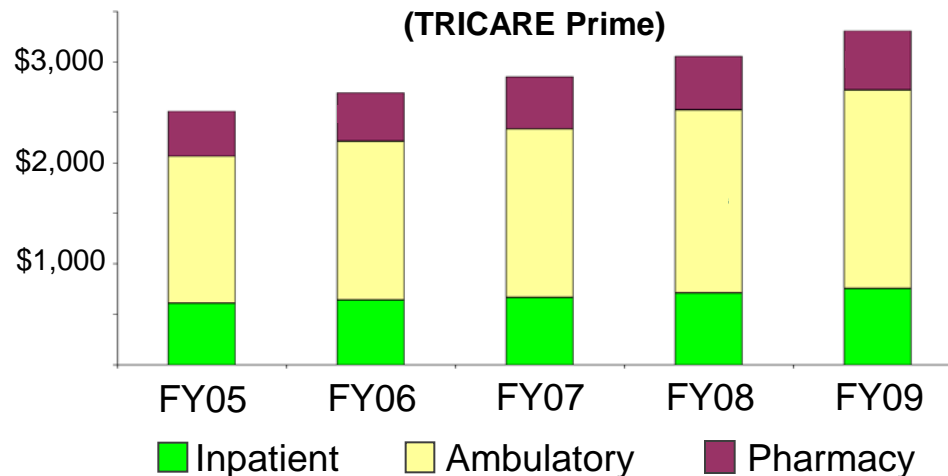
Why are Healthcare Costs Growing in TRICARE?

- 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

**Purchased Care
Outpatient Utilization Growth**

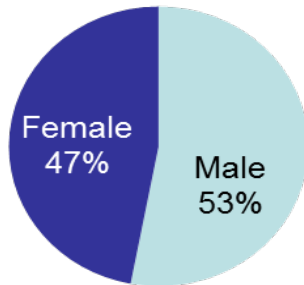


**Annual Cost Breakdown
(TRICARE Prime)**

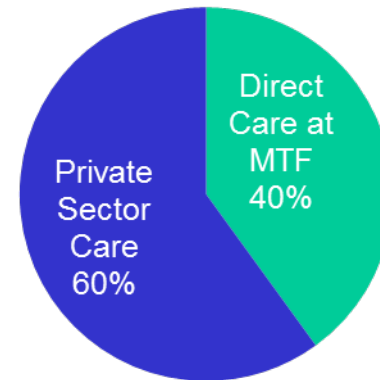


TRICARE Demographics

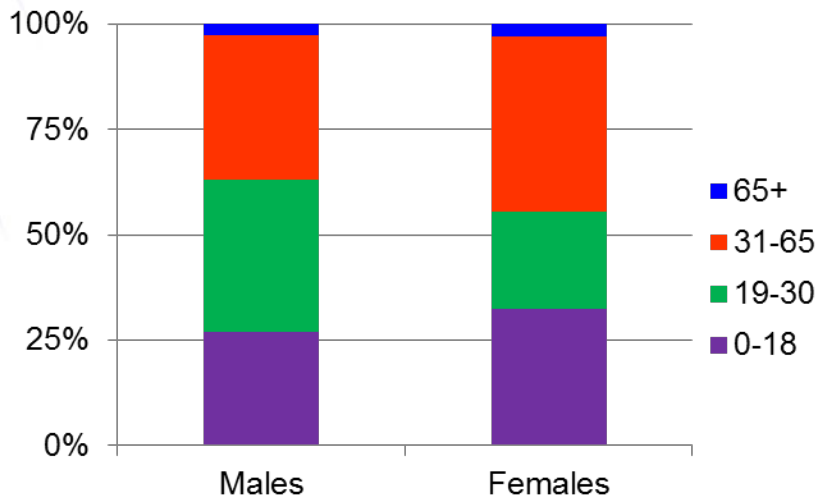
Gender



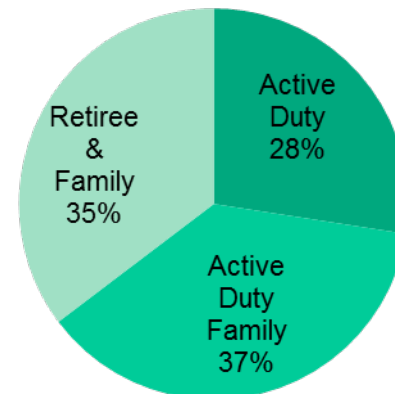
9.6 Million Beneficiaries



Age Range



Beneficiary Category



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 Proponency 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

Service	FY10	FY11	FY12
Army	47,856 (3.4%)	281,506 (20%)	633,389 (45%)
Navy	132,683 (17%)	390,243 (50%)	597,361 (75%)
Air Force	304,723 (25%)	731,335 (60%)	1,103,864 (88%)

- 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

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

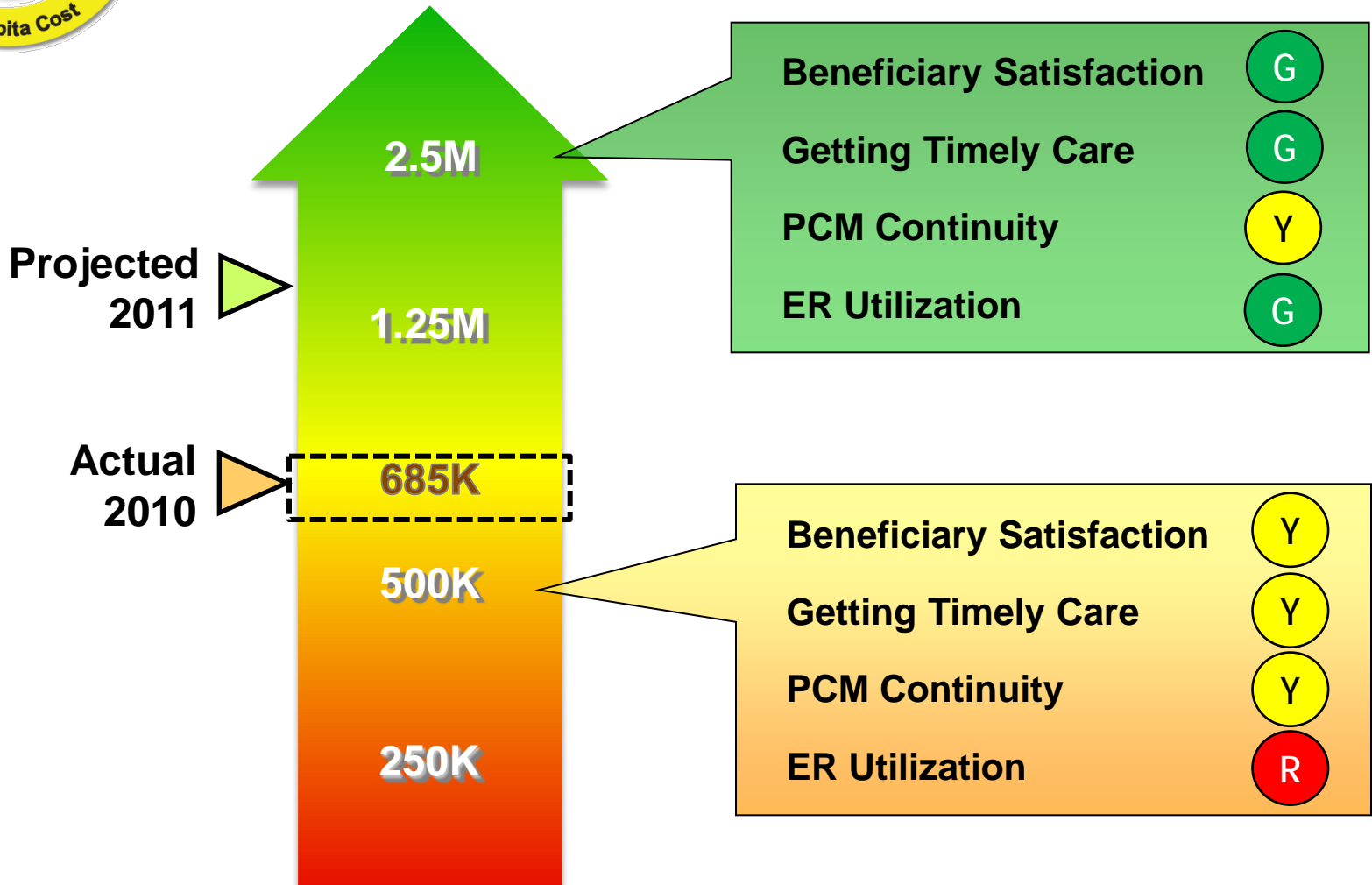
** Must Pass Elements

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

TRICARE online.com Last Login: 9 Sep 2010 13:30 | Last Failed Login: 9 Sep 2010 13:30
Friday 9 Sep 2010

Home | My Messages | My Profile | Logout AAA See Larger Text

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 [view all 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 [view all announcements](#)

+ [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?
