Personalized Primary Care: Raising Expectations, Understanding the 6 Must Pass Elements

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Personalized Primary Care is Patient Centered Medical Home
- Delivers “whole-person coordinated care to transform primary care into “what patients want it to be”
- Places importance on clinician-patient relationships to keep patients healthy between visits
- Supports “team-based care” that frees providers to work to their highest level of training.
- Aligns use of information technology to help support Triple Aim and improve population health

PPC and PCMH
NCQA a model for PCMH
2014 Standard Updates

Major enhancements

- Team-Based care
- Behavioral and mental health integration
- Measuring health care costs
- “Meaningful Use” alignment
- Continues improvement
- Care Coordination
NCQA 2014 PCMH Standards

6 standards/27 elements/100 points

- Patient-Centered Access
  - Patient-Centered Appointment Access
- Team-Based Care
  - The Practice Team
- Population Health Practice
  - Use Data for Population Management
- Care Management and Support
  - Care Planning and Self-Care Support
- Care Coordination and Care transitions
  - Referral Tracking and Follow up
- Performance Measurement and Quality improvement
  - Implement Continues Quality Improvement
• Team Based Care is its own standard
• Development of a strong care team is a must-pass element
• Care team should demonstrate excellence in
  – Care Management
  – Care Planning
  – Self-care support
“the PCMH is a model of primary care in which a team of clinicians offers accessible first-contact care that is personalized, coordinated and comprehensive and meets most or all of a person’s health care needs, including behavioral health”

-American Academy of Family Physicians, 2014
2014 Standard Updates

Measuring cost

- Track overuse and appropriateness
- High cost/high utilization to be considered in care management
- Annually measure or receive quantitative data affecting health-care cost
2014 Standards Update

Continuous improvement

• Plan, Do, Study, Act, repeat to improve
  – Workflows
  – Clinical performance
  – Patient experience
  – Cost measures
2014 Standards Update

Care Coordination

- Updates on how to work with specialist:
  - Engage patients, families on self-referrals
  - Coordinate reports with referred specialists
2014 standards update
summary
- PCMH IS A PROCESS, NOT AN EVENT
- 2014 UPDATES REFLECT EVIDENCE-BASED TRENDS
- STANDARDS WORK TO ACHIEVE TRIPLE AIM
- PRACTICES SHOW THEY FOLLOW PCMH STANDARDS OVER LONG PERIODS
The 6 Must Pass Elements

WHAT ARE CRITICAL FACTORS?
PCMH Standard 1 = Patient Centered Access
Must Pass Element = Element A:
Patient-Centered Appointment Access
1 Critical Factor = Providing same-day appointments for routine and urgent care.
PCMH Standard 2 = Team-Based Care
Must Pass : Element D
The Practice Team

1 Critical Factor = Holding scheduled patient care team meetings or a structured communication process
PCMH Standard 3 = Population Health Management
Must Pass: Element D
Use Data for Population Management
0 Critical Factors
PCMH Standard 4 = Care Management and Support
Must Pass: Element B
Care Planning and Self-Care Support
0 Critical Factors
Must have care plan on 75% of high risk patients
PCMH Standard 5 = Care Coordination and Care Transitions

Must Pass = Element B

Referral Tracking and Follow up

1 Critical Factor

Tracks referrals until the consultant or specialist report is available flagging and following up on overdue reports (Important referral)
PCMH Standard 6 = Performance Measurement and Quality Improvement

Must Pass: Element D
Implement Continuous Quality Improvement

Critical Factors

Set goals on:

• Clinical quality measures
• Cost/utilization
• Patient experience
The Power of Teamwork

3 examples of team working together

https://youtu.be/w9j3-ghRjBs
Recognition of Teams
Level 2 sites

- Cottonwood IM
- Medical Tower FP
- Holladay Pediatrics
- Comprehensive Care Clinic
- Cottonwood FP
- Hillcrest Pediatrics
- Kearns Pediatrics
- Kearns FP
- Taylorsville Clinic
Level 2 Sites

- Internal Med Associates
- Mt. View Pediatrics
- S. Sandy Clinic
- Southridge Pediatrics
Level 3 sites

- Intermountain Senior Clinic – Murray
- Holladay IM
- Bountiful Pediatrics
- S. Jordan Clinic