

A Nuts and Bolts Approach to the New Health Care Delivery Model: Patient Centered Medical Homes and the Re-Design of Clinical Care Teams

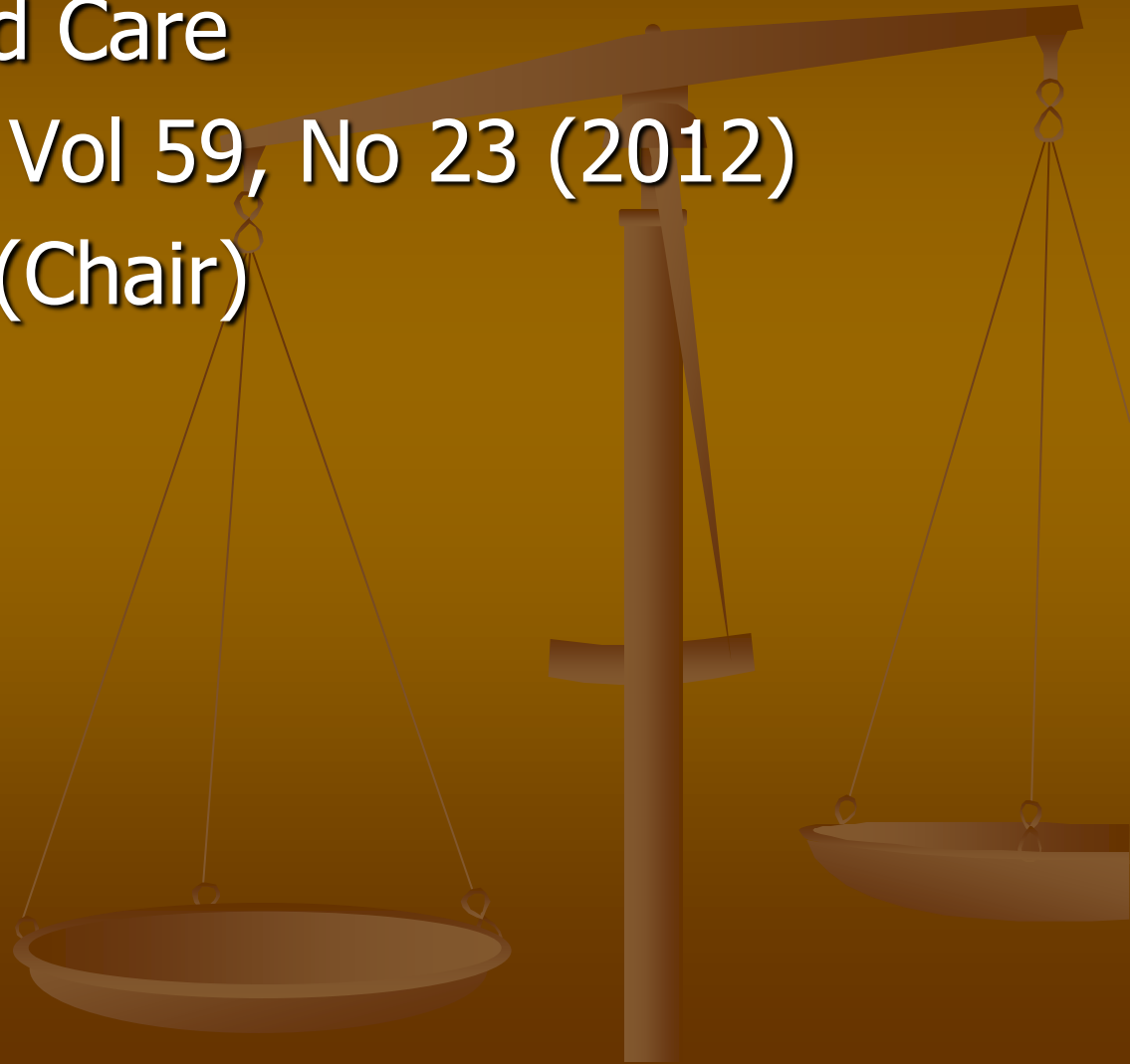
Dave Kovacich MD FACC
Indiana Heart Physicians

PCMH vs ACO

- Patient Centered Care

Refer to JACC Vol 59, No 23 (2012)

Ask Dr Walsh (Chair)

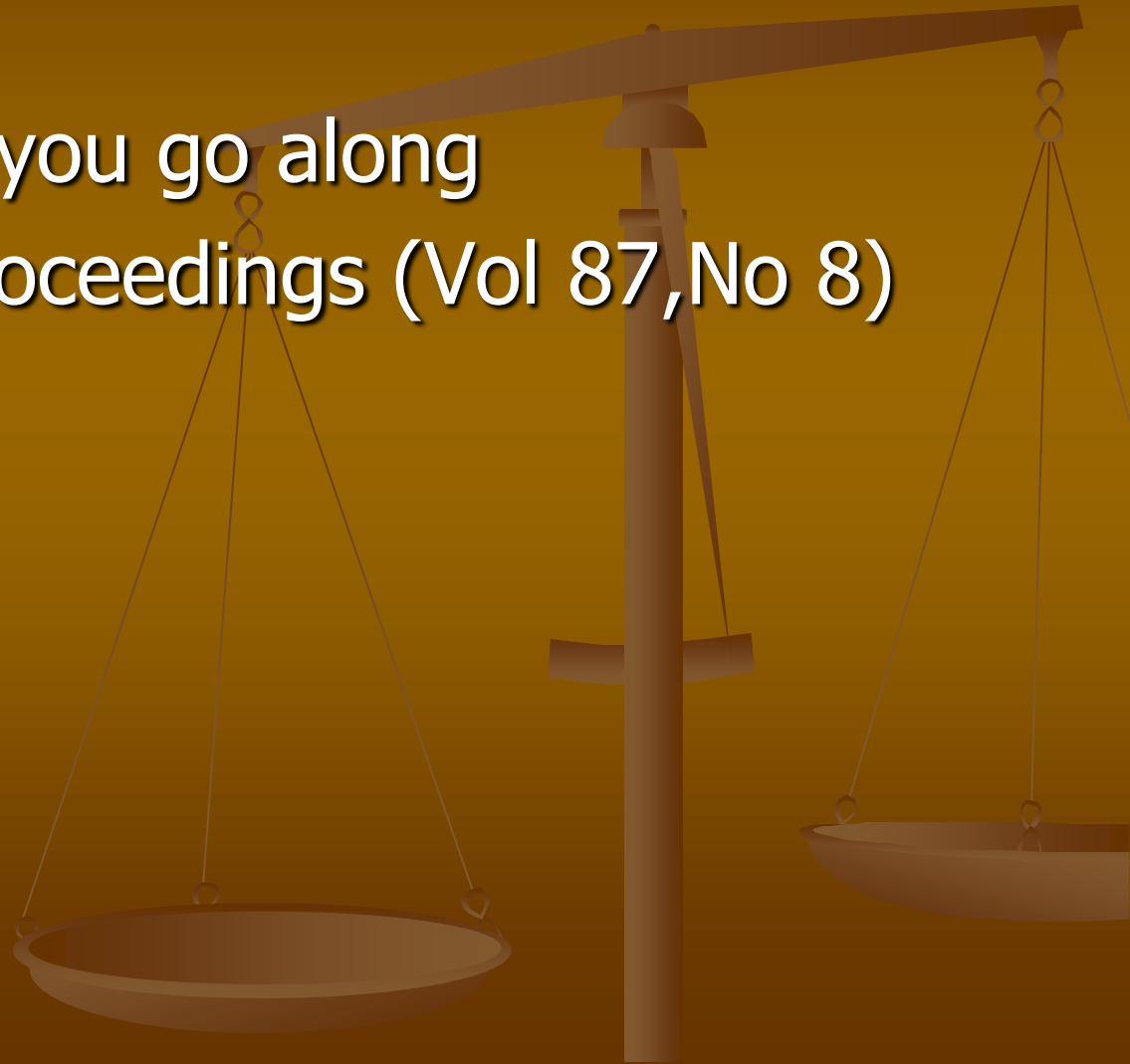


PCMH vs ACO

- ACO

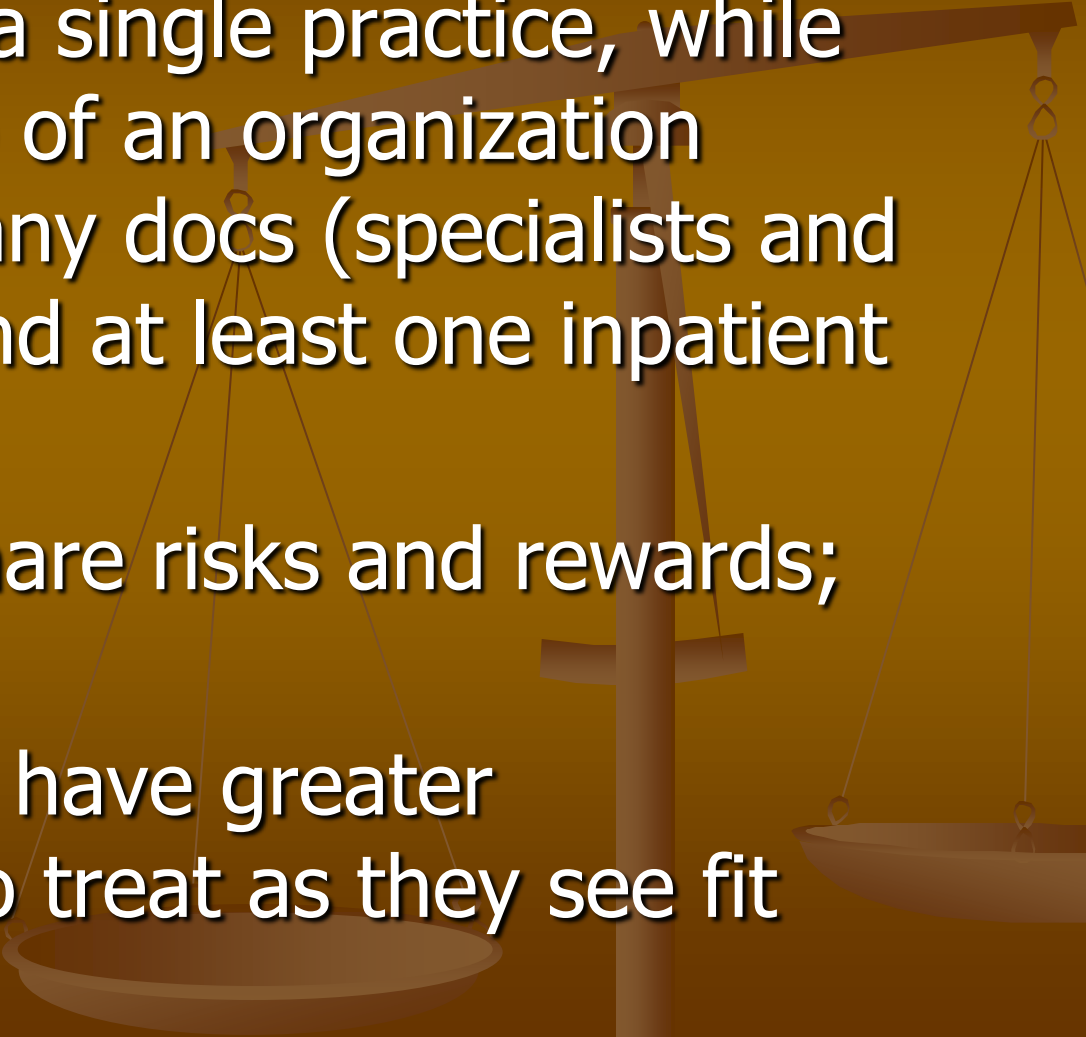
Make it up as you go along

Mayo Clinic Proceedings (Vol 87, No 8)



PCMH vs ACO

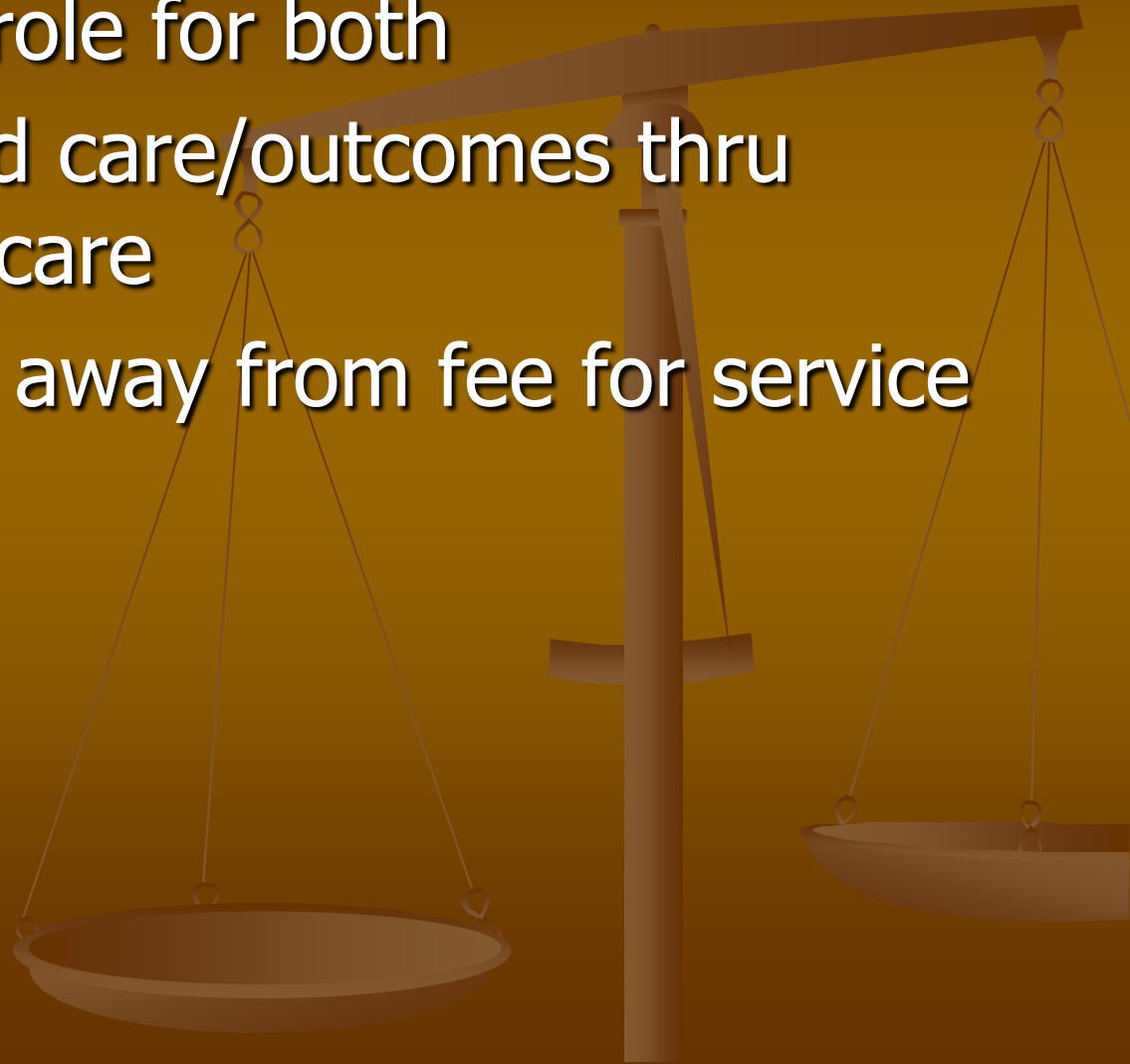
Differences

- PCMH refers to a single practice, while ACO is made up of an organization consisting of many docs (specialists and primary care) and at least one inpatient facility
 - ACOs directly share risks and rewards; PCMH do not
 - PCMH providers have greater independence to treat as they see fit
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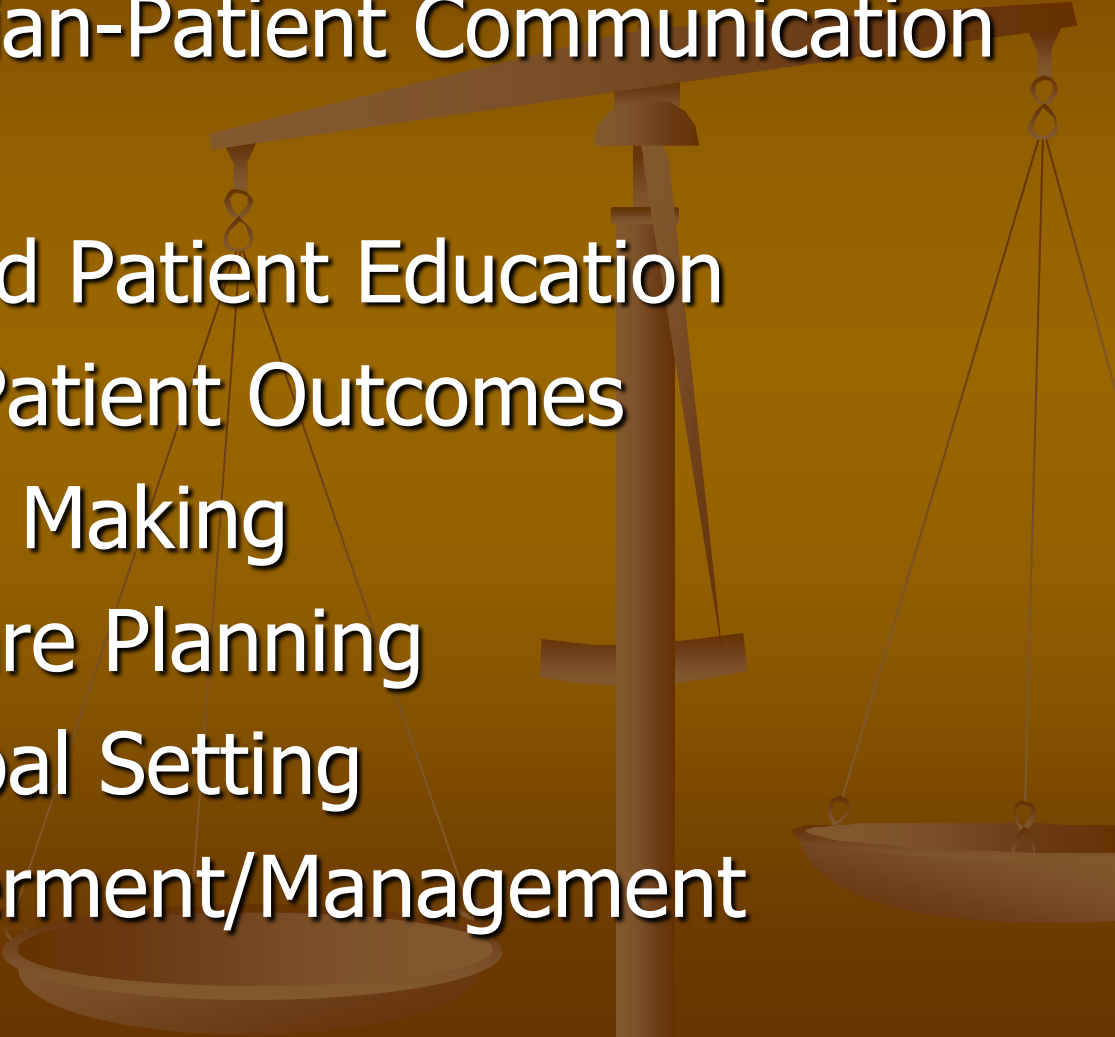
PCMH vs ACO

Similarities

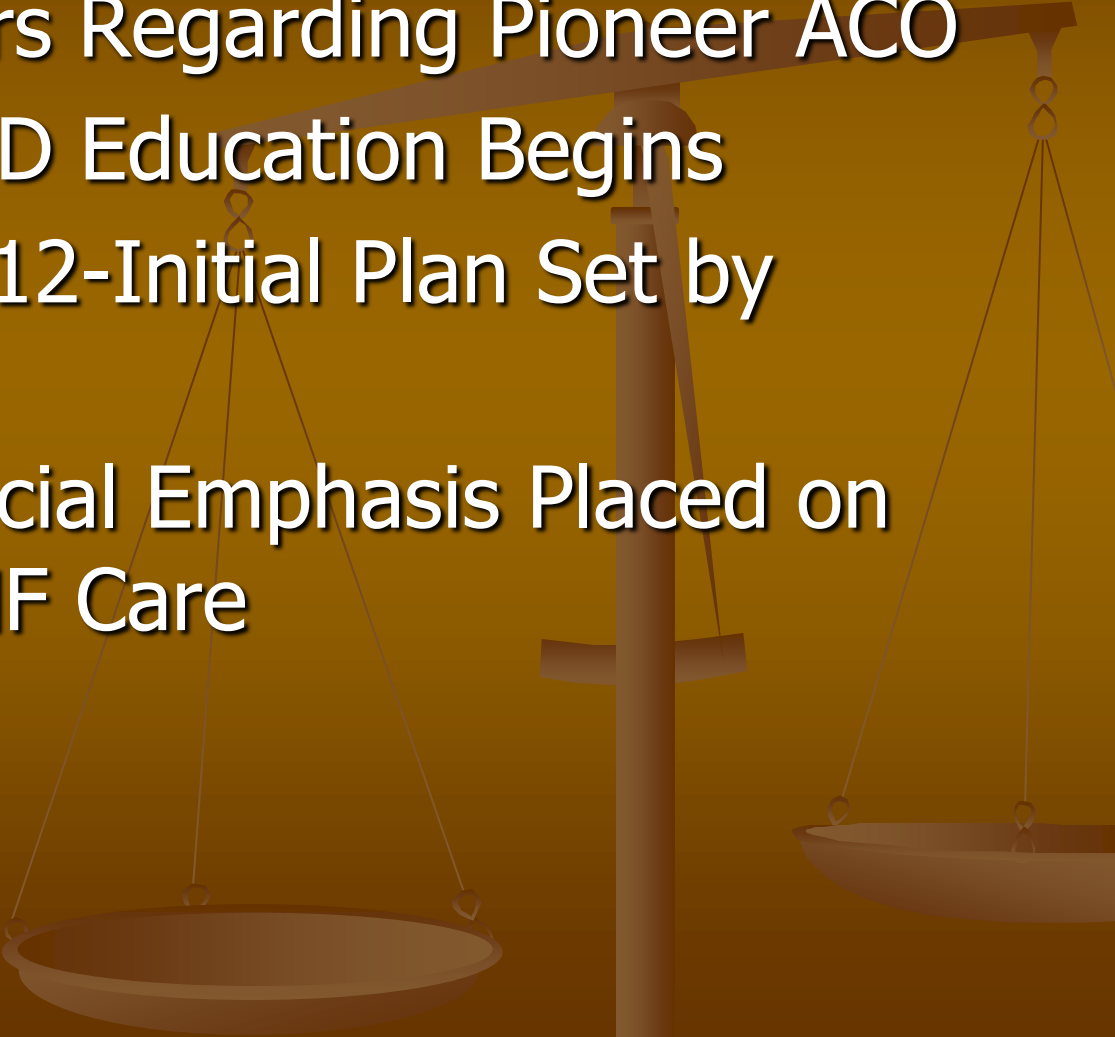
- IT plays a vital role for both
- Goal is improved care/outcomes thru coordination of care
- Goal is to move away from fee for service



Patient Centered Care in CV Medicine (JACC 2012)

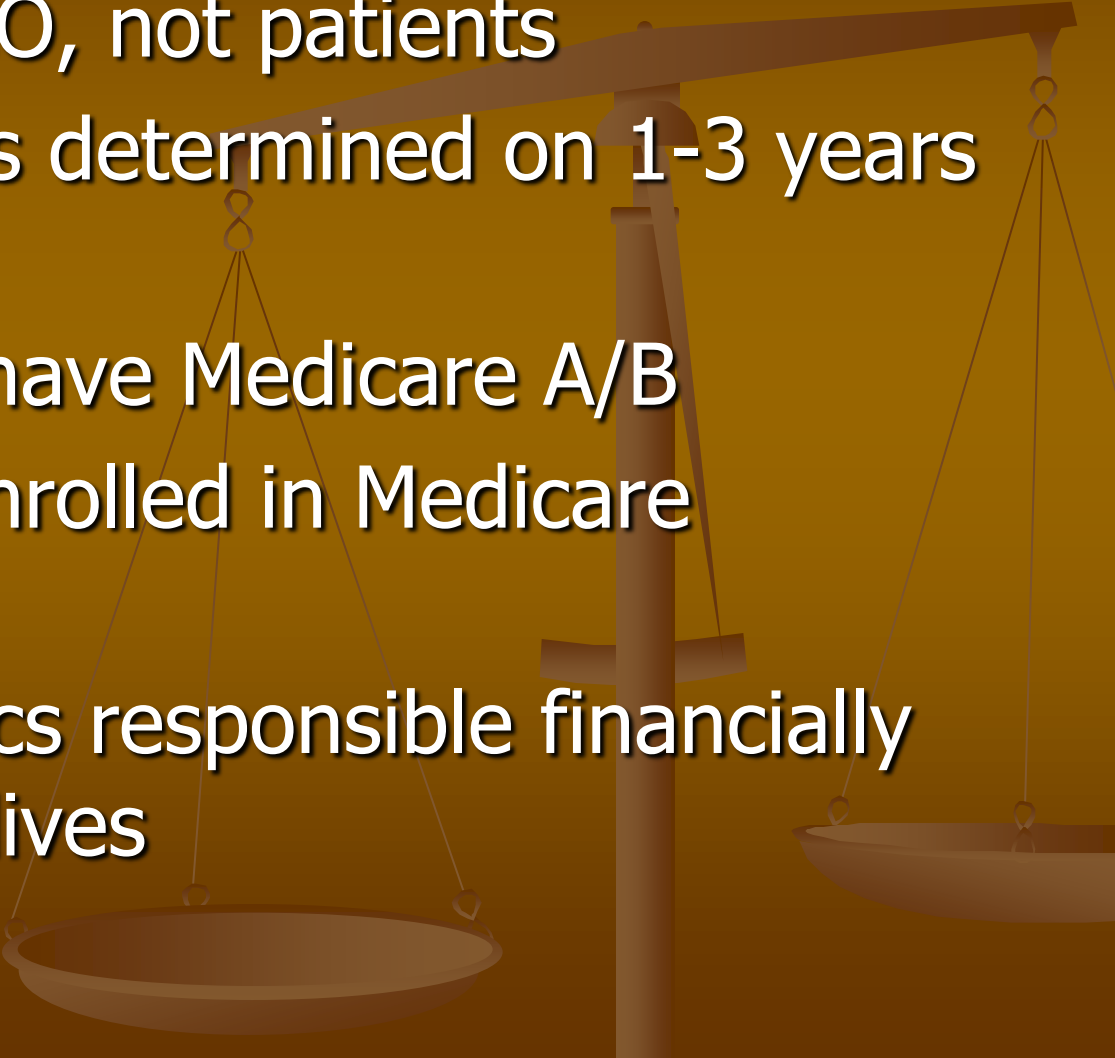
- Enhanced Clinician-Patient Communication
 - Health Literacy
 - Clinician Directed Patient Education
 - Assessment of Patient Outcomes
 - Shared Decision Making
 - Collaborative Care Planning
 - Collaborative Goal Setting
 - Patient Empowerment/Management
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IHP ACO Experience

- Fall 2011-Rumors Regarding Pioneer ACO
 - January 2012-MD Education Begins
 - First Quarter 2012-Initial Plan Set by Hospital
 - Entire 2012-Special Emphasis Placed on Coordinating CHF Care
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IHP ACO Experience

Key Points

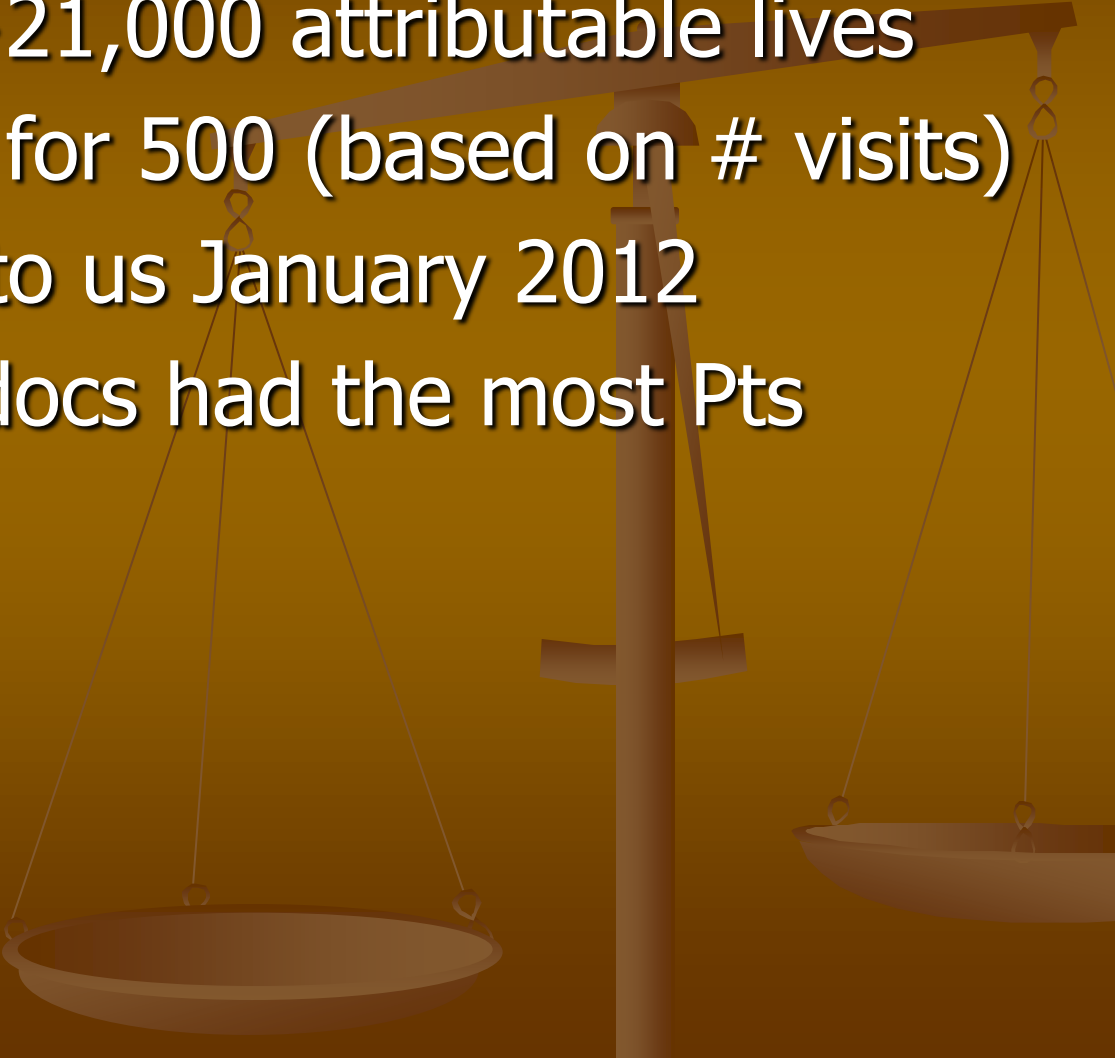
- MDs join the ACO, not patients
 - Attributable lives determined on 1-3 years of claims
 - Pts required to have Medicare A/B
 - Pts cannot be enrolled in Medicare Advantage
 - Primary care docs responsible financially for attributable lives
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IHP ACO Experience

- Cardiologists are primary care docs!
- Neurologists
- Endocrinologists
- Med Oncologists
- Nephrologists



IHP ACO Experience

- St Francis has >21,000 attributable lives
 - IHP responsible for 500 (based on # visits)
 - Pt list provided to us January 2012
 - CHF/Valve/Old docs had the most Pts
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IHP ACO Experience

- St Francis Emphasis

Reduce avoidable ER visits

Reduce avoidable admissions

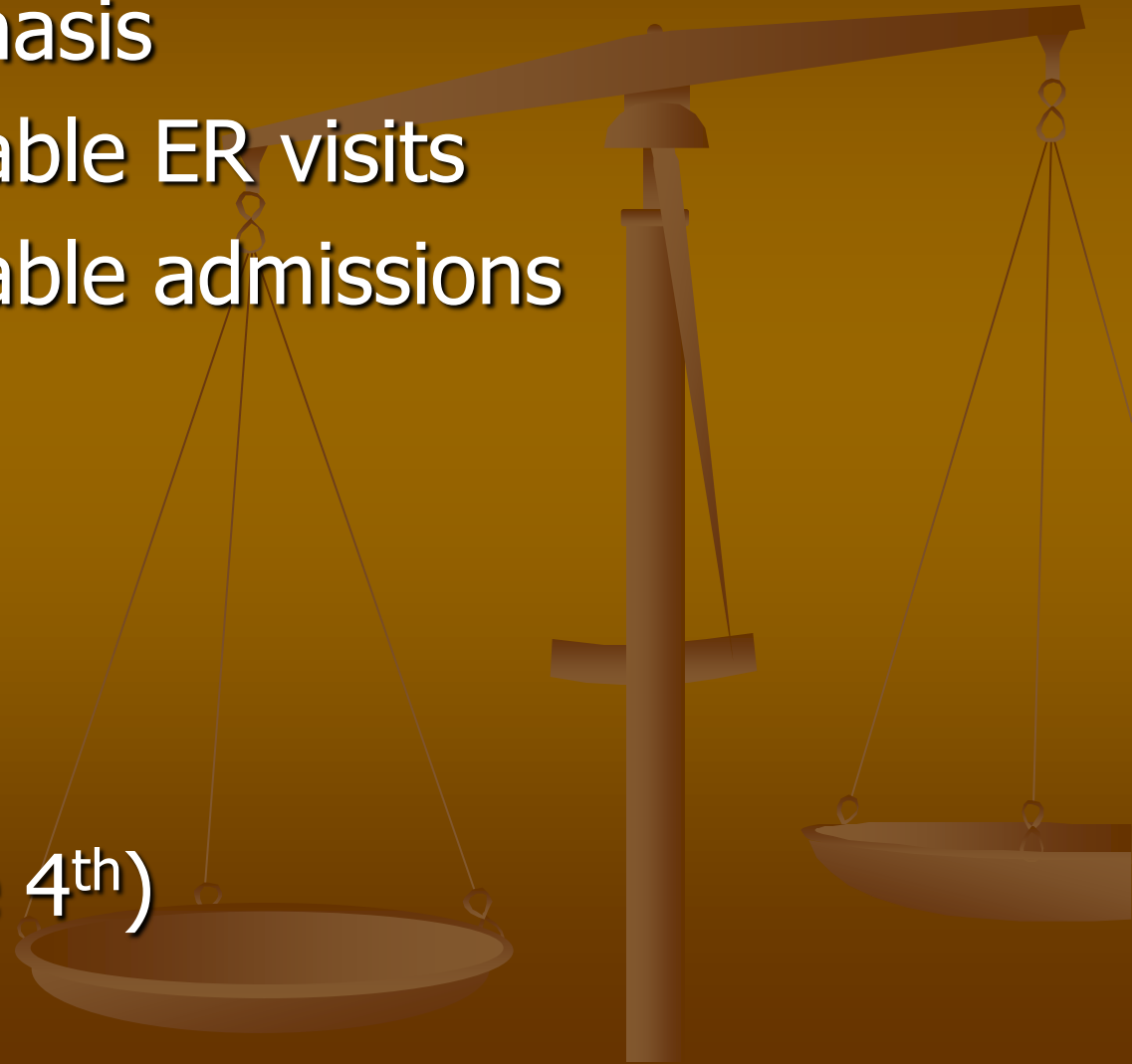
Target

CHF

DM

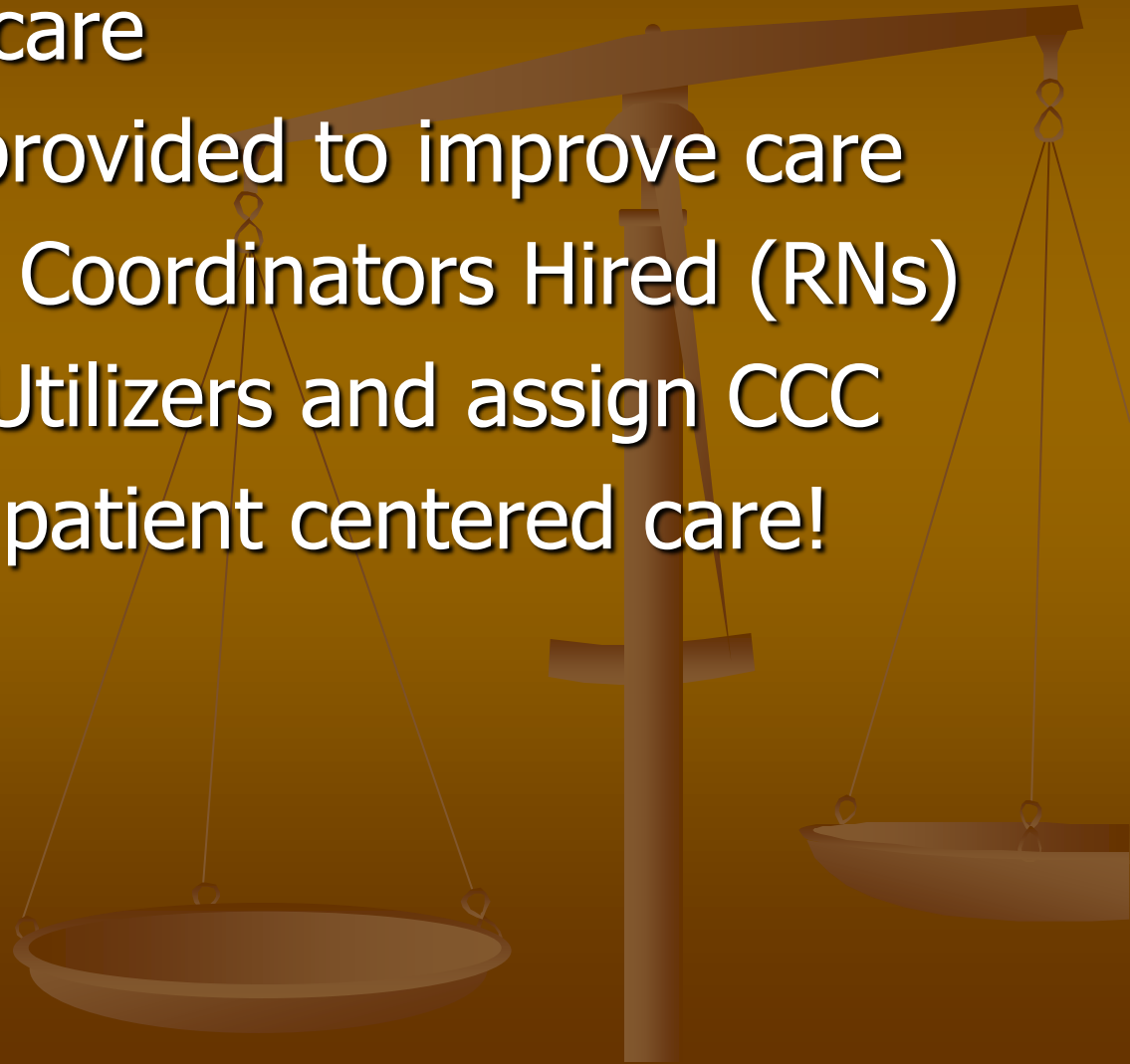
COPD

(CAD a close 4th)



IHP ACO Experience Hospital Plan

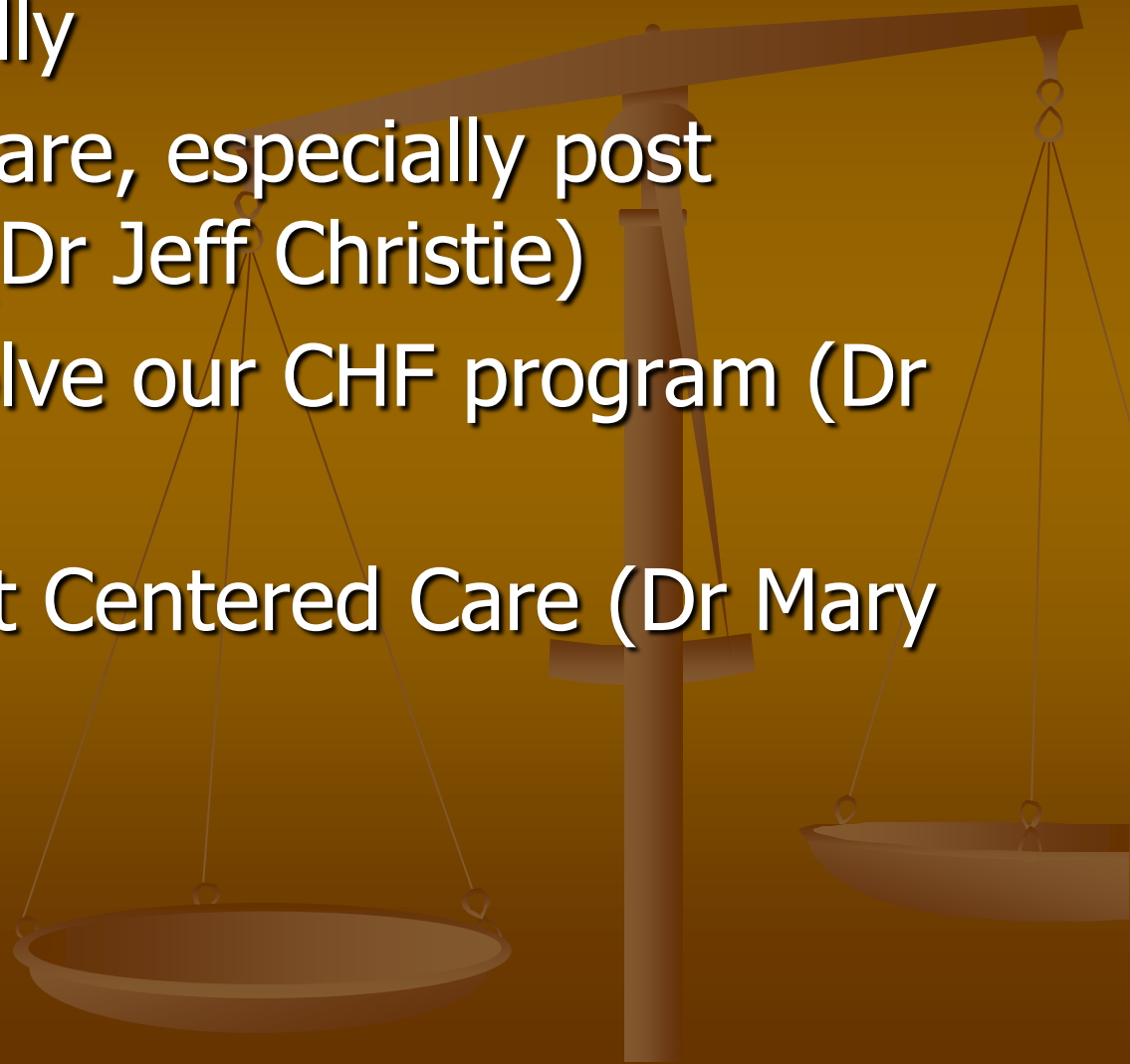
- DO NOT ration care
- Use ACO tools provided to improve care
 - Complex Case Coordinators Hired (RNs)
 - Identify High Utilizers and assign CCC
 - Help promote patient centered care!



IHP ACO Experience

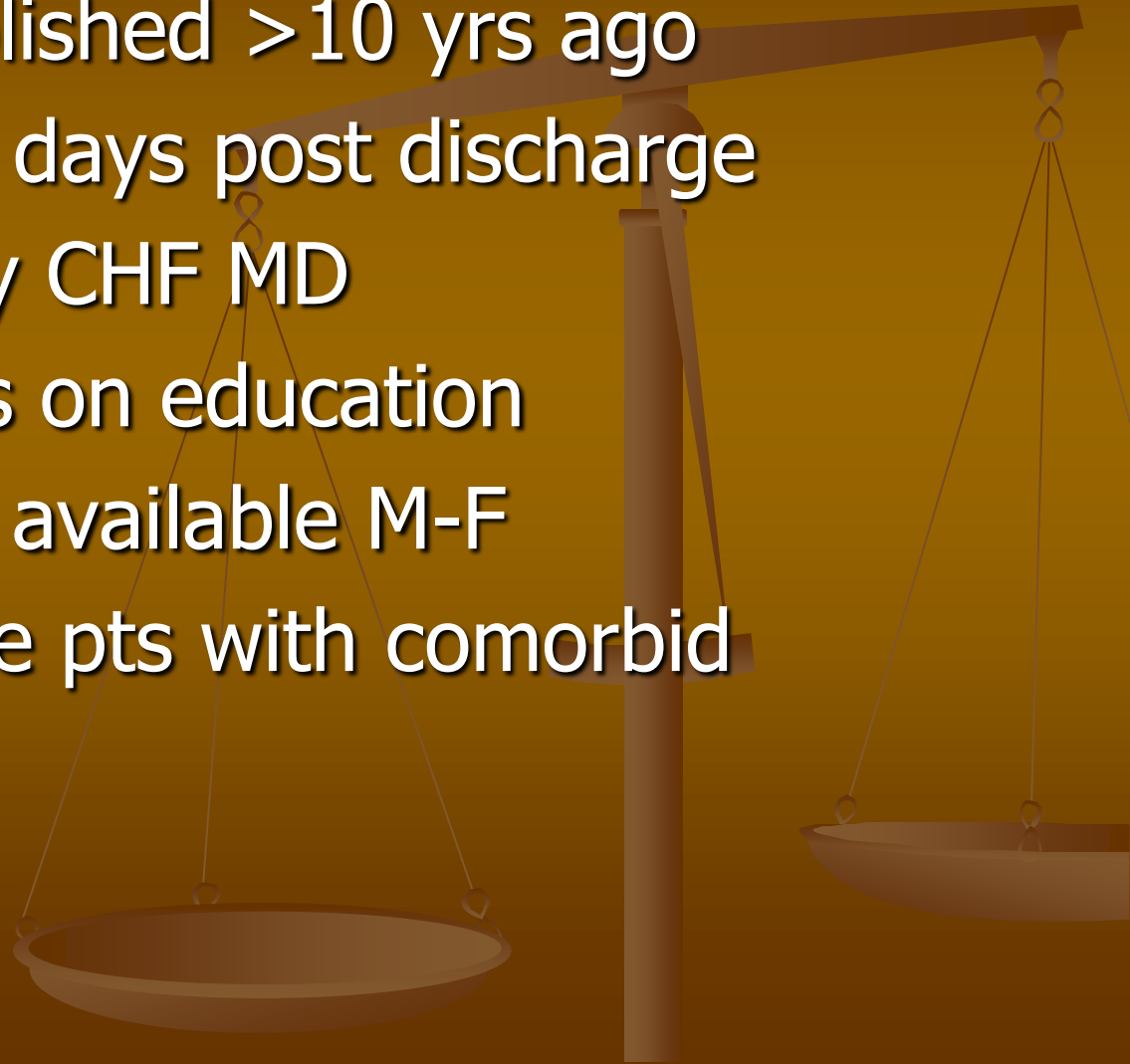
IHP Plan

- Use CCCs liberally
- Ramp up CAD care, especially post hospitalization (Dr Jeff Christie)
- Continue to evolve our CHF program (Dr Polly Moore)
- Embrace Patient Centered Care (Dr Mary Walsh)



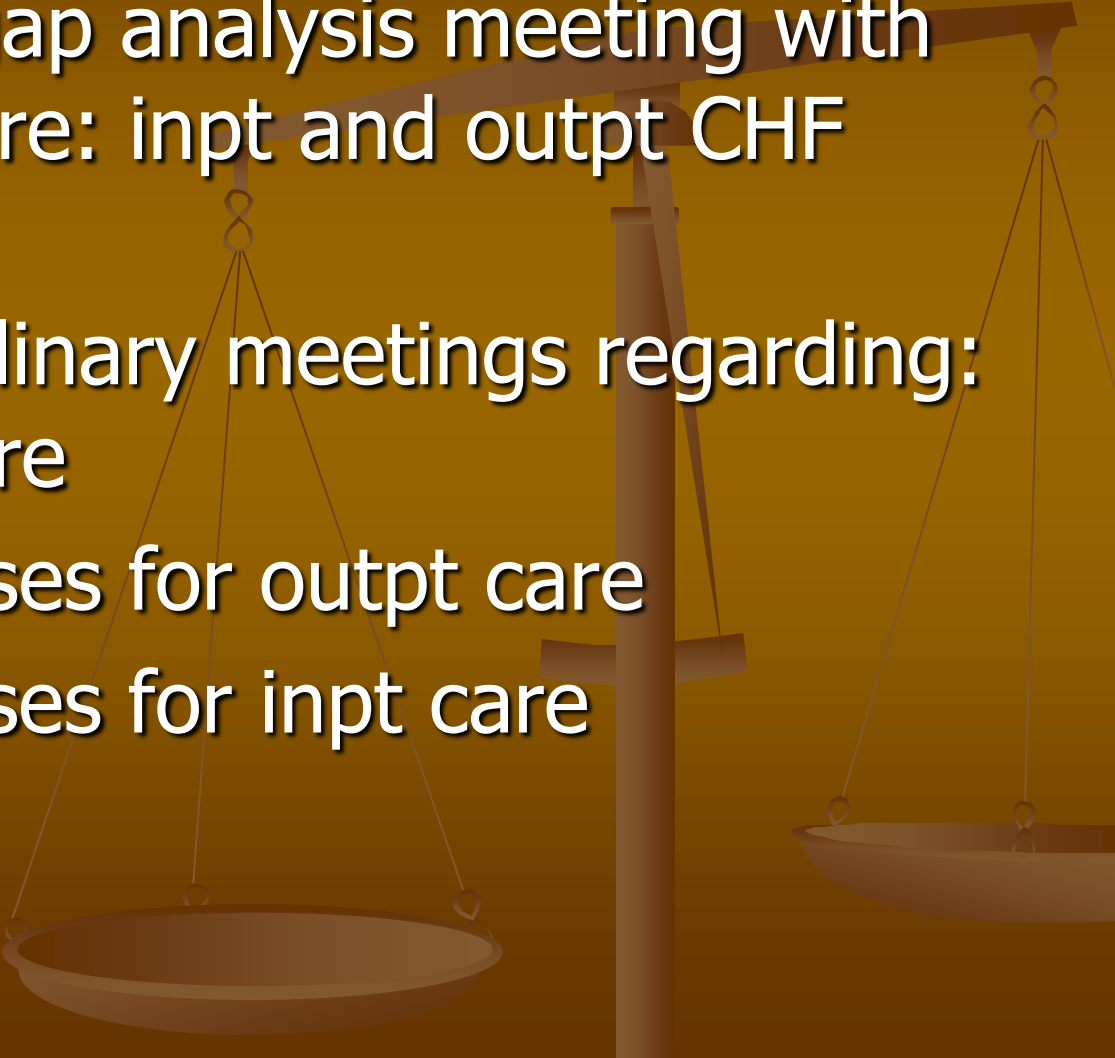
IHP ACO Experience Existing CHF Program

- CHF clinic established >10 yrs ago
- All pts seen 3-7 days post discharge
- All inpts seen by CHF MD
- Heavy emphasis on education
- Same day visits available M-F
- Double coverage pts with comorbid conditions



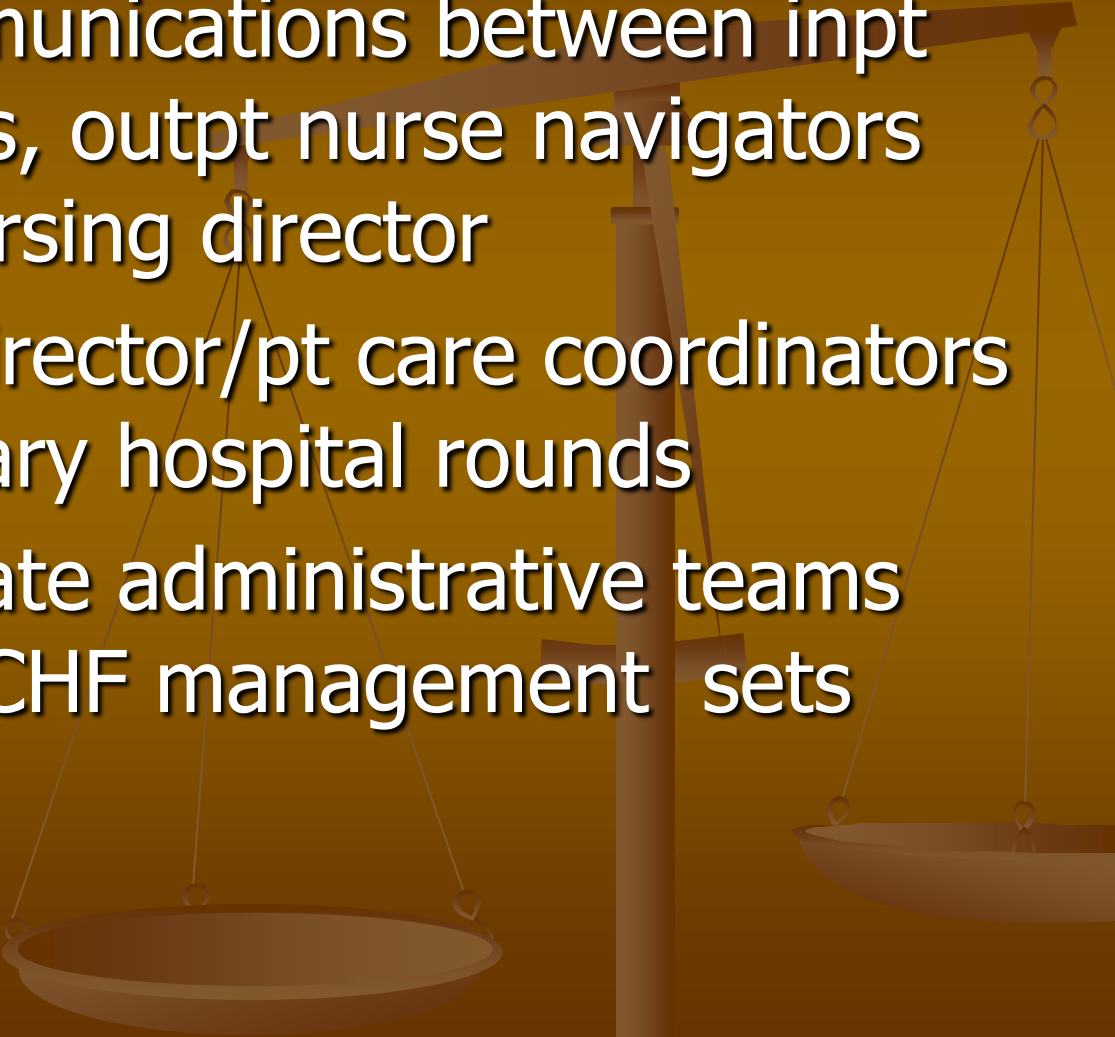
IHP ACO Experience

Expanding CHF Care

- Participated in gap analysis meeting with ACO consultant re: inpt and outpt CHF services
 - Ran multi-disciplinary meetings regarding: flow of HF pt care
 - Outlined processes for outpt care
 - Outlined processes for inpt care
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IHP ACO Experience

Expanding CHF Care (cont)

- Facilitated communications between inpt nurse navigators, outpt nurse navigators and the ACO nursing director
 - Included ACO director/pt care coordinators in multidisciplinary hospital rounds
 - Directed corporate administrative teams re: ambulatory CHF management sets
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IHP ACO Experience

Internal Challenges

- Need for manpower in office
 - Loss of MD production
 - Internal MD communication
 - Hospital administration
 - IT and support
 - **NEED FOR COORDINATION BETWEEN SPECIALTIES**
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IHP ACO Experience

Internal Challenges (cont)

- Coordinating specialties

Getting everyone to the table

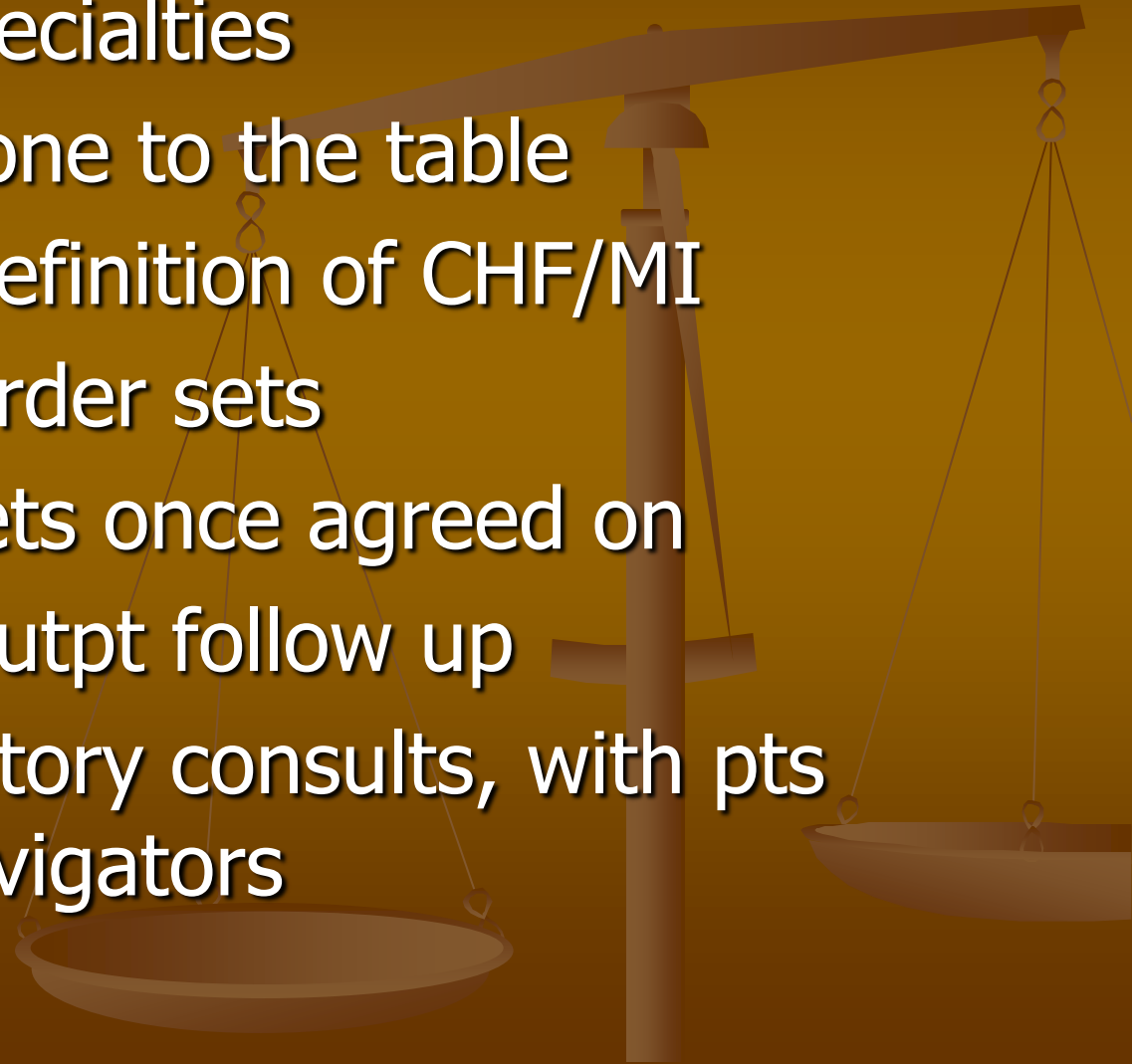
Agreeing on definition of CHF/MI

Agreeing on order sets

Using order sets once agreed on

Agreeing on outpt follow up

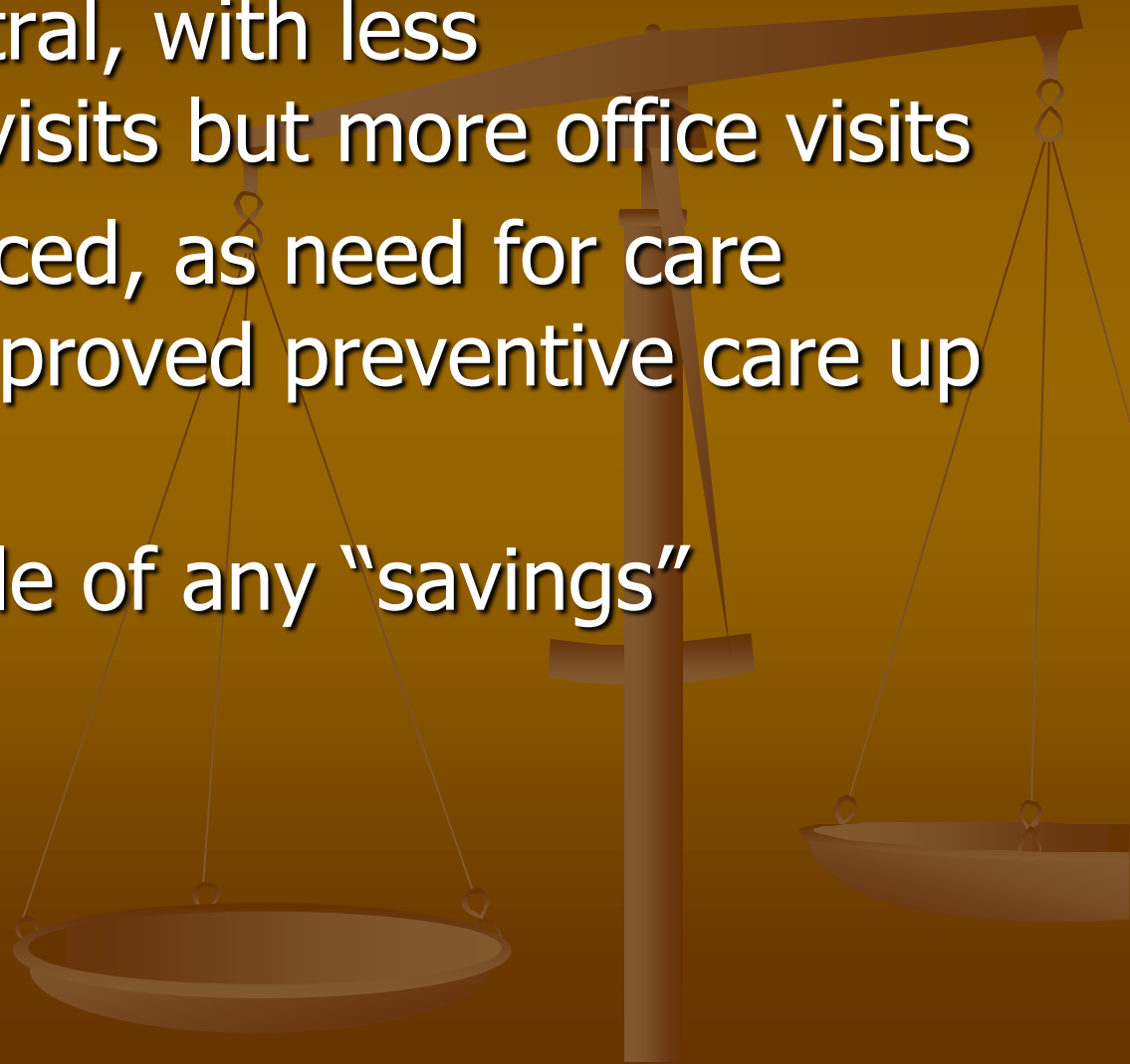
Solution: Mandatory consults, with pts identified by navigators



IHP ACO Experience

Finances

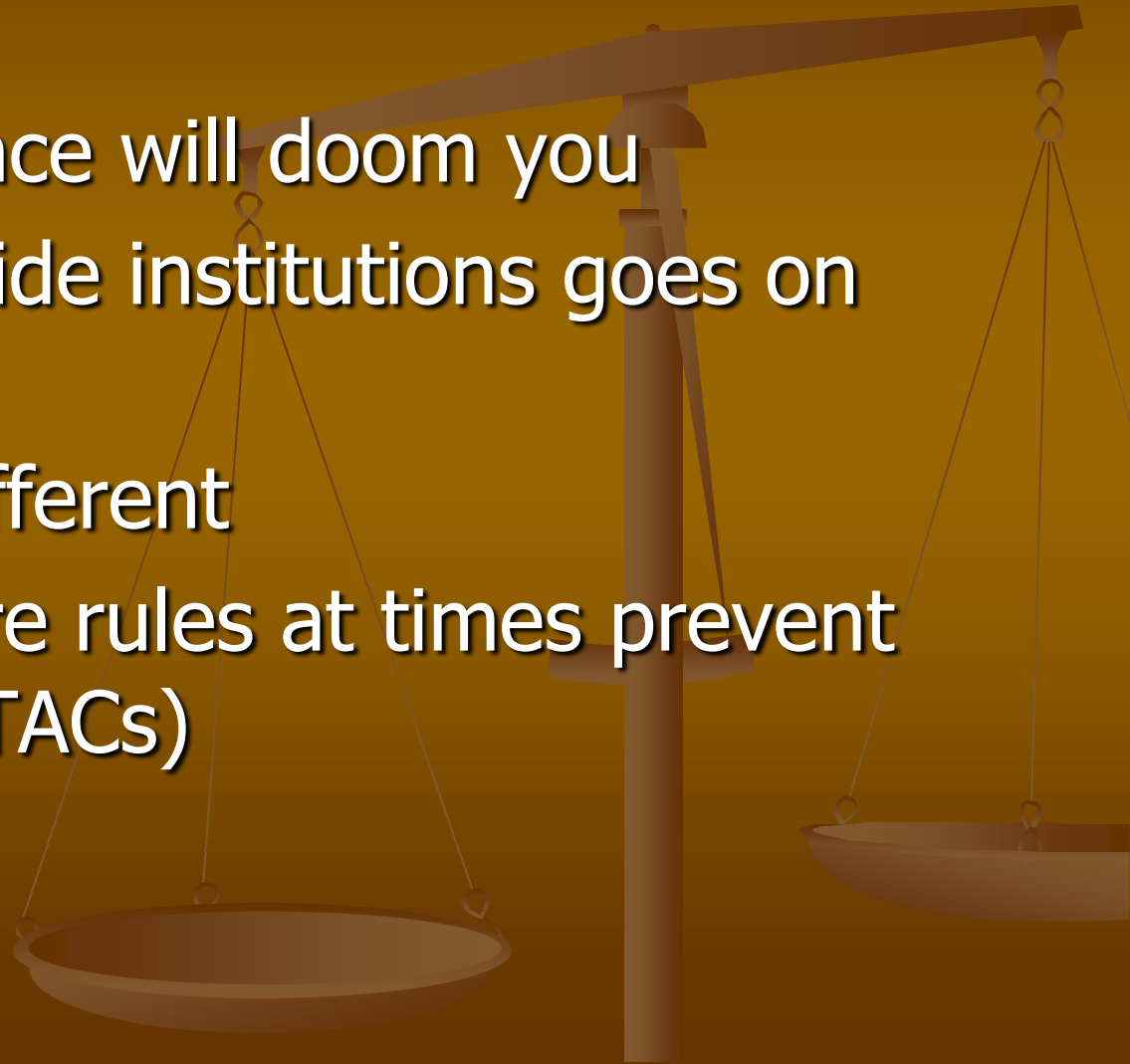
- Short term-neutral, with less admissions/ER visits but more office visits
- Long term-reduced, as need for care drops due to improved preventive care up front
- MDs will see little of any "savings"



IHP ACO Experience

ACO Drawbacks

- TNTC
- Pt non compliance will doom you
- Pts care at outside institutions goes on your tab
- Every ACO is different
- Current Medicare rules at times prevent optimal care (LTACs)



IHP ACO Experience

Future

- Cardiologists are considered both primary care docs and specialists by most ACOs, placing us in a unique situation to help shape the future of care in the US.

