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.
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
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
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
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
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
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
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**
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)
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.