New Models in the Patient-Centered Medical Home: Incentives, Infrastructure and IT to Support Accountable Care

The patient-centered medical home (PCMH) is not only a proven pathway to patient satisfaction but also a legitimate stepping stone to an accountable care organization (ACO).Fifty-two percent of 2012 HIN survey respondents* have established medical home programs for their populations; 59 percent of these are now or soon will be part of an ACO.To prepare for this eventuality, medical homes are fortifying the model with a framework of IT and infrastructure and indoctrinating doctors in the medical homes dual priorities of care coordination and healthcare quality.Those are some of the hallmarks of the medical home initiatives profiled in New Models in the Patient-Centered Medical Home: Incentives, Infrastructure and IT to Support Accountable Care.Beginning with an overview of 2012 PCMH trends, this 57-page special report offers snapshots of thriving medical home initiatives and their particular area of focus:Florida Blues statewide medical home model, and lessons learned from the 2011 rollout that transitioned the payor from a pay for performance emphasis to a medical home model. Barbara Haasis, RN, CCRN, senior clinical lead, quality reward and recognition programs at Florida Blue, describes the transition, provides details on the following areas:-The criteria for which physician practices were selected to participate in the program;-The shared savings approach through which practices will be reimbursed;-The role of a nurse educator in helping the practices transform;-Reporting practice results to drive further improvement;-Results in total cost of care from physicians originally enrolled in the pay-for-performance program, now in the first quarter of the PCMH.-A four-pronged approach by Horizon Blue Cross Blue Shield of New Jerseys consumer engagement team to more closely involve consumers and health

plan members in its medical home program, first launched in 2008. Jay Driggers, director of consumer experience and engagement at Horizon BCBSNJ, shares how Horizon approaches engagement, including:-Seven key consumer engagement objectives;-The impact of stand-alone pilots on consumer engagement, from iPhone apps to telemonitoring;-A best practice approach to driving awareness and education of the patient-centered medical home to build a connection between a patient and a practice, including the use of a patient touchpoint map to increase a patients stickiness to a practice;-Results from Horizons patient engagement approach; and-Using PCMH patient engagement techniques to position for accountable care.Perspectives from the Hunterdon Healthcare medical home initiative, in which its 24 family practices recently achieved Level III NCQA recognition. Additionally, Hunterdon is collaborating with Aetna in an accountable care organization, has joined Horizon Blue Cross Blue Shield of New Jerseys patient-centered medical home program and has been named to the CMS Comprehensive Primary Care initiative, a payor-provider collaboration to test new primary care reimbursement models.In an extended interview, George Roksvaag, MD, chief medical officer of Hunterdon Healthcare, and Geralyn Prosswimmer, MD, FAAP, medical director of primary care services for Hunterdon Healthcare and medical director for Hunterdon Healthcare Partners, talk about the challenges of simultaneous participation in three primary care initiatives.They also share details on the following:-Organizational motivation for pursuing medical home recognition;-The challenges of physician engagement;-Reengineered staffing and workflows that are transforming care coordination;Patient response to the PCMH;-Differences theyve observed thus far between the patient-centered medical home and the ACO model.-Hunterdon Healthcare was a respondent to HINs 2012

Survey on the Patient-Centered Medical Home Model.

medical home Healthcare Intelligence Network Overview of Accountable Care Models and Related Initiatives . .. are being made in the technology infrastructure needed to compete in this new . payer incentives for patient-centered medical home (PCMH) recognition and CMS Physician. **Patient-Centered Medical Home: An AHA Research Synthesis Report** UnitedHealthcares Patient Centered Care Model including. Accountable Care Organizations and Health Home . clinical outcomes, piloting a Medical Home model and partnering with . section 2703, provisions created new Medicaid infrastructure, technology and process and measurement support. **The Patient-Centered Medical Home - Health Policy Briefs** offer opportunities for infrastructure support and incentive The following 10 payment models are ways to support enhanced PCMH payment. 1 reimbursed codes, such as T codes new HCPCS codes were created for medical home PMPM fee is often referred to as a monthly care coordination payment and can cover **Payment Models to Support Patient-Centered Medical Home** introducing sustainable new models to finance the PCMH. Without changing . payment reform in support of the patient-centered medical home (PCMH). Provide the initial building and maintenance of the PCMH infrastructure and services. .. predominates in primary care practice and little incentive to improve outcomes. **Advanced Primary Care Initiatives Center for Medicare & Medicaid** Patient-Centered Medical Homes (PCMHs) are transforming primary care support PCMHs with both performance-based and non-face-to-face chronic build and redistribute funding to primary care to develop critically important PCMH infrastructure. . incentive programs for which NCQA recognized practices are directly **Untitled - State of Michigan** Learn more about PCMH Work Group Summaries at . primary care practice around the patient centered medical home (PCMH) model will delivery system through, for example, Accountable Care Organizations

(ACOs). . in the center of PCMH care delivery and establishment of financial incentives to support An unaddressed question, however, is how current PCMH funding models affect the current PCMH payment initiatives provide sufficient incentives for meaningful and related infrastructure, averaging in 2015 US dollars $2.51 per patient . the new PCMH funding could support the addition of 1 FTE care coordinator for **Prospects For Rebuilding Primary Care Using The Patient-Centered** Hospitals face the challenge of not having a defined role in the PCMH model. Still, . ?health teams will support primary care providers in the entitys hospital . bundled payments and accountable care organizations will require Offer capital and IT infrastructure: Hospitals may be able to play a critical role in new PCMH. **Behavioral Health and Health Care Reform Models: Patient** What is the role of the hospital in a new community environment that The PCMH model leverages many of the benefits of primary care, such as access to care, physician-patient relationship and realign payment incentives more closely with . enhanced medical home supported by the states Medicaid program. **New Models in the Patient-Centered Medical Home: Incentives** The patient-centered medical home (PCMH) model is one of the top five . Medical Home: Incentives, Infrastructure and IT to Support Accountable Care. .. up their medical home game, a new video from the Healthcare Intelligence Network **ACO Accountable Care Organization Whitepapers athenahealth** Some research supports the effectiveness of the ACO model in improving the cost and As health care shifts towards new payment models, your health care their clinical processes, incentive models, and reporting and data infrastructure, but . PCPs are also central to the patientcentered medical home (PCMH) concept. **New Models in the Patient-Centered Medical Home: Incentives** reform to incentivize high-value, first-contact, primary care, offer opportunities for infrastructure support and incentive The following 10 payment models are ways to support enhanced PCMH payment. 1 Payment for non-traditionally reimbursed codes, such as T codes new .. ACO: Accountable care organization. **Coordinating Care for Adults With Complex Care - AHRQ PCMH** Patient-centered medical homes are considered by many to be among the most (HHS) to test medical homes among other new care-delivery models. . monthly fee to support care coordination, and/or providing incentive payments . have not yet adopted components of a medical home infrastructure. **Effects of New Funding Models for Patient-Centered Medical Homes** reform to incentivize high-value, first-contact, primary care, offer opportunities for infrastructure support and incentive The following 10 payment models are ways to support enhanced PCMH payment. 1 Payment for non-traditionally reimbursed codes, such as T codes new .. ACO: Accountable care organization. **PCMH WG Sum - Society of General Internal Medicine** In practical terms, VBR is not new and includes a variety of payment methods designed right infrastructure for support of VBR. Figure 1: Aligned incentives due to value-based reimbursement Patient-centered medical home (PCMH): A care model in which a primary care . accountable care organization in that the. **The Medical Home Model of Care** PCMH stands for the Patient-Centered Medical Home model, and was proposed in The planning process also considers clinical decision-support tools and The second model, The Accountable Care Organization (ACO), is comprised of ACOs emphasize accountability and provide monetary incentives to health care **ACO or PCMH: Making a crucial decision for your practice Medical** testing new models of health care delivery shifting from a An accountable care organization (ACO) is an entity formed by health care These characteristics are embodied in the patient-centered medical home, a model of care that Each of the ACA-supported transformation initiatives includes some **Accountable Care Organizations - American Hospital Association** Press Release: New Models in the Patient-Centered Medical Home Medical Home: Incentives, Infrastructure and IT to Support Accountable Care. Order your **health information technology infrastructure to support accountable** Accountable Care Organizations AHA Research Synthesis Report IT infrastructure for population What is the role of the hospital in a new community environment that unlike the ACO model, the PCMH does not offer explicit incentives for . enhanced medical home supported by the states Medicaid program. **The Affordable Care Acts Payment and Delivery System Reforms: A** To that end, the new law seeks to strengthen the nations primary If successfully implemented, the Affordable Care Act has the potential to realign incentives within care for millions of Americans, encourage accountability and greater Recent evaluations of PCMH models at Group Health Cooperative **Payment Models to Support Patient-Centered Medical Home** The patient-centered medical home (PCMH) is a model for strengthening primary care . In light of the existing medical systems failure to provide accountable, the practice infrastructure to support high quality primary care, which the Institute of . time to a new complex-needs patient or to a new set of comprehensive care **UnitedHealthcare White Paper Patient Centered Care Model** It is described as a blend of the basic principles of primary care new ways of . In this model, some of the periodic patient-centered medical home payments . accountable care organizations has been proposed, with a medical home as As a result, incentives will be needed to support the creation of local infrastructure to

The Roles of Patient-Centered Medical Homes And - AHRQ PCMH Two relatively new models in health policythe patient-centered medical home (PCMH) and Accountable Care Organizations of services and ACOs providing the infrastructure and incentives to facilitate collaboration . additional resources available in the community that help support patients health and wellness. **Payment Models to Support Patient-Centered Medical Home** A patient-centered medical home is a model of primary care in which care teamsled by Since 2006 twenty-five states have implemented new paymentsor revised .. homes to allow practices to advance toward accountable care models. Other payers and purchasers are using this infrastructure to support the care of **How the Affordable Care Act Will Strengthen the Nations Primary** Of the two, the PCMH model has been around the longest. Whereas the PCMH approach to care is practice-specific, an ACO requires is focused on outcomes, and doing it in a financially accountable way? . Possession of sufficient infrastructure and management acumen to support comprehensive,