Military Health System (MHS)
Patient Centered Medical Home (PCMH)
Brief to Recovering Warrior Task Force

TRICARE Management Activity
Officer of the Chief Medical Officer
April 2013
Overview

• PCMH Background
• MHS Primary Care Transformation
• MHS PCMH Goals
• PCMH Care in a Medical Treatment Facility
• Wounded Warrior Care in the MHS
PCMH Background

- Term introduced by the American Academy of Pediatrics (AAP) in 1967 - became AAP policy within 10 years
- Adopted by Family Medicine in 2002 as part of the “Future of Family Medicine” project
  - Concept now fully endorsed by the AAP, American Academy of Family Medicine and American College of Physicians
  - Large third party payers, employers, and health plans
  - Key component of current health care reform plan
- Patient-Centered Primary Care Collaborative is leading proponent of the evolving model: www.pcpcc.net; http://www.pcpcc.net/content/general-presentation-materials
Seven Principles of a PCMH

1. **Personal Physician**: Primary Care Manager (PCM) based and assigned as the PCM by Name (PCMBN)

2. **Physician Directed Medical Practice**: The personal physician leads a team who collectively take responsibility for patients’ ongoing care

3. **Whole Person Orientation**: Team takes a holistic view of the patient and underlying causes health problems versus just treating episodic acute care

4. **Care is Coordinated** or Integrated across all elements of the complex health care system

5. **Quality and Safety**: Evidenced-based model of care, DoD/VA Clinical Practice Guidelines, inpatient/outpatient quality reporting and DOD Patient Safety Program

6. **Enhanced Access**: Formal policy defining access standards for acute, routine and wellness visits, open scheduling, expanded hours and new options for communication (e.g. secure messaging, etc.)

7. **Payment Recognizes Added Value** provided to patients who have a patient-centered medical home.
MHS PCMH Implementation

• In 2008, Military Health System (MHS) selected Patient Centered Medical Home (PCMH) model of care to:
  – Maintain maximum patient satisfaction
  – Increase evidence-based effectiveness of care

• MHS PCMH Policy signed Sep 2009 directed development of consistent Army, Navy and Air Force PCMH operating instructions and implementation in all primary care clinics
  – Tri-Service governance
  – Selected the National Center for Quality Assurance (NCQA) for formal PCMH recognition
  – Provides external review of civilian and military primary care practices across the United States
  – Three possible levels of Recognition: 1, 2 and 3 (highest)
  – MHS Goal is for all practices to achieve Level 2 or 3
PCMH Policies

• DOD/HA Policy 09-015 “Policy Memorandum Implementation of the ‘Patient-Centered Medical Home’ Model of Primary Care in MTFs”, September 2009

• Army - Operation Order 11-20, “Army Patient-Centered medical Home”, January 2011

• Navy – BUMED Instruction 6300.19 “Primary Care Services in Navy Medicine”, May 2010

• Air Force Instruction 44-171, “Patient Centered Medical Home and Family Health Operations”, January 2011
MHS PCMH Goals

- Implement PCMH model of care at all 435+ primary care practices (Family Medicine, Internal Medicine, Pediatrics, Community Based Medical Homes and Warrior Transition Units)
  - Near-term – improve Primary Care Manager (PCM) continuity, access to care and patient satisfaction
  - Mid-term – manage demand, integrate Behavioral Health into primary care, increase percent of enrollees’ primary care delivered in the PCMH, decrease specialty care utilization, reduce private sector care costs, improve quality measures and increase medical readiness of our warfighters and their families
  - Longer-term – Improve beneficiary health status, increase Medical Treatment Facility (MTF) capacity and then recapture enrollment from private sector and ultimately, optimize MTF resources
MHS NCQA Recognition Status

- **92 Percent or 157** of MHS' 171 NCQA-recognized practices are NCQA Level 3 PCMHs
- MHS PCMH practices continue to mature following NCQA recognition

<table>
<thead>
<tr>
<th>Total Primary Care Practices</th>
<th>CY11 NCQA Recognized Level 2 or 3</th>
<th>CY12 NCQA Recognized Level 2 or 3</th>
<th>Total NCQA Recognized Level 2 or 3</th>
<th>% Total Practices NCQA Level 2/3</th>
<th>CY13 Undergoing Recognition</th>
<th>Total Recognized end CY13</th>
<th>% Projected Level 2 or 3 as of 31 Dec 13</th>
<th>CY14 Projections</th>
<th>Total Recognized End CY14</th>
<th>% Complete CY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>435</td>
<td>48</td>
<td>123</td>
<td>171</td>
<td>39%</td>
<td>157</td>
<td>329</td>
<td>76%</td>
<td>106</td>
<td>435</td>
<td>100%</td>
</tr>
</tbody>
</table>
Enrollee Care in an MTF PCMH

- Continuity of Care with Primary Care Manager (PCM) by Name
- Enhanced Access to Acute, Routine and Wellness care
- Secure Messaging – MTF Prime beneficiaries at all 435 primary care practices will be able to send emails to PCM 24 hours a day by August 2013
- Individualized, Comprehensive Care Plans, when applicable
- Embedded Internal Behavioral Health Consultants (social worker or psychologist)
Enrollee Care in an MTF PCMH (Con’t)

• Patient, Family and Provider collaboration to address and resolve barriers to self-care management and achievement of health goals
• Medication reconciliation
• Case management (if applicable)
• Care coordination
• Care transitions management
• Clinical summaries of visits and copy of medical records at transition
Enrollee Care in an MTF PCMH (Con’t)

• MHS’ electronic medical record enhanced with Tri-Service Workflow (TSWF) templates
  – Screen patient at each visit using evidence-based guidelines
    • Height/weight
    • Exercise
    • Alcohol Use
    • Smoking
    • General Sense of Health
    • Depression including PTSD
  – 16 clinical practice guidelines (CPGs) embedded in TSWF core forms
  – 15 more TSWF specialty forms in pilot stage or development with embedded CPGs
Medical/Non-Medical Case Management and Care Coordination

• PCMH Case Management
  – Interface with PCM
  – Coordinate care/specialty appointments
  – Help obtain documentation of non-PCM visits
  – Available to patient phone/email/in-person
  – Arrange home health, handicap placards and other services
  – Care coordination/management is a NCQA “Must Pass” requirement to achieve Level 2/3 PCMH

• WTU Case Management (medical)
  – All of the above
  – All patients in WTUs have at least one medical Case Manager
  – Interfaces with non-medical Case Management
Army Wounded Warrior Care

• Location of Healthcare for Wounded, Ill and Injured (WII) soldiers depends on severity and duration of medical problems
  – WII who do not meet the criteria for Warrior Transition Unit (WTU) stay in their units and are seen in PCMHs or Soldier Centered Medical Homes (SCMH)
    • This category represents the vast majority of WII

• Army PCMHs
  – Currently 62 of 144 total Army primary care practices are NCQA-recognized Level 2 or 3 PCMHs with another 82 underway
  – All Army PCMHs will be NCQA-recognized by 31 Dec 13
Army’s WTU Programs

• WTU entry criteria: soldiers needing at least six months of care, require case management and unable to contribute to their units

• WTUs will be NCQA-recognized Level 2 or 3 PCMHs by 31 Dec 13
  – Enrolled in WTU Clinic for Primary Care Management
    – Assigned a WTU Case Manager for medical case management
    – Enhanced access and care coordination, case management and embedded behavioral health specialists
  – Squad leader for non-medical case management
Air Force Wounded Warrior Care

• Air Force WII Airmen receive healthcare in AF PCMHs
  – All AF’s Family Health and Pediatrics clinics have been transformed to PCMHs based on AF criteria
  – 40 out of AF’s 171 primary care practices are Level 3 PCMHs with another 26 underway
    – All 171 AF practices will be 100% NCQA-recognized by 31 Dec 14
  – Most severely WII are enrolled in the Air Force Warrior Program (AFW2) and receive additional, non-medical care management
Navy Wounded Warrior Care

- Navy Wounded Warriors are seen in the Navy’s PCMH “Medical Home Port” (MHP) practices
  - 67 out of the Navy’s 110 primary care practices are NCQA-recognized Level 2/3 PCMHs with another 43 underway
  - Navy will be 100% NCQA-recognized by 31 Dec 13
- Category 2 and 3 Marine Wounded Warriors are enrolled in and seen in Wounded Warrior clinics
  - Camp Pendleton
  - Camp Lejeune
  - These clinics are in the queue for NCQA recognition
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Back-Up Slides
TSWF Embedded CPGs

- Diabetes
- Hypertension
- Dyslipidemia
- Overweight/Obesity
- COPD
- Asthma
- Low Back Pain
- Major Depression

- PTSD
- Bipolar Disorder
- Chronic Opioid Therapy
- Substance use Disorders
- Tobacco Use
- Chronic Heart Failure
- Ischemic Heart Disease
- Uncomplicated Pregnancy
## Piloted or Future TSWF CPG Forms

<table>
<thead>
<tr>
<th>TSWF AIM Form</th>
<th>Use</th>
<th>Status</th>
<th>Funded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metabolic CPG</td>
<td>Includes CPGs for Diabetes, Hypertension, Dislipidemia and Obesity</td>
<td>In Pilot Testing</td>
<td>YES</td>
</tr>
<tr>
<td>Low Back Pain CPG</td>
<td>Includes Low Back Pain CPG</td>
<td>In Pilot Testing</td>
<td>YES</td>
</tr>
<tr>
<td>Integrated Behavioral Health Consultant</td>
<td>Intended for use by all IBHCs in the PCMH</td>
<td>In Pilot Testing prior to Deployment</td>
<td>YES</td>
</tr>
<tr>
<td>Pulmonary CPG</td>
<td>Incorporates the Asthma and COPD CPGs for use in the PCMH</td>
<td>In Queue for Pilot Testing and Deployment</td>
<td>YES</td>
</tr>
<tr>
<td>Substance &amp; Tobacco Use Disorder CPG</td>
<td>Incorporates the Substance Use Disorder and Tobacco Use Disorder CPGs for use in the PCMH</td>
<td>In Queue for Pilot Testing and Deployment</td>
<td>YES</td>
</tr>
<tr>
<td>Nursing</td>
<td>Includes the nurse/tech/medic screening section currently in Core, as well as standardized documentation workflow for common procedures, medication administration, and pt education</td>
<td>In final phase of primary development</td>
<td>NO</td>
</tr>
<tr>
<td>Chronic Opioid Therapy CPG</td>
<td>Intended for use with chronic pain patients on chronic opioid therapy in the PCMH</td>
<td>In beta testing prior to secondary development and pilot testing</td>
<td>YES</td>
</tr>
<tr>
<td>BH for the PCM</td>
<td>Intended for use by primary care providers in the PCMH caring for patients with common BH disorders, incorporates the Depression, PTSD, &amp; Bipolar CPGs</td>
<td>Concept phase</td>
<td>YES</td>
</tr>
</tbody>
</table>
## Piloted or Future TSWF CPG Forms (Con’t)

<table>
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<th>TSWF AIM Form</th>
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<th>Status</th>
<th>Funded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedics/Sports Medicine</td>
<td>Requested by customers, intended to support primarily specialty workflow for musculoskeletal conditions, including pre/post-op appts, procedures, etc.</td>
<td>Concept phase</td>
<td>NO</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Intended to support OB patients in both FM and OB, based on Uncomplicated Pregnancy CPG and other industry evidence</td>
<td>Beta Testing</td>
<td>NO</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Requested by customers</td>
<td>Wait Listed</td>
<td>NO</td>
</tr>
<tr>
<td>Geriatric</td>
<td>Intended to support the delivery of care for patients with common geriatric conditions and risk factors in the PCMH</td>
<td>In beta testing prior to secondary development and pilot testing</td>
<td>NO</td>
</tr>
<tr>
<td>Neuro/mTBI</td>
<td>Intended to support PCMH management of mTBI according to CPG, headache, seizures, other common neuro conditions.</td>
<td>Wait Listed</td>
<td>YES</td>
</tr>
<tr>
<td>Cardiovascular CPG</td>
<td>Intended for use by primary care to manage pts with Cardiovascular disorders, based on the CPGs for stroke, Myocardial Infarction, Congestive Heart Failure and Peripheral Vascular Disease</td>
<td>Wait Listed</td>
<td>YES</td>
</tr>
<tr>
<td>Clinical Pharmacy</td>
<td>Intended to support clinical pharmacists managing chronic disease, coumadin therapy, polypharmacy, etc.</td>
<td>Wait Listed</td>
<td>NO</td>
</tr>
</tbody>
</table>
K. Health Habits

- **Do You Drink Alcohol?**
  - Yes
  - No
  - AUDIT-C Date:

- **Tobacco:**
  - Have You Used Tobacco in the Last 10 Years?
  - Yes
  - No

- **Exercise:**
  - Does patient do moderate exercise for 30 minutes most days of the week?

If Patient is taking Antidepressants, click on the (>>) next to Depression below and complete the 'Suicide' and 'Homicide' questions

- **Depression:**
  - Over the past two weeks, how often have you been bothered by any of the following problems? PHQ-2. Add results from both questions below.
    - 1) Little interest or pleasure in doing things.
    - 2) Feeling depressed or hopeless.
    - 0 = Not at all
    - 1 = Several days
    - 2 = More than half the days
    - 3 = Nearly every day

- **Positive PHQ-2 (Score 3 or Greater)?**
  - Yes
    - PHQ-2 Depression Screen Positive. Score:
  - No
    - PHQ-2 Depression Screen Negative.

If Yes, Alert Provider. Document Suicidal and / or Homicidal Ideation below and accomplish Full PHQ-9 via the link below or on Secondary Screening tab

- **Thinking About Suicide**
  - Yes
  - No

- **Thinking About Homicide**
  - Yes
  - No

Patient Health Questionnaire (PHQ-9) > ?

Female ONLY Data

- **Could You Be Pregnant?**
  - Yes
  - No
  - Pregnant for ___ Weeks Based on LMP

M. Joint Commission / AAAHC / NCQA / HSI Related

- **Patient’s Overall Feeling**
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor

- **Does Patient Feel Safe at Home?**
  - Yes
  - No

- **Any hospitalizations, specialty care, or ER visits since your last appointment?**
  - Yes
  - No

- **Deployment Related?**
  - Yes
  - No

- **Active Duty?**
  - Yes
  - No

- **Δ PHQ has been completed in past year**
  - Date:

- **Δ PHQ has NOT been completed in the past year**
  - Date: