



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

TRICARE Management Activity  
Officer of the Chief Medical Officer  
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# 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); <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

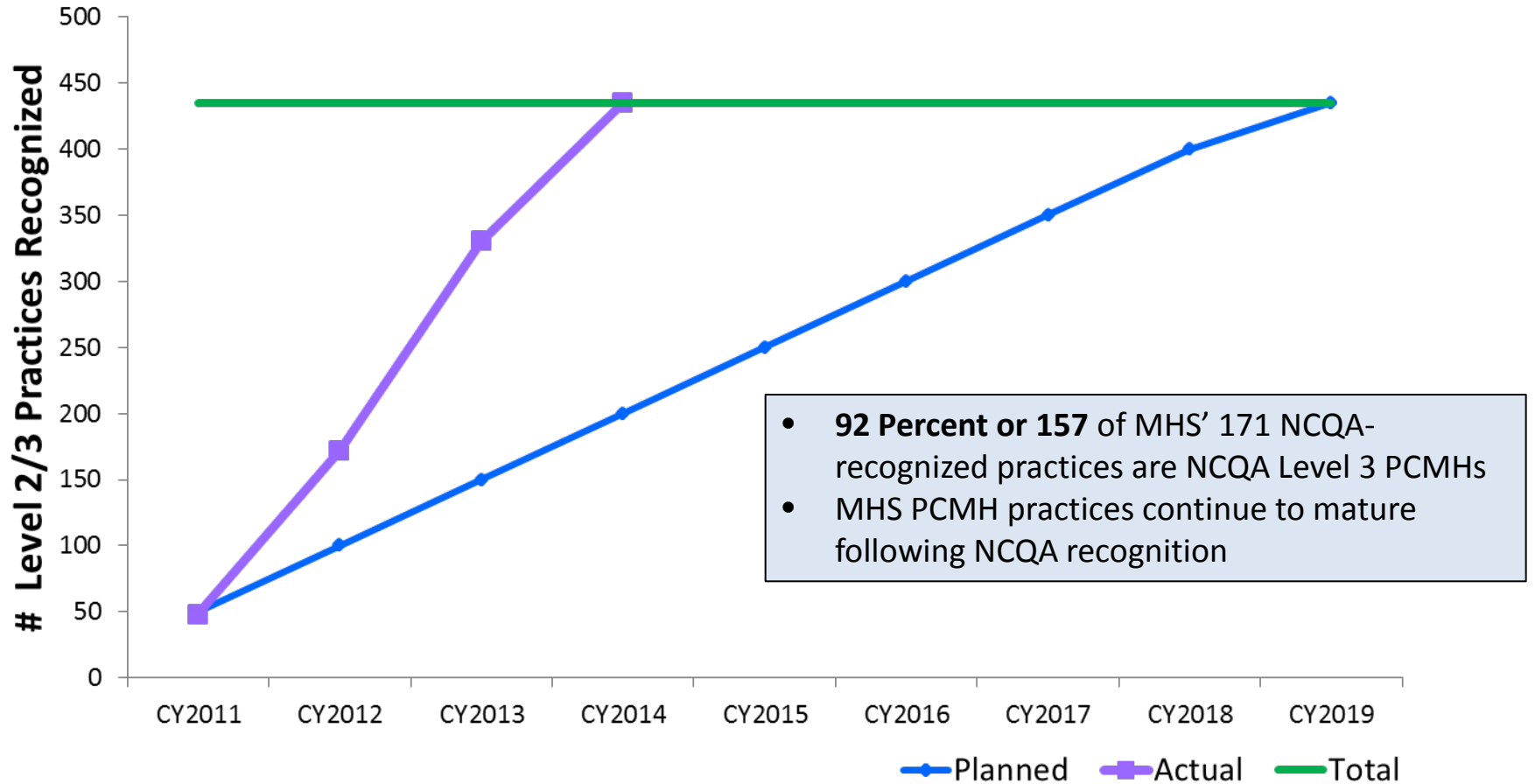
# PCMH Policies

- 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



Total Primary Care Practices	CY11 NCQA Recognized Level 2 or 3	CY12 NCQA Recognized Level 2 or 3	Total NCQA Recognized Level 2 or 3	% Total Practices NCQA Level 2/3	CY13 Undergoing Recognition	Total Recognized end CY13	% Projected Level 2 or 3 as of 31 Dec 13	CY14 Projections	Total Recognized End CY14	% Complete CY14
435	48	123	171	39%	157	329	76%	106	435	100%



# 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



# 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 to 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

TSWF AIM Form	Use	Status	Funded?
Metabolic CPG	Includes CPGs for Diabetes, Hypertention, Dislipidemia and Obesity	In Pilot Testing	YES
Low Back Pain CPG	Includes Low Back Pain CPG	In Pilot Testing	Yes
Integrated Behavioral Health Consultant	Intended for use by all IBHCs in the PCMH	In Pilot Testing prior to Deployment	YES
Pulmonary CPG	Incorporates the Asthma and COPD CPGs for use in the PCMH	In Queue for Pilot Testing and Deployment	YES
Sustance & Tobacco Use Disorder CPG	Incorporates the Substance Use Disorder and Tobacco Use Disorder CPGs for use in the PCMH	In Queue for Pilot Testing and Deployment	YES
Nursing	Includes the nurse/tech/medic screening section currently in Core, as well as standardized documentation workflow for common procedures, medication administration, and pt education	In final phase of primary development	NO
Chronic Opioid Theraepy CPG	Intended for use with chronic pain patients on chronic opioid therapy in the PCMH	In beta testing prior to secondary development and pilot testing	YES
BH for the PCM	Intended for use by primary care providers in the PCMH caring for patients with common BH disorders, incorporates the Depression, PTSD, & Bipolar CPGs	Concept phase	YES

# Piloted or Future TSWF CPG Forms (Con't)

TSWF AIM Form	Use	Status	Funded?
Orthopedics/Sports Medicine	Requested by customers, intended to support primarily specialty workflow for musculoskeletal conditions, including pre/post-op appts, procedures, etc.	Concept phase	NO
OB/GYN	Intended to support OB patients in both FM and OB, based on Uncomplicated Pregnancy CPG and other industry evidence	Beta Testing	NO
Physical Therapy	Requested by customers	Wait Listed	NO
Geriatric	Intended to support the delivery of care for patients with common geriatric conditions and risk factors in the PCMH	In beta testing prior to secondary development and pilot testing	NO
Neuro/mTBI	Intended to support PCMH management of mTBI according to CPG, headache, seizures, other common neuro conditions.	Wait Listed	YES
Cardiovascular CPG	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	Wait Listed	YES
Clinical Pharmacy	Intended to support clinical pharmacists managing chronic disease, coumadin therapy, polypharmacy, etc.	Wait Listed	NO

