

SAFETY NET MEDICAL HOME INITIATIVE

PURPOSE: Transform safety net clinics into Patient Centered Medical Homes (PCMH) and develop a replicable and sustainable model for medical home transformation.

DELIVERABLE(S) and COMPLETION DATE FOR EACH DELIVERABLE:

- 1) Transform 13 safety net clinics in Idaho into Patient Centered Medical Homes. Our goal is to have all 13 sites NCQA Recognized by 12/2012.
- 2) Spread the PCMH model to at least 6 other Community Health Center (CHCs) organizations/10 primary care practice sites throughout Idaho by 2013. CHCs are safety net clinics serving 130,000 primarily low income patients in 2010, with a sliding fee for the uninsured.
- 3) Work with stakeholders to redesign reimbursement for PCMH to better reflect and support service model. This goal has now been taken up by the Idaho Medical Home Collaborative.

INTERIM MILESTONES:

- 1) Recruit organizations and complete Memoranda of Agreement between CHC's and IPCA for 'Spread/Implementation' of PCMH (6/2011).
- 2) Facilitate application process, funding and technical assistance related to NCQA Recognition (now until 12/2012).
- 3) Plan, develop curriculum, facilitate sharing of best practices, provide on-site consultation, etc. to support Spread of PCMH (now until Spring 2013).
- 4) Begin Idaho Medical Home Collaborative pilot by 01/2012.

ANTICIPATED IMPLEMENTATION DATE: Grant received from Qualis Health in 2009. We just began year three of a four year project to be completed Spring of 2013.

LEAD ENTITY/INDIVIDUAL AND CONTACT INFORMATION:

Idaho Primary Care Association
Denise Chuckovich, Executive Director
208 345-2335 dchuckovich@idahopca.org

PARTNERS AND PARTICIPANTS:

- 1) Our 13 participating clinics include 2 Idaho Family Practice residencies, 2 critical access hospital clinics, and 2 community health center organizations with 9 medical clinic sites.
- 2) Idaho is one of five states in the SNMHI; there is a total of 65 clinics participating in Idaho, Oregon, Colorado, Massachusetts and Pennsylvania.
- 3) Partners include multiple stakeholders: funders, private providers, policy makers, provider associations, and state officials.

FUNDING SOURCE(S): Funding and technical assistance for the SNMHI comes from a grant through Qualis Health. Other funders include The Commonwealth Fund and Blue Cross of Idaho. Idaho Primary Care Association is also providing significant in-kind staff time, planning, and meeting support.

BARRIERS: Transforming to PCMH is a fundamental change in the way primary care services are provided and requires significant investment in staff training, work flow revisions, and IT.

Primary barriers to clinic transformation to PCMH include:

- 1) Funding needed to make significant system changes to practice sites, especially up-front investment in electronic health records (EHRs).
- 2) Resources needed for clinician and staff training, coaching to change ways services are provided

- 3) Need for HIT development to provide patient data in clinic and share data with other providers (labs, imaging centers, hospitals, etc.)
- 4) Need to change the way primary care is reimbursed from traditional fee for service to care management/coordination fee, preventive health emphasis, shared savings, etc.

VISION: The Governor's Vision for Idaho's health care system is that "Idahoans will have the opportunity to access quality, effective and efficient healthcare that provides a coordinated delivery system with affordable and accessible health insurance options.

How does this project help to achieve that vision?

The SNMHI focus on transforming primary care to a PCMH model for safety net clinics addresses the Governor's Vision in the following ways:

- 1) The PCMH model will provide care that is high quality, focusing on keeping patients healthy, keeping overall patients' costs lower (reduced duplication of care, reduced ER utilization and reduced hospitalizations), and improving patient health outcomes.
- 2) The PCMH model focuses on integrating patient care within the clinic setting, and also with other service providers (specialists, hospitals, etc) so care is coordinated, not duplicated, and patient health information is better used for decision-making.
- 3) The progress made by the SNMHI to date will inform decisions regarding design and implementation of the Idaho Medical Home Collaborative pilot.

IS THIS PROJECT MOST RELEVANT TO (CHECK ONE):

- Health Insurance Affordability and Accessibility
 Health Information Technology
 Health Care Delivery

WEBSITE: <http://qhmedicalhome.org/safety-net/index.cfm>