

## PCMH, Specialty Projects

### The Next 6 Months

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The Patient Centered Medical Home (PCMH) project started on May 1, 2011 and as we move into our sixth month, we are happy to report some real progress towards a better understanding and use of the PCMH model. The Hawaii IPA PCMH organization has worked tirelessly to ensure its members receive timely notifications, updates, answers and advocacy action. In the first six months we have:

- Signed up over 75 PCP's on Oahu, Maui and Moloka'i. We continue to reach out to physicians across the state to join with us.
- Held 4 PCMH Academy educational sessions (members must attend or participate in at least 9 sessions to satisfy a Level 1 requirement).
- Initiated our first Quality Improvement project, the **5% Challenge**. (Participation in this QI project will satisfy one of the QI requirements for Level 1).
- Approved 2 physician-independent QI projects that members can receive credit for.
- Successfully advocated at HMSA for Pediatricians, resulting in changes to the HBI Online Care Registry. The added drop-down box now allows them to better monitor patients with gaps in care the same way adult practitioners can.
- Opened the PCMH door to allow CHC's to participate.

Our next steps are dedicated to working with PCMH members as a group and individually to help them achieve the highest level of PCMH adoption (and consequently the highest reward and reimbursement for their work) possible. The PCMH model focuses on coordinated, comprehensive, continuous care that puts emphasis on fully engaging patients and providing top access to care. Much of the research is centered on and many pilot projects have been conducted with the large medical center or multi-disciplinary practice in mind. These large practices have additional staff and resources, making data collection and patient outreach a little easier. It is much more challenging for the solo provider to truly transform a practice into a full-fledged certified PCMH; however achieving even a partial transformation can be rewarding on many different levels.

Through the work of the PCMH umbrella organizations, HMSA is actively listening to the concerns of the solo providers and has announced that the P4Q pmpm maximum will increase from \$2 to \$4 starting in January 2012. Hawaii IPA is actively urging HMSA to add Quest patients to the P4Q program and we hope to see success in this endeavor by April 2012. We will also be focusing on several areas that will increase successful PCMH transformation for the solo provider:

- Developing our second QI project to start January 2012, one that will include a shared savings component for the provider.
- Working with EMR/EHR providers to develop programs and provide additional resources to physicians.
- Identifying, securing and encouraging active use of health outreach resources.
- Developing and assisting providers with Patient Satisfaction Surveys.
- Continually reviewing and advocating for provider financial rewards.

- Moving providers through the PCMH Level 1 requirements as quickly as possible and assisting them with completing Level 2 requirements for pmpm increases.

Hawaii IPA is mindful that our association is made up of many types of specialty practices. We are continually advocating and exploring new ways to increase benefits to our specialists outside the PCMH realm. On October 6<sup>th</sup>, HMSA met with over 20 representatives of specialty practices to discuss changes in the P4Q program. The main topic was developing standardized measurable health screenings that could be used by a majority of practices. The goal is to have finalization of this project in mid to late 2012. Most likely 2012 will see non-PCMH specialty providers continuing on the same P4Q reimbursements as 2011.