



**Medical Home Learning  
Community  
2009  
Tom Evans, MD**

100 E. Grand Ave., Ste. 360 • Des Moines, IA 50309-1835  
Office: 515.283.9330 • Fax: 515.698.5130  
[www.ihconline.org](http://www.ihconline.org)

- Provider-convened, multi-stakeholder, community coalition
- Community discussion in 2003, incorporated in 2005
- Private-public partnership
- Performance improvement vs. public reporting

- Align and Equip Health Care Providers on Quality and Value
- Responsible Public Reporting
- Engage the Community for Clinical Improvement
- Raise the Standard of Care in Iowa

- Iowa Academy of Family Physicians
- HF 2539
- IHC 2008 Ambulatory Learning Community
  - *Pre-Medical Home curriculum*
  - *Equip practices- teams, registries and data*
- CMS Demonstration Project
- IAFP and IHC began to explore how to position Iowa for success... ***Established Medical Home Work Group in July of 2008***



*Iowa Healthcare Collaborative*

## *Medical Home Work Group*

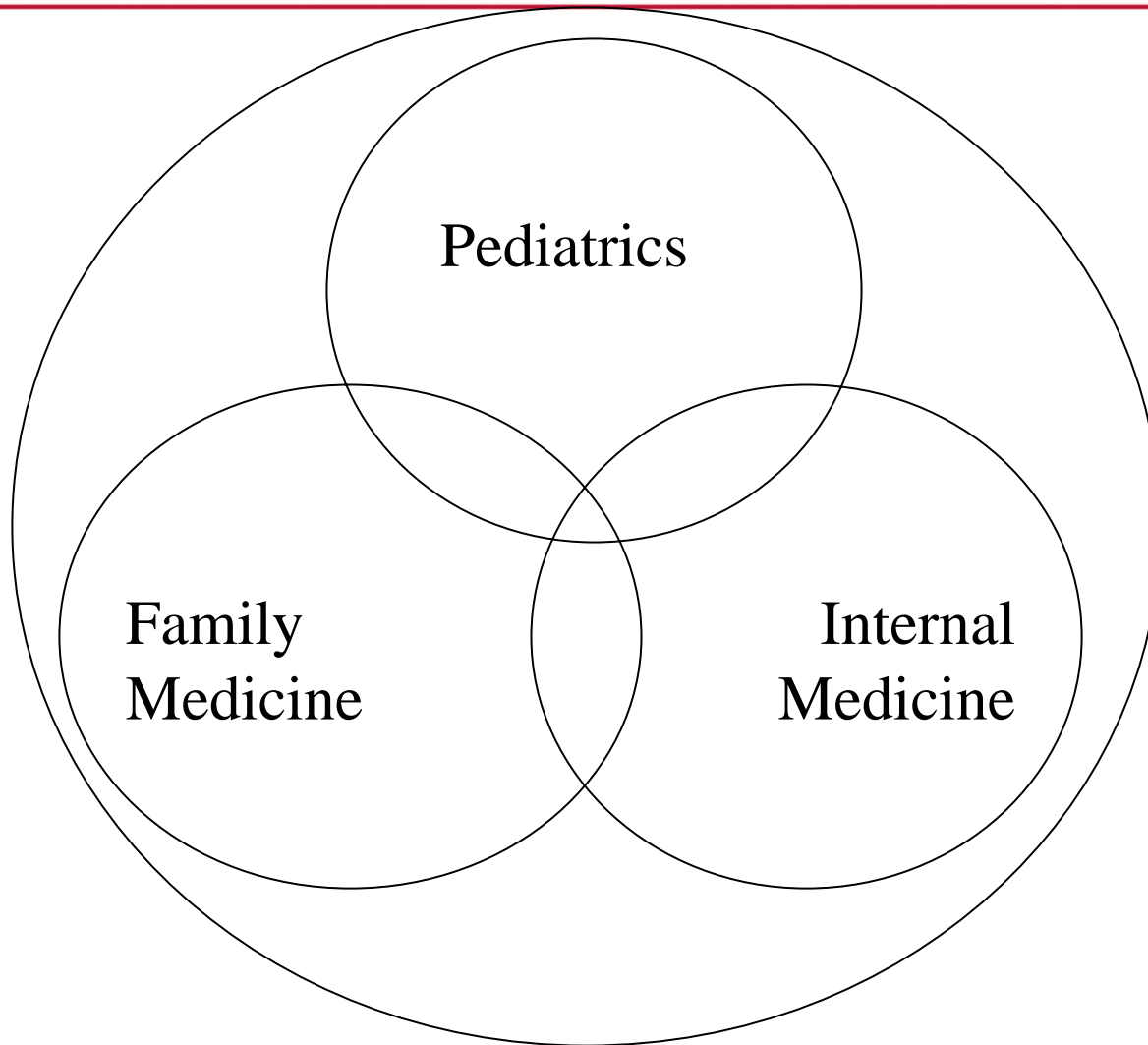
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- Don Klitgaard, MD
- Tom Evans, MD
- David Carlyle, MD
- Don Skinner, MD
- David Swieskowski, MD
- Tim Gutshall, MD
- Steve Wolfe, MD
- Tom Newton
- Beth Jones
- Jen Harbison
- Mark Barnhill, DO
- Bery Engebretsen, MD
- Bill Jagiello, MD
- Jim Pope, MD
- Bob Anderson, MD
- Tim Quinn, MD
- Kevin deRegnier, DO
- Chris Sinsky, MD
- Tom Kline, DO

1. Create a movement within the provider community
2. Develop a Learning Community
  - *Align and equip practices toward NCQA*
  - *Promote the Chronic Care Model*
  - *Participate in the national discussion*
3. Explore reimbursement redesign in Iowa to sustain PCMH model

## *What is Medical Home?*

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The Joint Principles of the PCMH are based on two conceptual frameworks:

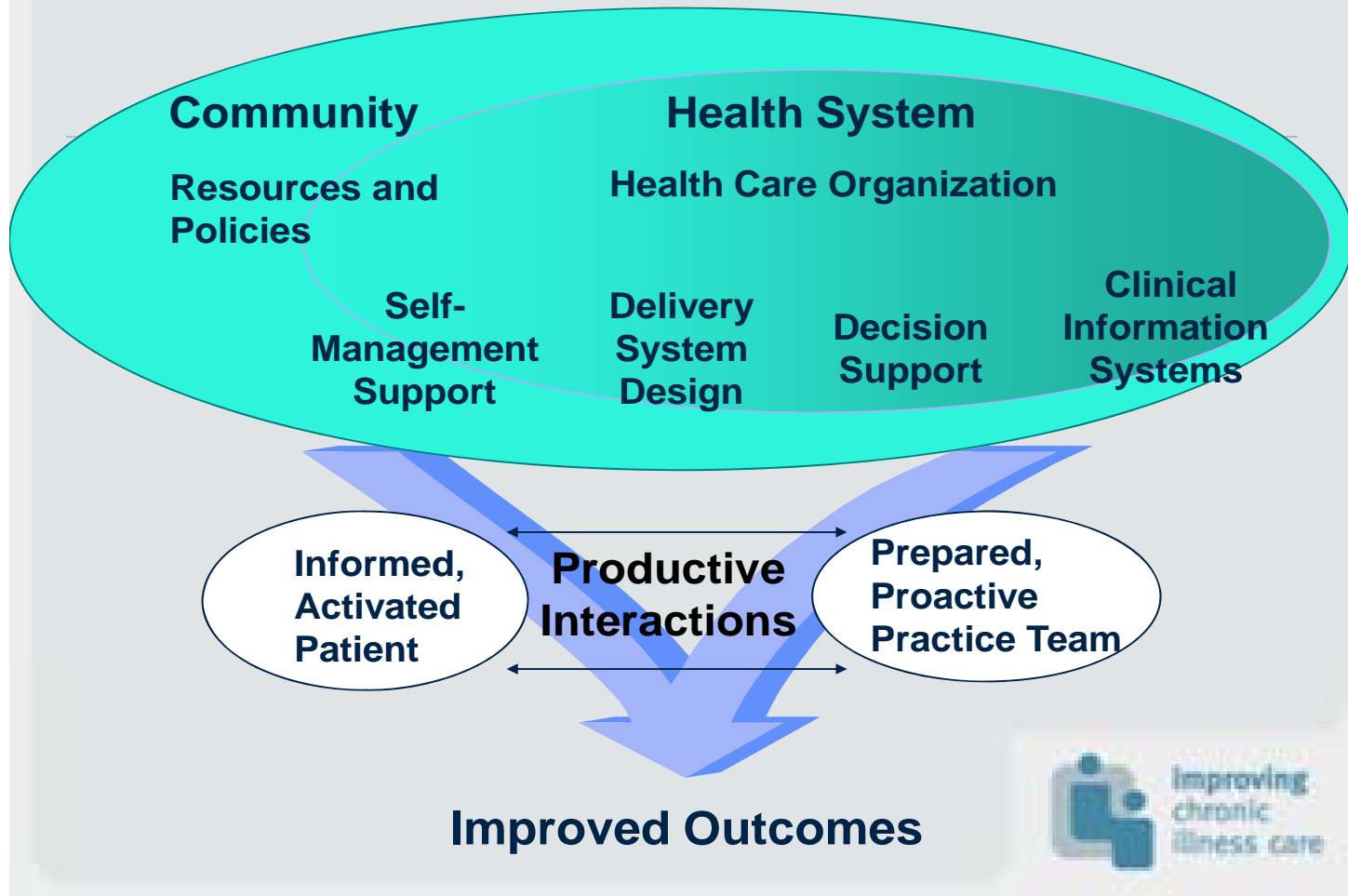
### Primary Care Model

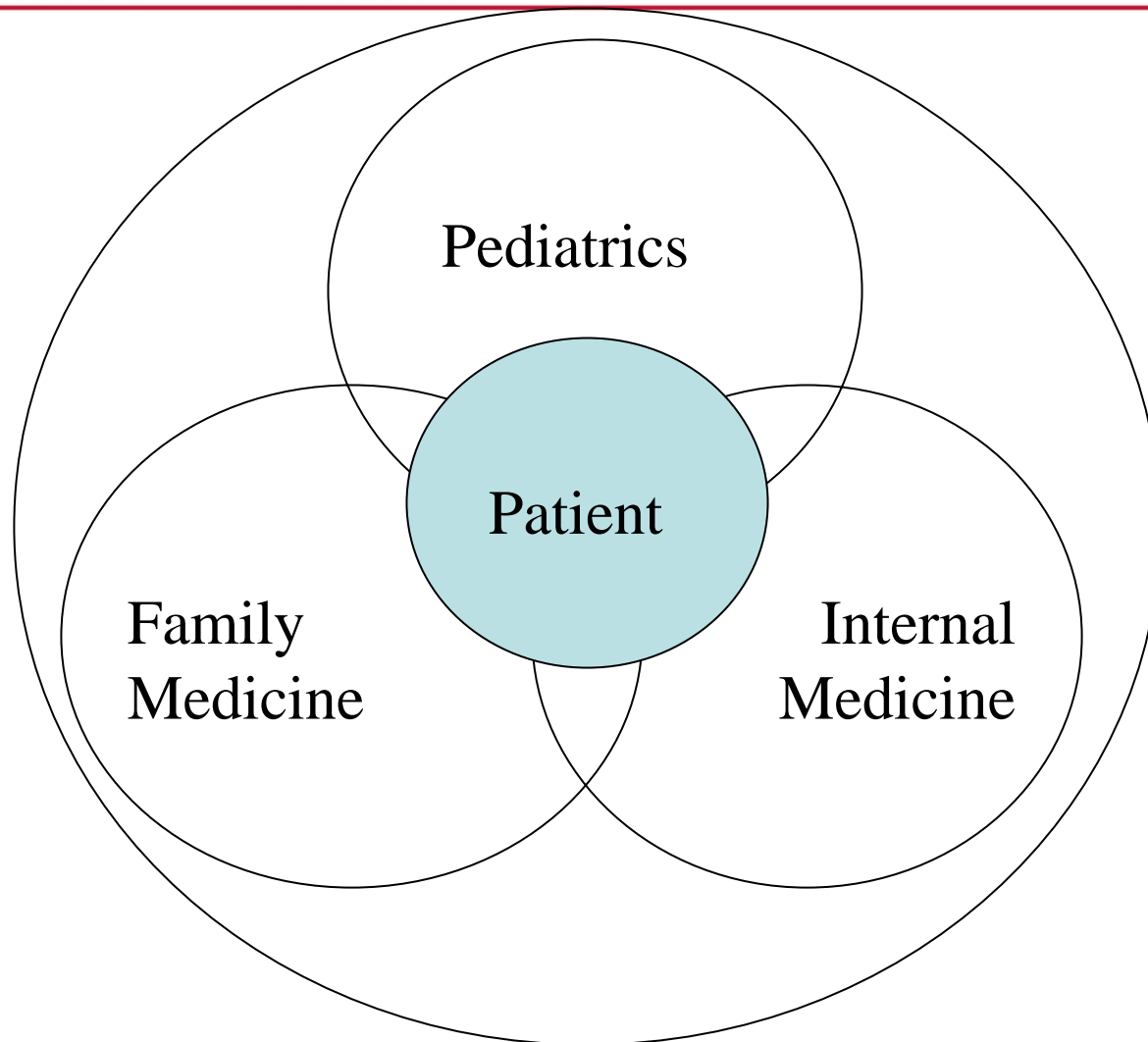
- Accessible
- Continuous
- Coordinated
- Comprehensive

### Chronic Care Model

- Patient Self Management Support
- Clinical Information Systems
- Delivery System Redesign
- Decision Support
- Health care Organization
- Community Resources

## Chronic Care Model

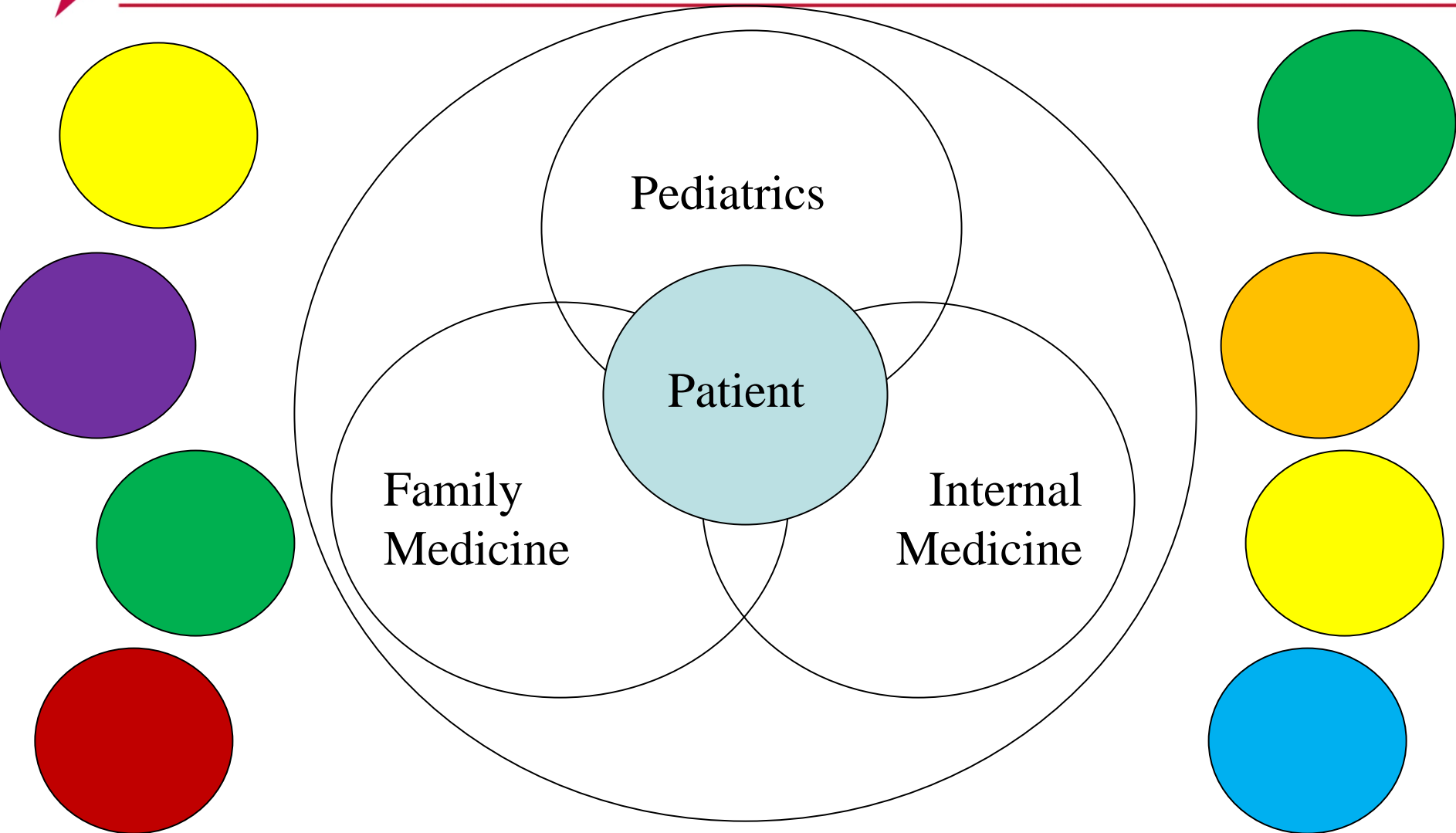




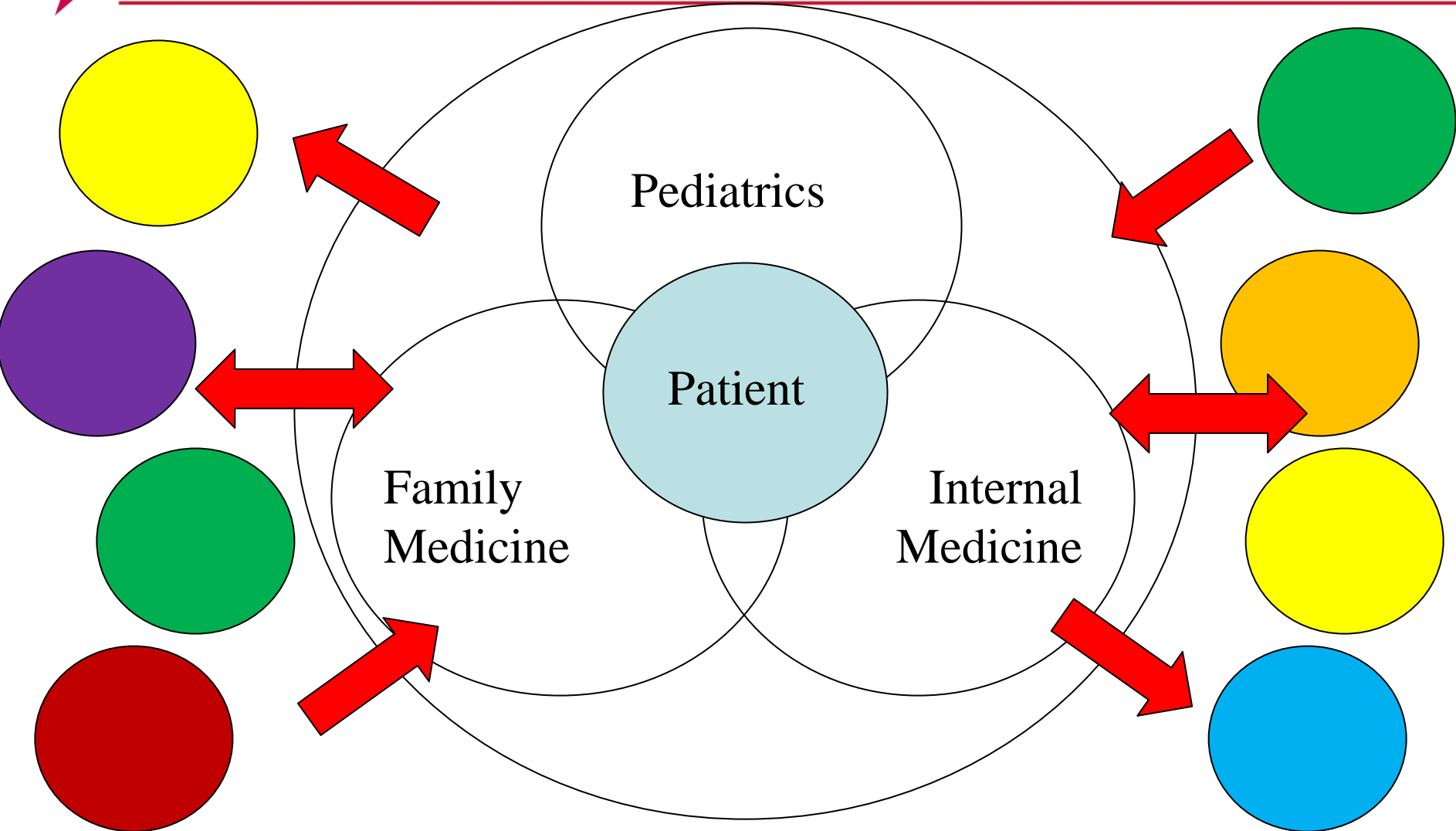
The Joint Principles define seven key characteristics of the PCMH:

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Coordinated or integrated care across the system
- Quality and Safety
- Access
- Payment

# What is Medical Home?



# What is Medical Home?



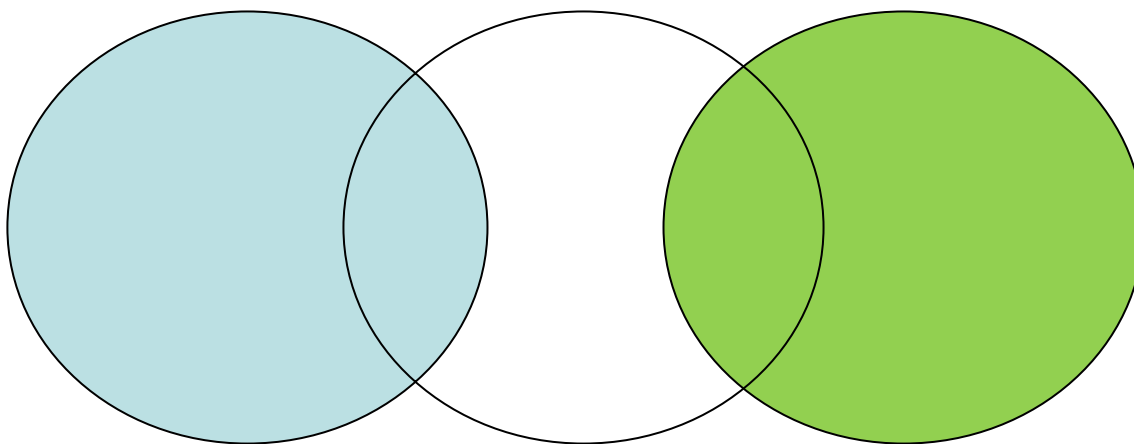
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# *Organizing the Discussion*

Movement

Deployment

Incentive



Medical  
“Homeness”

Community  
Application

Reimbursement  
Reform

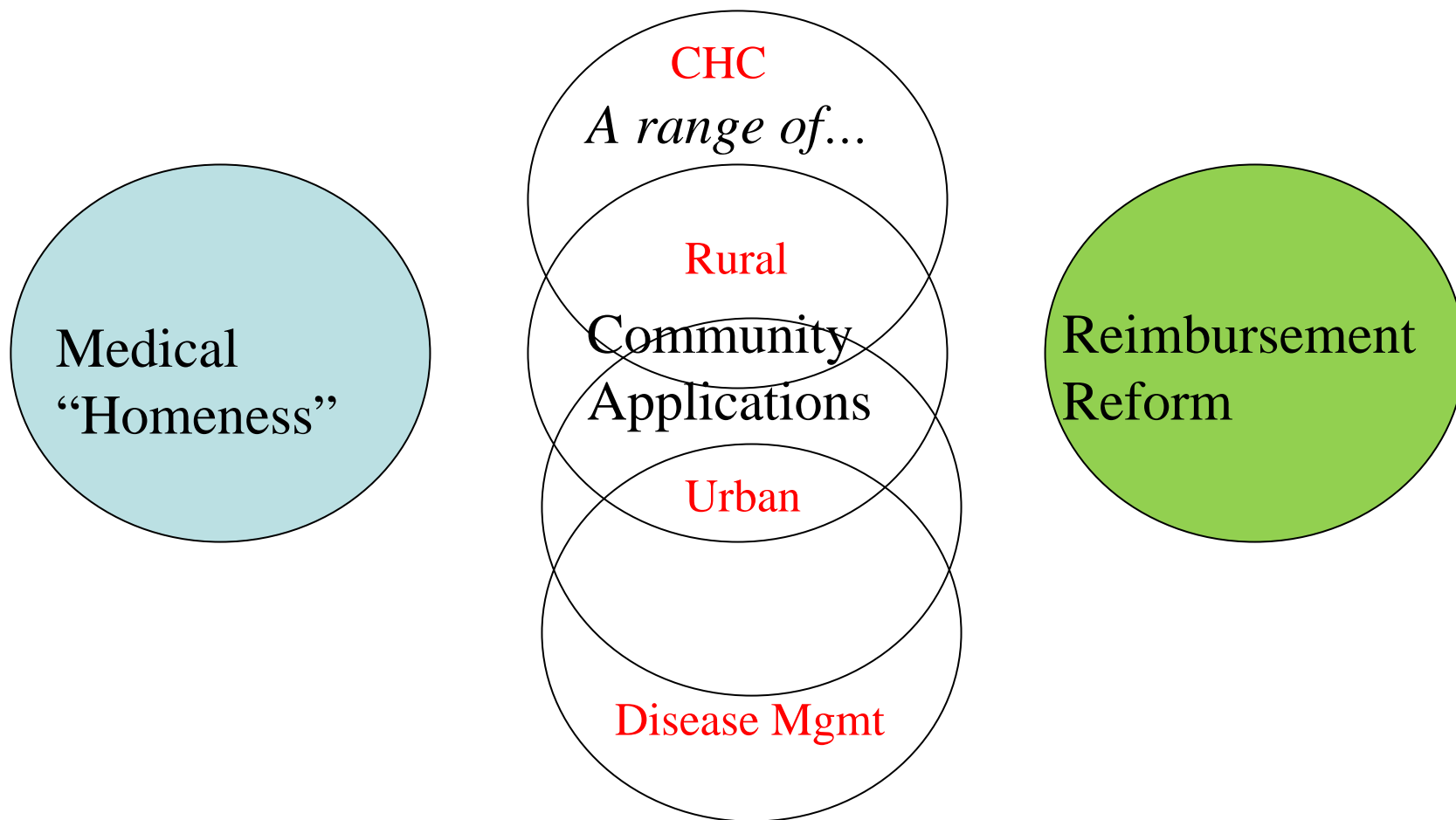
# *Organizing the Discussion*

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“Homeness”

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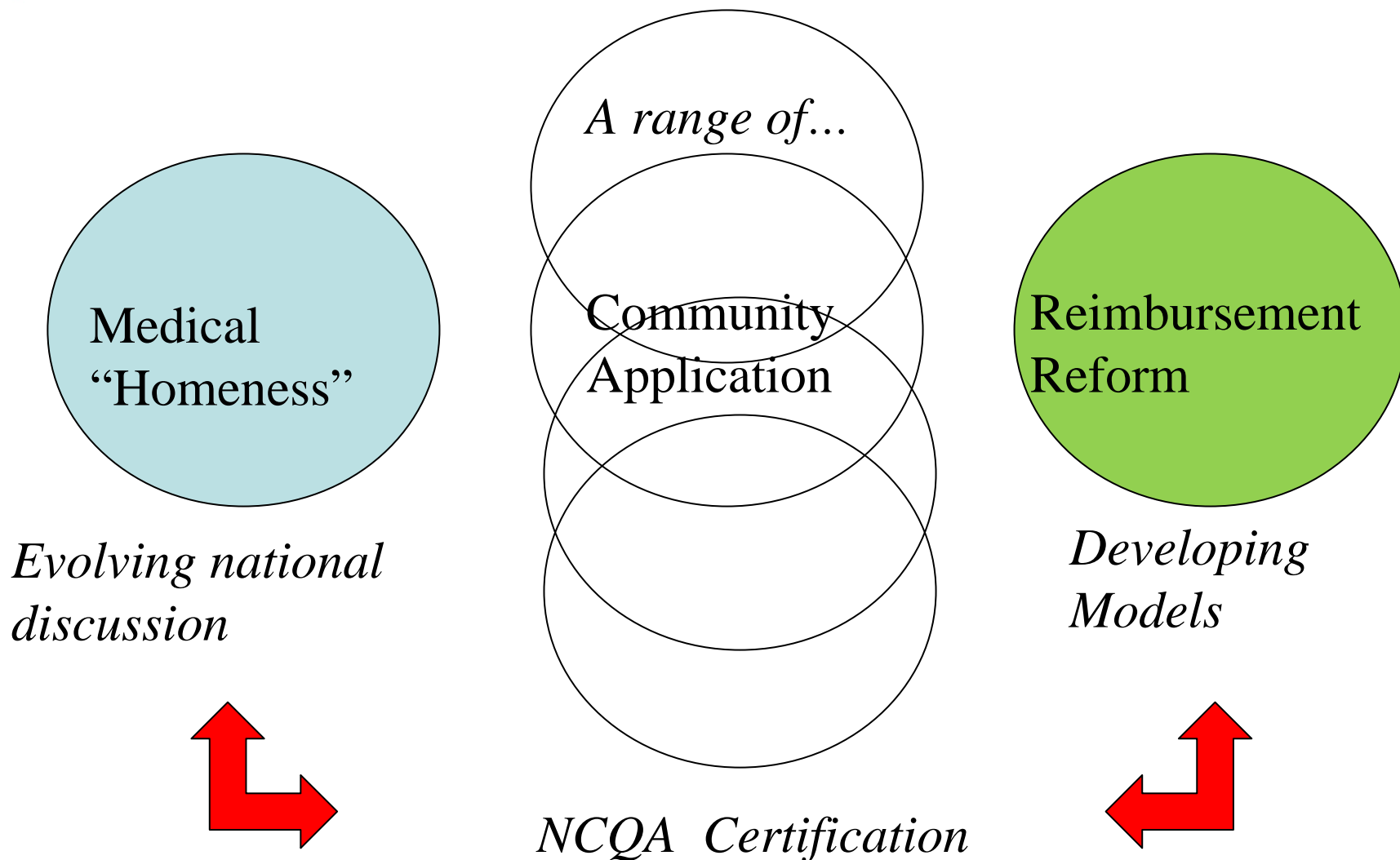
# Organizing the Discussion



Medical Home...how do you know one when you see one?

- National Committee on Quality Assurance (NCQA)
- Nationally recognized 'measuring stick'
- Established criteria and assessment process to determine if physician practices are functioning as medical homes
- Criteria for reimbursement

# Organizing the Discussion



## Thoughts on NCQA Recognition

- Based on the “value discussion”...coordinated care
- Medical home is a morphing discussion (accountable healthcare organizations)
- Focus of national reimbursement reform to address
  - Fragmentation
  - Primary care/specialty care mix
  - Proactive vs. reactive care
- Provides a common framework to start from

## Nine PPC-PCMH Standards:

1. Access and Communication
2. Patient Tracking and Registry Functions
3. Care Management
4. Patient Self-Management Support
5. Electronic Prescribing
6. Test Tracking
7. Referral Tracking
8. Performance Reporting and Improvement
9. Advanced Electronic Communications

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## *Medical Home Learning Community Objectives*

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1. Initial practice assessment - *TransformMed*
2. Deploy the PCMH culture and techniques
3. Build a project plan and actively participate
4. Progress toward NCQA certification
5. Collect and submit data on an identified population of the practice using selected measure set

- Pre-phase- Now: Transformed Survey
- LS 1- 4/1/09:
- LS 2- 6/17/09
- LS 3- 9/9/09
- Next Steps...in development
  - *Content ties to annual conferences*
  - *Full year - ongoing cycles*

- Free
- Collaborative
- Proactive and focused on deployment in existing practices...*how do we do this?*
- Commitments from all provider MHWG members to send several teams (18-20 now)

# Organizing the Discussion

