Status of PCMH in the Military Health System

For USAFP

March 2014
Overview

- Tri-Service Standardization
- Performance
- Way Ahead
Tri-Service Standardization

- National Center for Quality Assurance (NCQA) for formal PCMH recognition
- Tri-Service PMCH Staffing Model
- Tri-Service PCMH Criteria
- Performance Measures
- Standardized appointment templates
- Standardized Facilities Plans to support PCMH Model
- Standardized action lists to Services on utilization outliers
- Tri-Service Workflow Suite of Forms
- Capacity/empanelment modeling
- Return on Investment Calculations
- High Level Functional Requirements
- GAO confirmed PCMH is standardizing business and clinical processes and is the only MHS Initiative to achieve all required milestones two years in a row
PCMH Enrollment and NCQA Recognition

- 3.1 Million MTF enrollees are in PCMHs; 87% of MTF enrollees vs. 50% goal
  - Remaining: AF Internal Medicine, Flight Medicine, SCMH and MCMH*
- MHS PCMHs scored highest nationally in 2011 and 2012
  - 224 practices recognized (90% Level 3); 74 awaiting scores = 296/440 total

Source: NCQA

* Marine Centered Medical Home (MCMH)/Soldier Centered Medical Home (SCMH)
Performance Summary

- Private Sector ED utilization rate **down 22%** since Dec 12
- ED/UC leakage (new MHS core measure) **down 17%** since Dec 12 and exceeding MHS goal
  - Captured $123M more in primary care workload in 2013 vs. 2011
- PCM Continuity up **48%** since Jan 10 – at highest point in MHS history
- Same day acute appointment availability up **43%** in 2 years
- Continuing to **exceed** TRICARE acute care access standard
- Specialty referrals from primary care down **16%** since FY12Q2
- Almost **800K** patients enrolled in Relay Health secure messaging
- Operational Medical Homes improving medical readiness
Overall MHS PCM Continuity
May 10 – Jan 14

PCM Continuity up 48% since Jul 10
and at MHS’ highest level attained

Percent PCM Continuity

Direct Care Overall (A/N/AF)  Goal
Improved Primary Care Access

- 14% more appointments available
- 43% more acute appointments
- Exceeding TRICARE access standard for "days to" acute appointments
- Same day appointments up to 42% of planned appointments in Jan 14
Secure Messaging (Relay Health)

- 835K MTF enrollees; 1 Million projected Summer 2014
  - Over 26K team members
- 97% patient satisfaction; 86% agreed SM helped avoid a trip to MTF/UC/ED
- 400K messages per month
- Use: Patient Information Portal, Care Coordination Across Time/Treatment Settings and CLRs (see back-up slides for pilots/initiatives)

![Total Registered Patients Graph]

Source: DHSS Program Office
MTF Enrollee ED Utilization
Visits/1,000 enrollees Dec 12 – Sep 13

- Reducing ED Utilization
- Secure Messaging
- More Same-Day Appointments
- Matching Supply to Demand
- PCMH follow-up
- NAL
- High ED Utilizers Action Lists
- Female, aged 25-39, ADFM, low acute DX, high PSC use

Source: M2/Kennell
High ED Utilizers – All MTFs
At MTFs for Action

High ED Utilizers more likely to be age 19-39

High ED Utilizers are more likely to be ADFMs

The higher the avg number of annual ED visits,
The greater the likelihood these visits are in the network

High ED Utilizers more likely to be female

High ED Utilizers more likely to be Overall

10
ED/UC Leakage from PCMH  
(New MHS core measure)

**PCMH Implemented 2011**  
Primary Care Leakage down 17% since 2011  
$123M in additional primary care captured to MTF PCMH  
Exceeding MHS goal of <24%

**Down is Good**

<table>
<thead>
<tr>
<th>Year</th>
<th>PCMH Team RVUs</th>
<th>Conversion Factor</th>
<th>Value</th>
<th>Annual Recapture Savings Compared to 2011</th>
<th>% RVUs in PSC ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>23,234,738</td>
<td>$36.61</td>
<td>$850,623,744</td>
<td></td>
<td>5.1%</td>
</tr>
<tr>
<td>2012</td>
<td>25,265,119</td>
<td>$36.61</td>
<td>$924,956,019</td>
<td>$74,332,275</td>
<td>4.8%</td>
</tr>
<tr>
<td>2013</td>
<td>26,585,650</td>
<td>$36.61</td>
<td>$973,300,657</td>
<td>$122,676,913</td>
<td>4.3%</td>
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</tbody>
</table>

Leakage: Potentially Recapturable Primary Care Workload not seen in PCMH Clinics

Source: Kennell/M2

MTFs Capturing 89% of MTF Enrollees' primary care workload (7.1% to PSC UC/PC and 4.3% to PSC ED)
ED/UC Leakage from PCMH (New MHS core measure)

PC Leakage from PCMHs down 17% since Dec 12

% RVUs in PSC ED down 15% to <5% of total

PCMHs captured $123M more in MTF Enrollee PC Care

Leakage: Potentially Recapturable Primary Care Workload not seen in PCMH Clinics

Source: Kennell/M2
Specialty Referrals per 100 Enrollees FY12-13

Referrals written by Primary Care down 16% since high of FY12Q2.

Source: Kennell/M2
Highest Cost Enrollees

- 39K enrollees have average 12-month cost: 20x higher than avg PMPY ($82K/yr vs. $4K/yr)
- Gender: Males 55%; Female 45%
- Age: Average 36 years (Males 35 yrs; Females 38 yrs)
- AD: 38%, ADFM: 24%, Retirees: 15%; RET FM: 16%
- Top ICD-9 Groups
  - Mental Disorders
  - Diseases of the musculoskeletal system and connective tissue
  - Neoplasms
  - Diseases of the nervous system
  - Diseases of the circulatory system

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total Cost</th>
<th>Enrollees</th>
<th>Avg Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>$1,864,762,609</td>
<td>21,668</td>
<td>$86,061</td>
</tr>
<tr>
<td>Female</td>
<td>$1,326,243,659</td>
<td>17,424</td>
<td>$76,116</td>
</tr>
<tr>
<td>Total</td>
<td>$3,191,006,268</td>
<td>39,092</td>
<td>$81,628</td>
</tr>
</tbody>
</table>

Top 1.2% of MTF enrollees
Cost 6% of UMP

Source: Kennell/M2
## Top 10 Dx by BenCat

<table>
<thead>
<tr>
<th>Number</th>
<th>Overall top 1.2% (all BenCats)</th>
<th>Active Duty</th>
<th>AD Family Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Posttraumatic stress disorder</td>
<td>Posttraumatic stress disorder</td>
<td>Autism</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol Dependence</td>
<td>Other and unspecified alcohol dependence</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>3</td>
<td>Lumbago</td>
<td>Lumbago</td>
<td>Unspecified episodic mood disorder</td>
</tr>
<tr>
<td>4</td>
<td>Breast Cancer</td>
<td>Neurosis/Anxiety</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>5</td>
<td>Multiple Schlerosis</td>
<td>Depressive disorder</td>
<td>Lumbago</td>
</tr>
<tr>
<td>6</td>
<td>Autism</td>
<td>Adjustment Disorder</td>
<td>Abdominal pain, unspecified site</td>
</tr>
<tr>
<td>7</td>
<td>Depression</td>
<td>Recurrent Depressive Episode</td>
<td>Depressive disorder</td>
</tr>
<tr>
<td>8</td>
<td>Neurosis/Anxiety</td>
<td>Sleep Apnea</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>9</td>
<td>Sleep Apnea</td>
<td>Major depressive affective disorder</td>
<td>Posttraumatic stress disorder</td>
</tr>
<tr>
<td>10</td>
<td>Mood Disorder</td>
<td>Adjustment disorder with depressed mood</td>
<td>Major depressive affective disorder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>Retirees</th>
<th>Retiree Family Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malignant neoplasm of prostate</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Sleep Apnea</td>
<td>Multiple Schlerosis</td>
</tr>
<tr>
<td>3</td>
<td>Lumbago</td>
<td>Lumbago</td>
</tr>
<tr>
<td>4</td>
<td>Posttraumatic stress disorder</td>
<td>Pain in joint, lower leg</td>
</tr>
<tr>
<td>5</td>
<td>Multiple Schlerosis</td>
<td>Malignant neoplasm of bronchus and lung</td>
</tr>
<tr>
<td>6</td>
<td>Malignant neoplasm of bronchus and lung</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>7</td>
<td>Atrial fibrillation</td>
<td>End stage renal disease</td>
</tr>
<tr>
<td>8</td>
<td>Pain in joint, lower leg</td>
<td>Sleep Apnea</td>
</tr>
<tr>
<td>9</td>
<td>End stage renal disease</td>
<td>Pain in joint, shoulder region</td>
</tr>
<tr>
<td>10</td>
<td>Multiple myeloma</td>
<td>Diabetes Type II w/o cmp nt st uncntr</td>
</tr>
</tbody>
</table>
Enrollment Based Primary Care Sub-capitation

- Enrollee Care – per capital acuity based
- Enrollee leakage
+ FFS (must sees, students, TFL, standard, etc.)
= Primary Care Reimbursement

\[
PMPM = (\text{IP/OP Util } \times \text{cost}) + \text{Pharmacy + claims}
\]

Equivalent Lives
Return on Investment
Where do We Stand

■ FY12-16 PCMH POM as investment in primary care
■ ROI: Return on POM funds based on
  ■ Additional Workload in PCMH (including virtual care)
  ■ Reduced Admissions, ED/UC and specialty referrals
■ FY12/13 ROI comparing POM to outpatient workload is 1.89
  ■ Positive ROI achieved approx. 2 years earlier than expected
Tri-Service Enrollment Methodology

- All primary care (AD, GS and Contractor)
  - Assumes: 21 encounters (17 F2F/4 virtual)/day, 214 duty days per year = 4,494 appointments per year with avg 4.1/yr utilization
- Current Target: 1,100 – 1,300 per Assigned drive total MTF capacity, not PCM requirements
  - Deductions for Inpatient duty and post duty rest 10, 5 or 2.5 FTEs based on MTF size
  - Operational Medicine at 500/FTE
  - Residents and interns are excluded
- Future Target: 1,300 -1,500 per Assigned
- Defines enrollment target for the MTF/eMSM
- Services determine MTF adjustments
  - Tri-Service PCMH Advisory Board finalizing FTE standardized recommendations
Growing Enrollment through Effective Demand Management

- If MTF capacity is greater than current enrollment, MTF is "Open"

<table>
<thead>
<tr>
<th>Current Case</th>
<th>Ex: 355 MDG (notional)</th>
<th>Number</th>
<th>Util Rate</th>
<th>Enrollment/FTE</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 PCMs</td>
<td>10</td>
<td>4.1</td>
<td>1,100</td>
<td>11,000</td>
<td></td>
</tr>
<tr>
<td>2 PCM Flt Surgeons</td>
<td>2</td>
<td>Set @ 500</td>
<td>500</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Inpt Deduction</td>
<td>-2.5</td>
<td>4.1</td>
<td>1,100</td>
<td>(2,750)</td>
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</tr>
</tbody>
</table>

MTF Enrollment Capacity

9,250

- Decrease average utilization/enrollee by 10% grows capacity 9%

<table>
<thead>
<tr>
<th>Reduce Utilization 10% to 3.7 visits/year</th>
<th>Ex: 355 MDG (notional)</th>
<th>Number</th>
<th>Util Rate</th>
<th>Enrollment/FTE</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 PCMs</td>
<td>10</td>
<td>3.7</td>
<td>1,215</td>
<td>12,146</td>
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<tr>
<td>2 PCM Flt Surgeons</td>
<td>2</td>
<td>Set @ 500</td>
<td>500</td>
<td>1,000</td>
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<td>3.7</td>
<td>1,215</td>
<td>(3,036)</td>
<td></td>
</tr>
</tbody>
</table>

MTF Enrollment Capacity Increased 10%

10,109

- Decrease average utilization/enrollee by 20% grows capacity 21%

<table>
<thead>
<tr>
<th>Reduce Utilization 20% to 3.3 visits/year</th>
<th>Ex: 355 MDG (notional)</th>
<th>Number</th>
<th>Util Rate</th>
<th>Enrollment/FTE</th>
<th>Capacity</th>
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<tr>
<td>8 PCMs</td>
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<td>13,750</td>
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<td>2 PCM Flt Surgeons</td>
<td>2</td>
<td>Set @ 500</td>
<td>500</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Inpt Deduction</td>
<td>-2.5</td>
<td>3.3</td>
<td>1,375</td>
<td>(3,438)</td>
<td></td>
</tr>
</tbody>
</table>

MTF Enrollment Capacity Increased 21%

11,313
 Soldier Centered Medical Homes (SCMHs)
- Fully deployable up to 92% (3% CY13 increase) vs. 85% overall
- IDES MEB phase 70 days (53 day reduction) vs. 88 days overall
- Policy pharmacy 2.6/100 enrolled vs. 5.5/100 in non-SCMHs
- BH admissions 21/1000 enrolled and below 30/1000 benchmark

 Marine Centered Medical Homes (MCMHs)
- Six MCMHs implemented; 14-16 more planned
- 40-70% drop in limited duty; majority returned to full duty
- FMR up 18%; indeterminate down 6%
- ER costs down 20%

 Air Force Human Performance (HP) in PCMHs
- Meet the operational and HP needs of all enrollees
  - Beyond health to peak capabilities
Behavioral Health (BH) in PCMH

- DODI 6490.15, standard training program, standardized screening, assessment and intervention, staffing ratios, service delivery mode
- Improve psychological health screening, engagement, evidence-based care of BH conditions and improved management of chronic conditions
- 70% staffed in PCMH; full by end FY14
- Partnering with PCMH teams for intervention in depression, anxiety, tobacco use, insomnia, diabetes, obesity, PTSD, and alcohol misuse
- Addressing FY12 and FY13 high ed utilizers (10+ annual visits) with best practice plans
- Operation Flood Gates
Way Ahead

- Tri-Service MTF Capacity Adjustments
- Tri-Service PCMH eMSM Working Group
- Chronic/Complex/High Utilizer Patient Engagement
- Promote Enhanced Access & Proactive Patient Care
- Leverage existing partnership with USUHS health svc research
- Implement Medical Neighborhood
- Implement NAL – Soft launch 28 Mar/Full 24 Apr 14
- Optimize Secure Messaging/Relay Health
Back Up Slides
Matching Supply and Demand
When Are People Seeking ED Care?

- New Tri-Service PCMH Adv Brd Tool allows MTFs to match available acute appointments to patient historical demand
  - By DMIS, Day of Week, Time of Day and Dx

![Visits to ED (DC, Only) by Time of Day Chart]
Secure Messaging/Relay Health Pilots and Initiatives

■ CCD Exchanges with Air Force (Cohort to PHR)
  □ 258, 269 patients@ 68 AF MTFs are enabled to view, download and transmit their personal health information; 2.18 million transactions

■ Health Info Exchange (HIE) between MTFs and Private Sector Using Relay Health Secure Messaging:
  □ Clear and Legible Report (CLR) exchange between Robins AFB and Houston Medical Center (>1K bi-directional msgs/mo with 2K attachments)
  □ Planning community wide care coordination messaging and CLR exchange between Martin ACH/ St Francis and Columbus Regional Health Systems
  □ NH 29 Palms implementing care coordination messaging and CLR with Eisenhower Medical Center
  □ SAMMC CAMO fielding SM appointment requests for AF (Randolph/Lackland) and Army (BAMC) and specialty consults
  □ Army Pain Mgt Deploying SM to all Integrated Pain Management Clinics (IPMC) for colleague to colleague care coordination between PCMH and IPMC
MTF Enrollee UC Utilization FY12-FY13

PSC UCC Utilization up since Mar 13
NAL Goal to Reduce ED and UC Utilization

<table>
<thead>
<tr>
<th></th>
<th>Total/1,000</th>
<th>DC/1,000</th>
<th>PSC/1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-12</td>
<td>11.5</td>
<td>2.8</td>
<td>8.7</td>
</tr>
<tr>
<td>Mar-13</td>
<td>9.2</td>
<td>2.7</td>
<td>6.4</td>
</tr>
<tr>
<td>Sep-13</td>
<td>9.7</td>
<td>2.6</td>
<td>7.1</td>
</tr>
<tr>
<td>Change Since Dec</td>
<td>-15.7%</td>
<td>-7.1%</td>
<td>-18.4%</td>
</tr>
<tr>
<td>Change Since Mar</td>
<td>5.4%</td>
<td>-3.7%</td>
<td>10.9%</td>
</tr>
</tbody>
</table>
MTF Enrollee’s PHQ9 Scores
Before/After Treatment by PCMH/IBHC

Mean Baseline: 15.0
Mean Post-Treatment: 10.7
Two-tailed T Test P-value <0.0001* @ 95% CI

n = 68 MTF enrollees seen for an average treatment time of 4 weeks
* Highly significant