

2011 Military Health System Conference

Army PCMH Initiative

Current Status

The Quadruple Aim: Working Together, Achieving Success

Mr. Ken Canestrini, MHA, FACHE

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Department of the Army Medical Department

Report Documentation Page

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ARMY FAMILY COVENANT: Keeping the Promise



We are committed to improving Family readiness by:

- Standardizing and funding existing Family programs and services
- **Increasing accessibility and quality of healthcare**
- Improving Soldier and Family housing
- Ensuring excellence in schools, youth services, and child care
- Expanding education and employment opportunities for Family members

Elements for Improving Access to Care



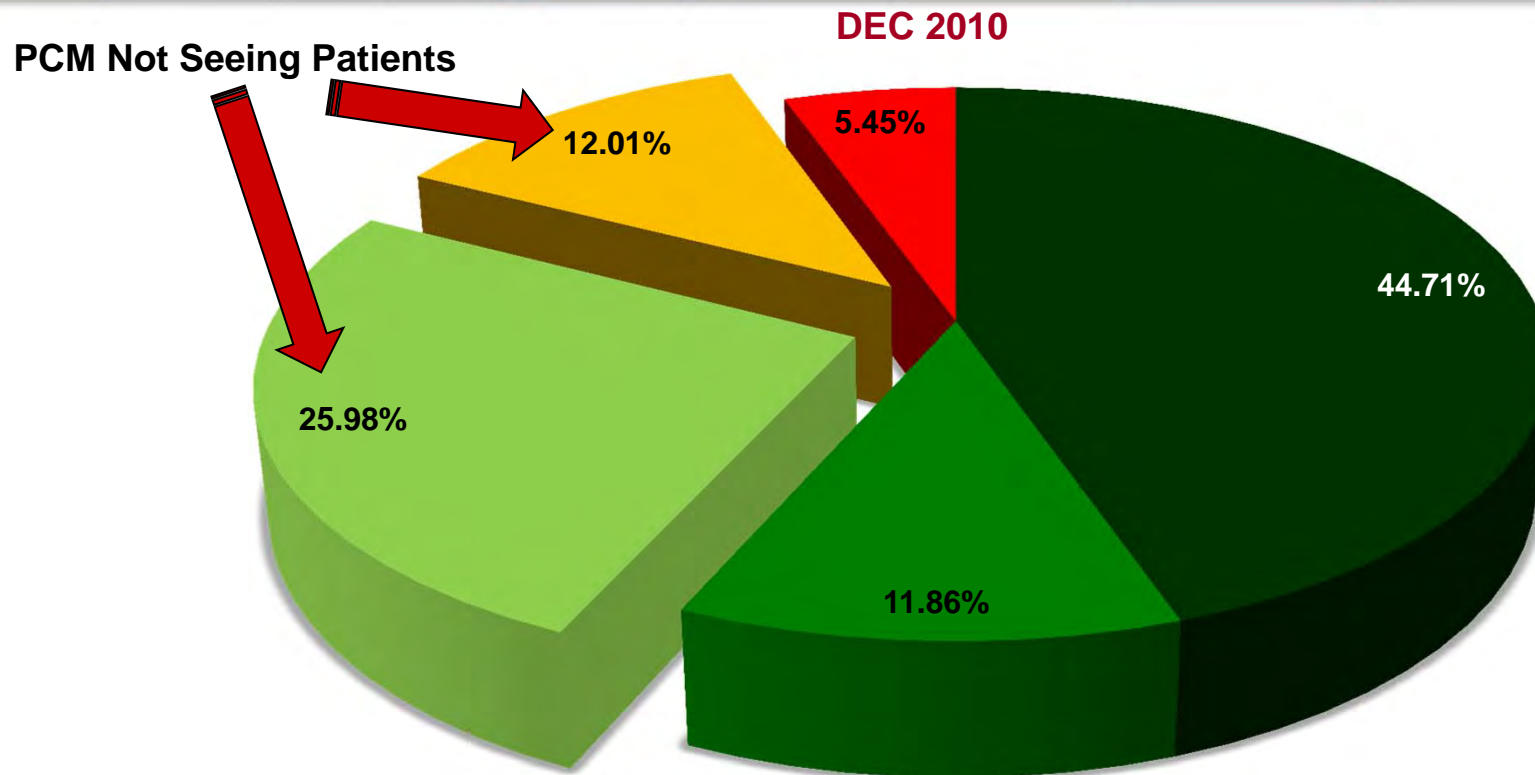
- MTF capacity aligned with number of beneficiaries
- Provider availability
- Beneficiary understanding of how to obtain access
- Reduce friction at key points of access:
 - Phone Service
 - Online Appointment
 - Follow-up Appointment
- Clinic schedule management
- Accounting for all patients requesting access to primary care
- Civilian network
- Leveraging technology
- Command oversight

Compliance with Key ATC Indicators



DEC 2010	Enrollment vs. Capacity		Care Continuity		Appointment Availability		Patient Satisfaction			
	TRICARE Operation Center (TOC) 04 OCT 10	Enrollment Cap Model (ECM) 1012	PCM	PCM & Team	3 rd Avail Routine Primary Care	TOL Booking	APLSS #9 Phone Service	APLSS #11 Time Between Schedule & Appt	APLSS #13 Courteous & Helpful	APLSS #21 Overall Sat
GREEN	100 +/-5%	100 +/-5%	60%	85%	90%	5%	85.5%	85.5%	85.5%	90%
AMBER	100 +/-10%	100 +/-10%	40%	70%	80%	3%	82.5%	82.5%	82.5%	86%
ERMC	83.3 ▼	83.2 ▼	46.0 ▲	77.9 ▲	93.6 ▲	3.7 ▲	79.5 ▼	74.6 ▼	83.6 ▼	91.0 ▼
NRMC	95.8 ▲	89.8 ▼	47.5 ▲	87.0 ▼	75.4 ▲	2.6 ▲	82.3 ▲	78.0 ▲	85.5 ▲	90.9 ▲
PRMC	86.8 ▲	80.9 ▼	35.9 ▼	75.5 ▲	81.4 ▲	.6 ▲	83.6 ▲	80.2 ▲	87.0 ▲	90.9 ▲
SRMC	93.7 ▲	91.4 ▲	45.1 =	79.1 =	80.8 ▲	1.1 ▲	85.0 ▲	81.2 ▲	84.5 ▼	90.5 ▲
WRMC	97.5 ▲	96.6 ▲	42.9 ▲	85.0 ▲	81.8 ▲	1.6 ▲	80.5 ▲	76.0 ▲	84.1 ▲	91.1 ▲

Percentage of Visits for MTF Prime with their Assigned PCM



- Patients saw their assigned PCM
- Patients saw a Provider in the Team and their PCM was seeing patients
- Patients saw a Provider in the Team and their PCM was NOT seeing patients
- Patient did NOT see a Provider in the Team and their PCM was NOT seeing patients
- Patient did NOT see a Provider in the Team and their PCM was seeing patients

Steps to a PCMH

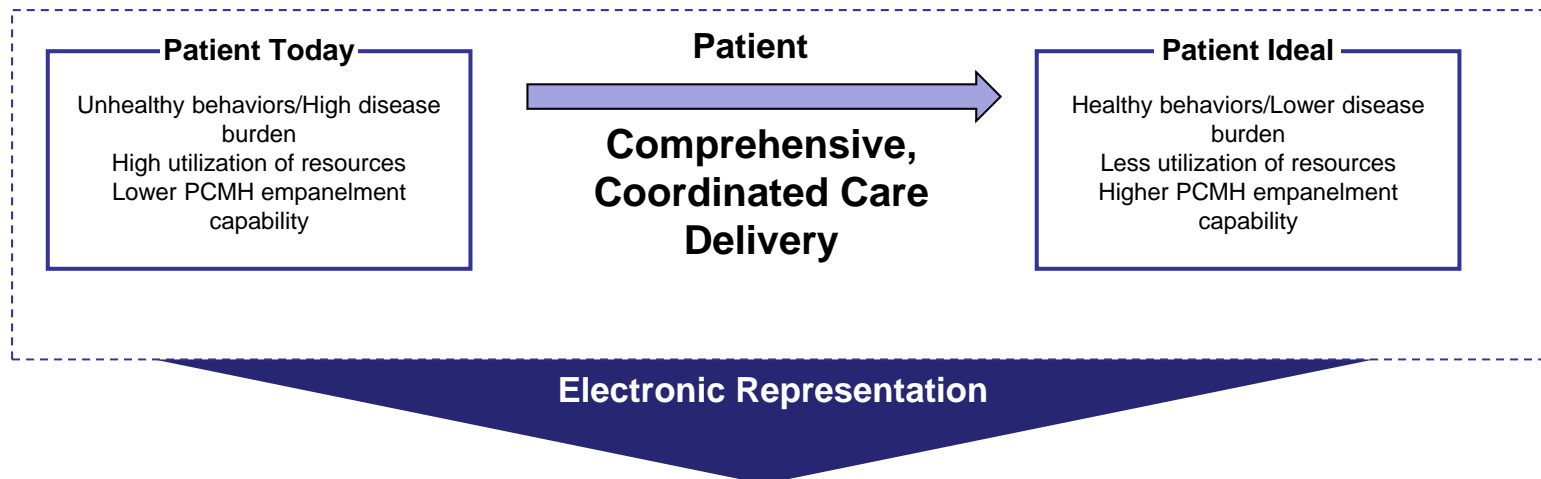


- Establishment of Army PCMH WG
 - PCMH IT/IM WG
 - Comprehensive Care Plan
- Army SG Strategic Offsite
 - PCMH top 5 initiative
- Issue PCMH Operations Order
- Increase spt staff from 2.8 to 3.1 in primary care where PCMH is established
- Fielding of Community Based Medical Homes

Comprehensive Care Plan (CCP) Overview



The Comprehensive Care Plan will be based on a database of organized and searchable information and will serve as the primary portal for each patient touch point.



Comprehensive Care Plan (CCP)

- **Individualized:** Contains only the information relevant to that patient
- **Automated:** Makes proactive requests for care activities
- **Integrated:** Organizes information logically from all data sources

Army Community Based Medical Homes



The Army is Investing in Healthcare Capacity

- Improve the **readiness** of our Army & our Army Family
- Improve **access to and continuity** of care
- Facilitate **Patient-Centered Medical Home**
- Reduce emergency room episodes
- Improve patient and provider **satisfaction**
- Implement Best Practices & standardize services
- Increase space available in MTFs for expanded active duty and specialty services
- Improve physical and psychological health promotion and prevention



17 Clinics in 11 Markets -- Beginning in Fall of 2010

- ▶ FT Bragg, NC – 3 clinics
- ▶ FT Campbell, KY – 2 clinics
- ▶ FT Hood, TX – 3 clinics
- ▶ FT Jackson, SC – 1 clinic

- ▶ FT L. Wood, MO – 1 clinic
- ▶ FT Lewis, WA – 2 clinics
- ▶ FT Sam Houston, TX – 1 clinic
- ▶ FT Shafter, HI – 1 clinic

- ▶ FT Sill, OK – 1 clinic
- ▶ FT Stewart, GA – 1 clinic
- ▶ Ft Benning – 1 clinic

Training & Implementation and Development



- Cultural Shift
- PCMH Team operates at "top of their license"
- Care Coordination
- CM/BH/Pharmacy integration
- Medical Management/Population Management
- Practice Management
- Patient and Community Education on PCMH
- HR implications of our PCMH Group Practice

PCMH in Army Inventory



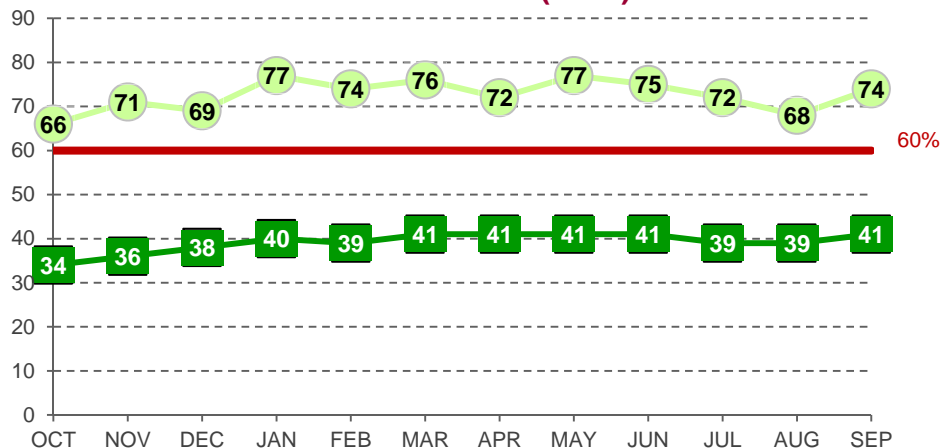
- 35 Parent Sites
- 114 Child Sites
- 11 MTFs with 66 PCMH Teams
- Level II NCQA Recognized PCMH: “0”



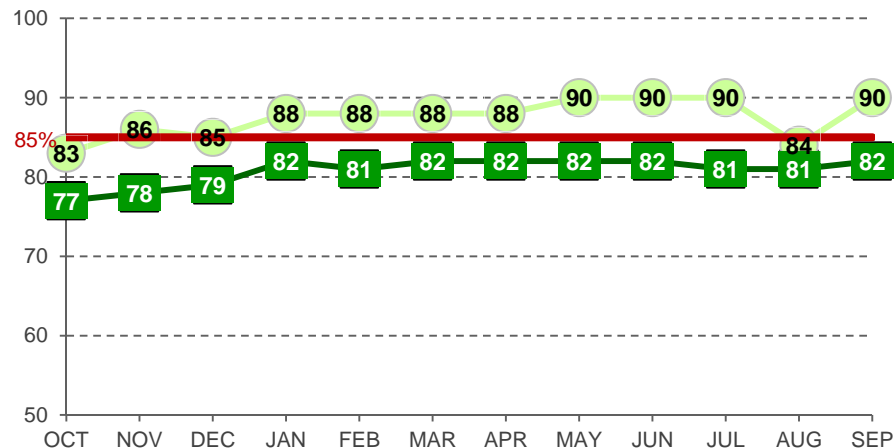
FY 2010 ATC Metrics: Dunham Clinic

■ DUNHAM CLINIC %
 ■ MEDCOM %
 — TARGET %

PRIMARY CARE MANAGER (PCM) CONTINUITY

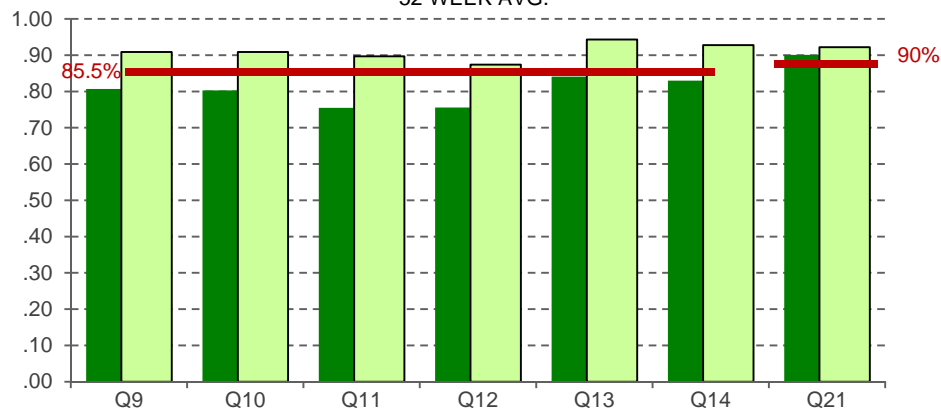


PRIMARY CARE MANAGER TEAM CONTINUITY



ARMY PROVIDER LEVEL SATISFACTION SURVEY (APLSS)

52 WEEK AVG.



Q9 – OVERALL PHONE SERVICE
 Q10 – CONSIDERATE SCHEDULE
 Q11 – TIME BETWEEN SCHEDULE & VISIT
 Q12 – WAIT TIME

Q13 – STAFF COURTESY / HELPFULNESS
 Q14 – COORDINATION OF VISIT
 Q21 – OVERALL VISIT SATISFACTION

HEDIS

