Improving Healthcare

While the concept of a medical home was first introduced in 1967, it has gained popularity in recent years with providers, patients and healthcare plans due to mounting evidence showing how medical home programs improve health outcomes and reduce costs while strengthening the relationship between patients and primary care providers. The concept seeks to build processes that encourage physicians’ practices to spend time on patient counseling and education, report and monitor clinical outcomes, and assist in the coordination of care with other healthcare providers.

In 2007, the “Joint Principles of the Patient-Centered Medical Home (PCMH)” were released by the largest primary care physician organizations in the United States, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association. Healthcare organizations followed with medical home accreditation, certification and recognition programs. One of these programs, the National Committee for Quality Assurance (NCQA) PCMH Recognition Program, was utilized within the Blue Cross and Blue Shield of Alabama Medical Home Pilot to designate physician practices that successfully met the basic principles of the medical home concept.

In 2009, Blue Cross and Blue Shield of Alabama, with input from employer groups and medical professional societies, launched a pilot program. Based on the collaboration with the local medical societies, 14 physician practices were chosen for the pilot. These practices represented a large mix of populations, both urban and rural, several specialties, as well as different patient populations and practice sizes who utilized multiple practice management tools and technologies.

Through the Medical Home Pilot, Blue Cross sought to see the medical home concept in action and determine if it would:

• Positively enhance the delivery and quality of patient care;
• Improve patient engagement in their own care;
• Result in overall improved patient outcomes; and
• Encourage reimbursement and benefit designs that support the practice of primary care.

The Medical Home Pilot consisted of three phases:

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<th>PHASE I</th>
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<td>Focus on Practice Transformation</td>
<td>Focus on Process of Care Performance</td>
<td>Focus on Outcomes Performance</td>
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A Medical Home Support Team collaborated with providers during the transformation process, providing forums, onsite visits, conference calls and message boards to allow providers to share challenges and successes. This team gave ongoing support and encouragement to providers pursuing NCQA PCMH recognition as part of their participation in the Medical Home Pilot. The team included clinicians, health management professionals, provider representatives and experts in health information technology.

“A lot of these patients I’ve been seeing for 10 or 20 years. When we asked them to do this extensive history, I’d discover something important I didn’t know about that patient … [and the patients] become more involved in their own care.”

Dr. Robert W. Israel, Mobile Diagnostic Center

“My greatest reward is having a more organized, standardized method of providing care to patients.”

Dr. Tamara McIntosh, Ohatchee Family Medical Clinic
The Results

Regardless of location, patient population or technical capability, all 14 practices rose to the challenge and successfully met stringent criteria to earn NCQA recognition as a patient centered medical home. Pilot participants showed overall improvement in patient satisfaction, clinical outcomes and utilization metrics.

According to recorded results, participating practices exceeded goals regarding care and treatment for diabetes, chronic obstructive pulmonary disease, congestive heart failure, hypertension, hyperlipidemia and asthma. In addition, Blue Cross estimates the Medical Home Pilot helped result in 560 fewer hospital days and 580 fewer emergency room visits for an estimated cost savings of $1.9 million!

“Our Medical Home Pilot program is a success story,” explains Blue Cross Medical Director Dr. Kathleen Bowen. “The pilot demonstrates that the concept is achievable throughout the state, and the data supports that care delivered in a PCMH improves patient satisfaction, health outcomes and access to care.”

As a next step, NCQA Medical Home recognition is now included as a criteria measure in the Blue Cross and Blue Shield of Alabama primary care value based payment program. All primary care physicians that meet basic requirements are eligible to participate and earn potential reward payments. Physicians are noted on our Doctor Finder tool using the NCQA medallion if they achieve recognition.

“I think we kept a lot of people out of the hospital. We got control of some of their health issues because we paid better attention.”

Dr. James Walker, Providence Hospital

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