The Patient Centered Medical Home: A Model for Improving Access and Engagement in Care for HIV and HCV Patients

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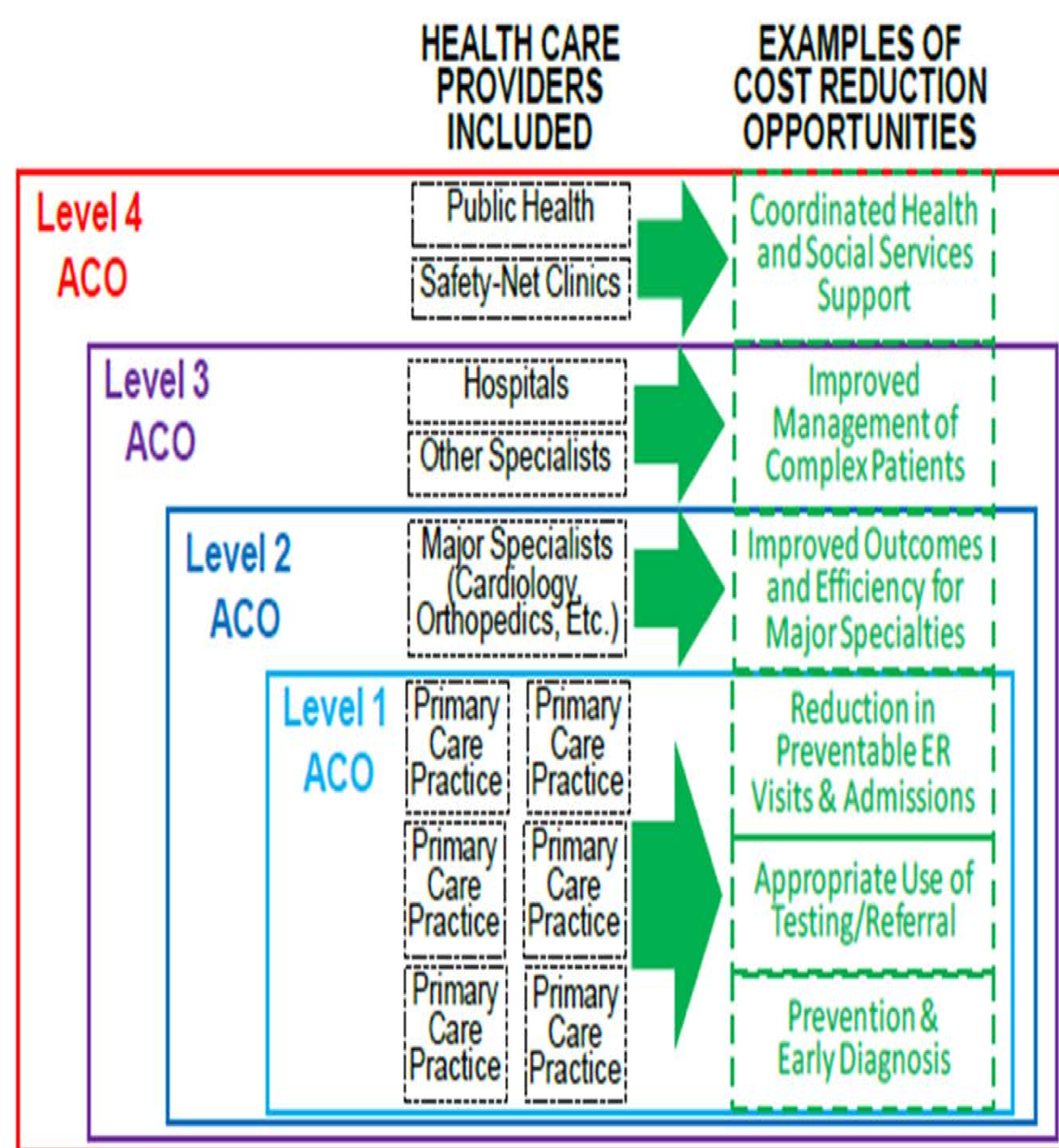
INTRODUCTION

- The Patient–Centered Medical Home (PCMH) is an innovative model of care characterized by comprehensive primary care, quality improvement, care management, and enhanced access in a patient centered environment.

PCMH'S ARE THE FOUNDATION



Miller, HD. How to Create Accountable Care Organizations. Center for Healthcare Quality and Payment Reform, September 2009. Available at http://www.chqpr.org/downloads/HowtoCreateAccountableCareOrganizations.pdf .

MODELS OF CARE

- General Primary Care Practice with on-site ID/HIV or HCV expertise
- General Primary Care Practice with referral to ID/HIV or HCV specialists
- HIV or HCV practice providing primary and HIV or HCV specialty care

HIV/HCV PCMHs

- NCQA PCMH recognition:
  - Primary care or specialty HIV/HCV clinics
  - Practice provides whole person care & meets other elements of PCMH Joint Principles for > 75% of its patients
- Medicaid Health Homes for HIV/HCV patients
- Dual eligible demonstration projects
- State and national PCMH demonstration projects
- Hepatitis C demonstration project – CHCs in NY

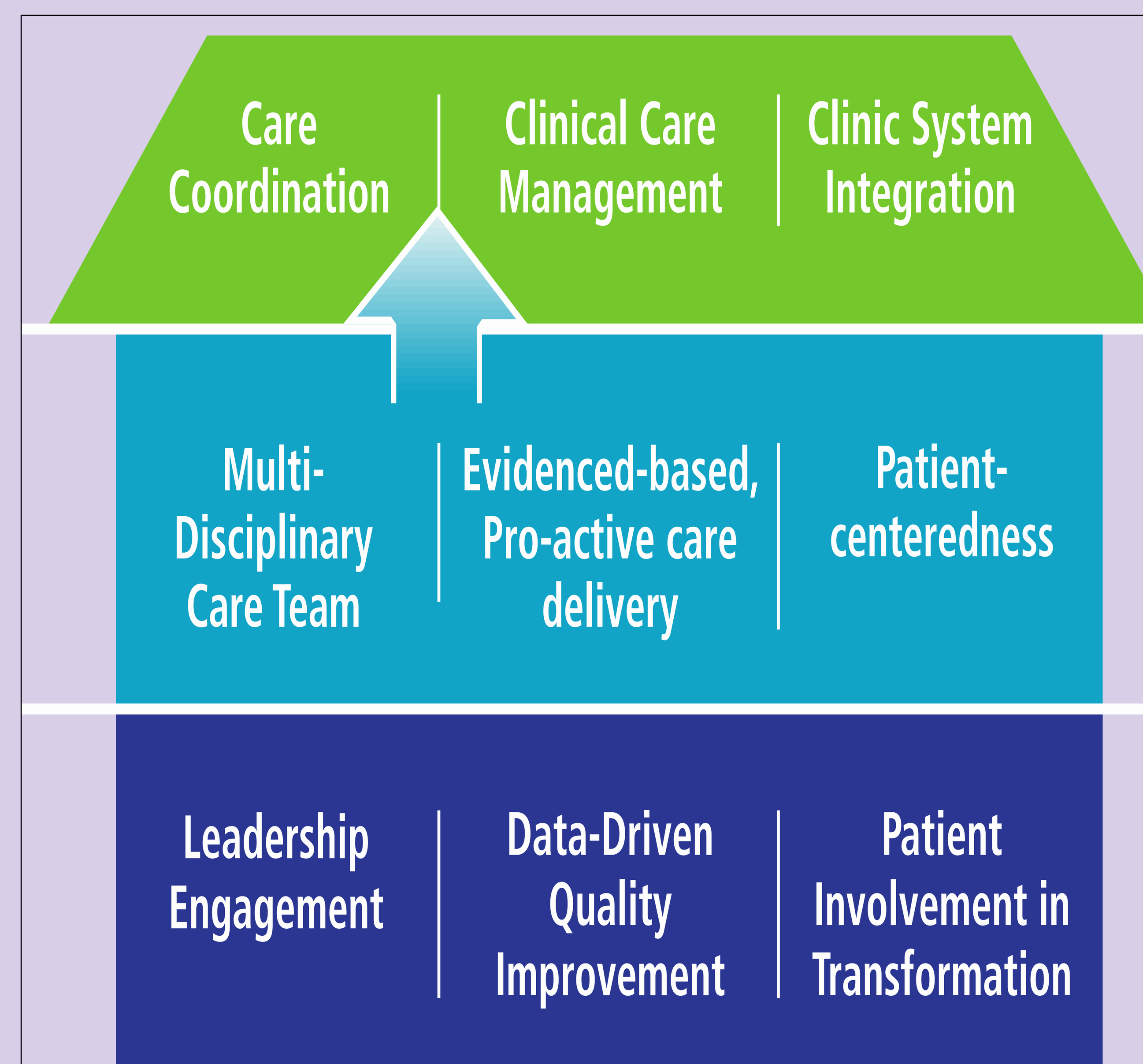
Innovative Approaches to Accessing Specialty Care

- Telemedicine:
  - Project ECHO-
    - ✓ Support HCV treatment throughout New Mexico through a TeleECHO Clinic.
    - ✓ Now in 9 states, 3 countries, VA, Department of Defense
  - Medicaid reimbursement for telemedicine – 45 states
- eConsults/eReferral

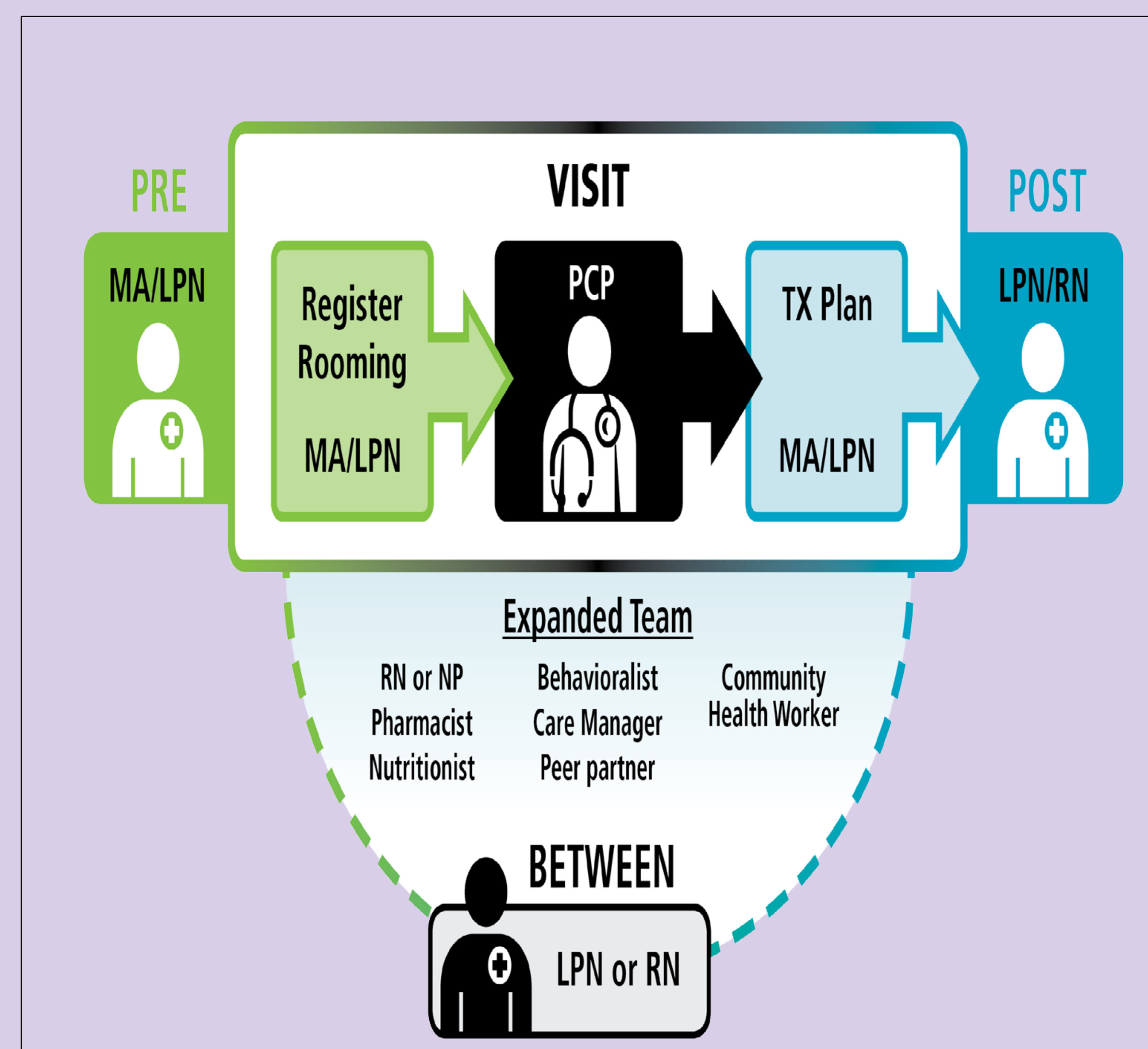
TIPS ON PCMH JOURNEY

- Know your state environment:
  - Medical Home demos, Medicaid Health Homes, payment reform initiatives, ACOs
  - Payers' alternative payment contracting
- Review each recognition and/or accreditation entity to see which fits best for your organization
- Assess the extent to which your practice functions as a PCMH and address areas for improvement
- Utilize resources and support available for practice transformation

SEQUENCING: BUILD THE HOME FROM THE FOUNDATION UP



PRO-ACTIVE MULTIDISCIPLINARY TEAM-BASED CARE



LESSONS LEARNED IN PCMH IMPLEMENTATION

SUMMARY

- The implementation of the PCMH model is a key part of national and state health care reform initiatives
- HIV clinics, with the support of RWCA funding, have developed a best practice in HIV care and chronic disease
- Explore opportunities for providing coordinated, integrated HIV/HCV care through national and state payment & care delivery reform
- Telemedicine and electronic communication can enhance access to specialty care for underserved populations
- HIV/HCV practices can receive PCMH recognition through NCQA
- The Value - improved patient care/outcomes, enhanced reimbursement & positioning your practice to succeed in healthcare reform