



Texas Medical Home Initiative Overview

For the Health of Texas

March 23, 2010



- Currently there are 27 PCMH demonstration projects nationwide
- Of those, 9 are single-payer
- 18 are multi-payer
- Major projects in Colorado, Maine, New Hampshire, Rhode Island, Ohio and New York State
- State ACP chapter is convening organization for only two multi-payer demos – Taconic Valley in New York and Texas



- First summit June 2008; convened by Tx ACP
- 30+ attendees – Tx ACP, Tx AAFP, ACP, AAP, TMA, TMLT, 5 major commercial insurers; IBM
- Summit result – agreement to proceed with exploring idea of PCMH demo in Texas
- Steering Committee, Work Groups formed
- Mission, vision statement approved
- Start-up funding from Tx ACP; TAFP; TMA; TMLT; Aetna; Blue Cross/Blue Shield; United Healthcare
- Development of project plans using best practices from other projects
- Creation of organizational infrastructure
- First stage: 4-6 adult primary care practice in N. Texas area



MISSION STATEMENT:

Our mission is to develop, implement, and evaluate the **Patient-Centered Medical Home (PCMH)** primary care delivery model in Texas.

Our goal is to **invigorate the practice of Primary Care** through development of a robust methodology in various group settings based on best practices to continually evaluate and refine the Medical Home and our patients' needs around key tenets including:

Focus on ***improved access*** to ***high quality in all care dimensions*** (acute, chronic, preventive)

Improving the ***patient-centered care experience***

Investment in a ***sustainable infrastructure***

Effective and efficient ***cost management***

Enhanced ***practitioner and patient satisfaction***

VISION STATEMENT:

The Vision of the Texas Medical Home Initiative is to lay a foundation which ensures **access to a Medical Home for all Texans by the year 2012.**



Harvey Balthaser, MD, Executive Committee Member

Dr. Balthaser is Medical Director for Central Texas – United Healthcare. He is a pediatrician by training and lives in Austin.

Joane Baumer, MD, President-Elect

Dr. Baumer is a family physician who is the Chair of the Department of Family Medicine at John Peter Smith Hospital in Ft. Worth.

Bill Burge, Secretary/Treasurer

Mr. Burge is an Associate Partner at IBM Consulting Services and Health Link Solutions. He lives in Houston.

Norman Chenven, MD

Dr. Chenven is a family physician who is founder and CEO of the Austin Regional Clinic in Austin.

Michelle Gile

Ms. Gile is Senior Director for US Payers and National Accounts for Pfizer.

Jean Gisler, FNP, Executive Committee Member

Ms. Gisler is a Family Nurse Practitioner in Victoria, Texas.



Jose Gonzalez, MD, JD

Dr. Gonzalez is Medical Director for Texas Medicaid. He is a pediatric endocrinologist by training and lives in Austin.

Carol Harvey

Ms. Harvey is a patient advocate who has long been active in the advocacy community. She currently works at Any Baby Can in Austin.

Janet Hurley, MD

Dr. Hurley is a family physician in Whitehouse, Texas. Her clinic was the only Texas site for the TransformMED National Demonstration Project.

Robert Jackson, MD, President

Dr. Jackson is an internist in Houston. He has served as President of the Texas Chapter of the American College of Physicians.

Neil Kirschner, PhD

Dr. Kirschner is Senior Associate for Regulatory and Insurer Affairs at the American College of Physicians in Washington, DC.

Kenneth Phenow, MD

Dr. Phenow is Medical Director for North Texas for CIGNA. He is a family physician and lives in Keller.

Carl Tapia, MD

Dr. Tapia is a pediatrician on the faculty of Baylor College of Medicine in Houston.



- Will use NCQA “plus”
- Two elements in addition to NCQA:
 1. “Medical neighborhood” – recognition that the medical home can’t succeed unless it has the support of specialists, hospitals
 - Will require practices to enter into practice agreements with three frequently referred to specialty offices
 - Goal is to improve communication, decrease duplication of services, improve safety
 - ACC, Endocrine Society, ASCO all working on national level to develop framework for agreements



2. Emphasis on transition of young adults with special healthcare needs from pediatrics to adult medicine
 - This population is roughly 12-15% of young adult population and require significant coordination of care to achieve best results
 - Need for better understanding of how transition can be improved to increase patient/family satisfaction while giving adult practices tools to help with transition
 - Funding from Title V for this aspect of pilot



Current status:

- Signed 3 year collaboration agreement with Pfizer in December 2009
- Provides project planning and technical assistance
- Funding tied to achieving project milestones
- Three practice applications complete; 2-4 others in discussion
- Business Case for pilot produced and approved by TMHI Board
- Payers now evaluating Business Case
- Metrics will include:
 - ED utilization; hospitalizations for ambulatory-sensitive conditions; readmissions; total medical cost; patient/practitioner experience
- Project details being finalized with Work Groups and Board



Challenges:

- Funding – for up-front costs including NCQA process; IT ramp-up; staffing changes; lost productivity during transformation; funding the convening organization (TMHI)
- Health plan collaboration – anti-trust issues make discussion of financing difficult
- Lack of protection from anti-trust issues – Rhode Island, Pennsylvania
- Practice skepticism
- Scalability
- Sustainability
- Others