

Memorandum

To: Greg Moody, Office of Health Transformation
Monica Juenger, Office of Health Transformation
McKinsey consulting team

From: John Arnold, Project Director, Value Advocacy Project
Marie Curry, Primary Care Medical Home Design Workgroup Chair
Ohio Consumers for Health Coverage Value Advocacy Project Leadership Team

Date: February 23, 2016

Re: Feedback on Strawman PCMH Model as of December 9, 2015

In the PCMH Strawman draft dated December 9, 2015 and circulated to the PCMH Patient Focus Group, the Office of Health Transformation posed broad questions and invited feedback. Please see our responses below to those questions. Thank you for the opportunity to provide input. As always, we would be glad to meet to clarify or discuss in greater detail.

Care Delivery Model (Pg. 13)

1. How can practices most effectively engage patients to ensure participation in community based prevention programs and social services?

- The practice needs to identify which patients could most benefit from which community based prevention programs and social services. They can do this through their patient registry or a thorough assessment of each individual patient that identifies unmet needs and barriers in their lives (e.g. walk ability), then determining what programs will help the individual patient. A physician or someone in the practice with a trusted relationship with the patient needs to discuss with the patient the benefits of the program and, through motivational interviewing address barriers and challenges. There's no substitute for a personal relationship to motivate a patient to take action. The practice may need to schedule first appointments with programs and social services and follow up with the patient to see how it's going. For some patients, a community health workers (or patient navigator) may need to work with the patient.
- OPCPCC toolkit-developed for practices to use
- PFAC
- Motivational interview training
- CHWs

2. What kind of performance data is the most useful for patients to have access to (e.g., wait times, clinical outcomes, patient satisfaction, etc.)? What is the best way to deliver this data to patients?

- **Safety Scores:** on practice website, posted in lobby, sent out to patients in a quarterly/semi-annual/annual report annual report
- **Clinical Outcomes:** on practice website, posted in lobby, sent out to patients in a quarterly/semi-annual/annual report
- **Patient Satisfaction:** on practice website, posted in lobby, sent out to patients in a quarterly/semi-annual/annual report annual report
- **Wait times:** Billboards (e.g., Akron General), text messages (e.g., Aultman Stat Care)

3. **How should a PCMH balance the need to maintain patient privacy with the desire to share patient data to improve transitions of care, collaboration with specialists, and collaboration with community health partners?**
 - Get patient consent
 - Make high level commitment to security
 - Build privacy firewalls
 - De-identify patient information (i.e., SSN, phone number, patient id, etc.) before publishing data
 - Use only aggregate data
 - Block access to person-specific data (e.g., genotypes); permit principal investigators to apply for access
 - Implement policies related to health information: HIIPA, Health Information Technology for Economic and Clinical Health Act (2009)
 - Include strong security protocols, antivirus programming, password protections, data encryption, intrusion detection software, audit trails
4. **What are the most effective ways for practices to gather and act on patients' feedback to improve patient experience?**
 - Create PFACs to provide suggestions for improvement in provisions of care.
 - Conduct patient surveys (e.g., CAHPS)
 - Develop Medical Care Panels-group of care providers that meet periodically to respond to patient feedback and discuss ways to improve patient experience and outcomes in the PCMH
 - Include and train consumers on providers' quality team

Role of Payers (Pg. 15)

1. **What can payers/the system do to increase patient engagement with the PCMH?**
 - Incentivize patient-controlled improvements in health and lifestyle choices (i.e., weight loss, smoking, etc).
 - Incentivize value-conscious behavior
 - Implement Value-based insurance design to decrease financial barriers
 - Use Medicare model of rewarding/penalizing providers on patient experience measure
 - Give patient an incentive to find a primary care doctor, a PCMH, or a preferred provider. Payer could also use this approach to steer enrollees to practices with better performance data.
 - Create a patient centered advisory council that includes patients to learn how to engage with patients effectively
2. **What mechanisms can payers use to incorporate feedback on patient experience to improve the PCMH?**
 - Create and staff a Provider Advisory Council
3. **How can payers/the system create positive incentives for patients to utilize PCMH providers?**
 - Provide sufficient, easily accessible transportation services

- Provide a one-time \$15 patient financial incentive along with educational materials sent to patients
- Implement Voucher program
- Implement Reward program

4. What can payers/the system do to increase performance transparency for patients?

- Share performance data with members through: website, in office communication (e.g., posters, brochures), sending report to patients
- Example: Better Health Partnership-Cleveland. Voluntarily provides de-identified patient-level data on Better Health Standards, which are nationally accepted and vetted locally by the Clinical Advisory Committee of Better Health.
- Example: The Health Collaborative-Cincinnati. Collects and analyzes patient records for diabetes control, cardiovascular health, and colon cancer screenings and puts findings in a public report. Nearly 500 area physicians voluntarily provide their patient data to The Health Collaborative for analysis.

Strategies for Patient Engagement in 2016 (Pg. 30)

1. What are the best channels to reach patients to provide resources and education on the PCMH model?

- Use templates and examples available online for practices to use to create a patient guide to the practice
- Use brochures to explain the medical home concept to patients and consumers
- Host focus groups
- Develop strong PFACS

2. What are your ideas on how to get patients excited about the new model?

- Offer more options re: appointment times, 24/7 care access
- Offer electronic scheduling
- The practice has a website/patient portal, offers text messages for appointment reminders, electronic communication options with provider
- Commit to providing Culturally and Linguistically Appropriate Services
- Enhanced personal one-on-one time with primary care doctor, advanced practice nurse, community health worker, or other identified health professional on staff with whom the patient will have a primary relationship.