Case Study
Patient-Centered Medical Homes: Improving Quality in a Fragmented System

ACHI is a nonpartisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans.

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The Arkansas Health System Improvement Initiative is designed to create a sustainable patient-centered health system that embraces the triple aim of (1) improving the health of the population; (2) enhancing the patient experience of care, including quality, access, and reliability; and (3) reducing, or at least controlling, the cost of health care. While the initiative has broader goals of expanding coverage, enhancing health information technology, and developing a quality health care workforce, a major focus has been payment innovation and restructuring the system to incentivize quality outcomes. Patient-centered medical homes (PCMH) are a primary strategy of this innovation. Design and implementation of the state's PCMH efforts has been led by Arkansas Medicaid with support from Arkansas Blue Cross and Blue Shield, Qualchoice of Arkansas, Humana, Centene/Ambetter, Medicare, Walmart, the State Employees Plan, and others. This study is part of a series of case studies spotlighting practice transformation to the PCMH model, emphasizing how individual practices have approached innovation and implementation. For more information on the Arkansas Health System Improvement Initiative, and access to additional case studies, visit www.achi.net or www.paymentinitiative.org.

"Our numbers have gotten better every year since we started the program, but there is always room to improve." --Dr. Stacy Zimmerman of Ozark Internal Medicine and Pediatrics

An early adopter of the patient-centered medical home (PCMH) model in Arkansas, Ozark Internal Medicine and Pediatrics (OIMP), is located in Clinton, AR, in Van Buren County, and serves a panel of approximately 5,700 active patients. Led by Dr. Stacy Zimmerman, OIMP employs a staff of nine, with one advanced practice nurse (APN), two licensed practical nurses (LPNs), two administrative personnel, two X-ray technicians, and one full-time information technology (IT) specialist. OIMP began the PCMH transformation process in 2010—first as one of five practices in the PCMH Pilot Project sponsored by Arkansas Blue Cross and Blue Shield, then by being one of 69 Arkansas practices originally selected to participate in the Centers for Medicare and Medicaid Services Innovation Center's Comprehensive Primary Care (CPC) initiative, followed by their enrollment in the Arkansas PCMH program.

Improvements Reported By Dr. Zimmerman Since OIMP Became a PCMH

- **44% Reduction in Hospital Admissions**
- **25% Reduction in ER Costs**
- **29% Decrease in Total Costs of Care**
- **9% Increase in Prescribing of Generic Drugs**

Implementing a team-based approach to patient care is a primary goal of the PCMH model. By involving the entire staff in care coordination activities, OIMP has been able to provide more efficient, higher quality care. According to Zimmerman, "Everybody contributes to care coordination, from the time the front office checks in the patient…. We do a lot of team huddles before we see patients and throughout the day so the nurses anticipate any lab tests, shots, or other things that need to be done – This helps us save time."

Patient-Centered Medical Homes

Through improved care coordination and communication, the goal of the Arkansas patient-centered medical home (PCMH) program is to help patients stay healthy, increase the quality of care received, and reduce costs. A PCMH accomplishes this by identifying and treating at-risk persons before they become sick. Success of the Arkansas PCMH program relies on statewide multi-payer participation, ongoing innovation, and achievement of a specific set of improvement milestones, such as 24/7 patient access to care via phone or e-mail, use of electronic health records, and development of customized care plans for each patient.

VAN BUREN COUNTY PROFILE

Overall County Health Ranking: 25 (of 75)
Uninsured: 22% (AR: 20%)
Primary Care Physicians: 8,542:1 (AR: 1,586:1)
Diabetic Screening: 84% (AR: 82%)
Mammography Screening: 55% (AR: 58%)
Social & Economic Factor Ranking: 43 (of 75)
Poor or Fair Health: 23% (AR: 19%)
Mental Health Providers: 1,548:1 (AR: 696:1)
Low Birth Weight: 8.6% (AR: 9.0%)
Unemployed: 8.9% (AR: 7.3%)
*http://www.countyhealthrankings.org/app/#!/arkansas/2014/rankings/van-buren/county/outcomes/overall/snapshot

The PCMH program also provides resources and incentivizes practices to adopt an electronic medical record (EMR) system. By using their own customized EMR system, the OIMP team has been able to greatly reduce or eliminate care gaps for their patients. Zimmerman researched which EMR system would suit her clinic's needs before deciding on a platform that now allows her to run automated reminders and care-gap analyses. These tools help OIMP proactively manage chronic conditions. "Our EMR reminders tell the staff where the needs are for each of our patients. We design the rules in our system to track things like hemoglobin A1C checks for all of our diabetic patients," said Zimmerman. The EMR system also supports a patient portal where OIMP staff can share lab results, prescription details, or follow-up reminders directly with patients. Zimmerman said, "When I get results, I can immediately send the patient a portal message indicating lab results and appropriate follow-up. I get confirmation when they receive the message, and then we have a perfect circle—with no care gaps."

In addition to the patient portal, the OIMP team has improved other aspects of patient engagement and experience of care. Patients at OIMP now benefit from improved access and an after-hours call line—features that Zimmerman credits in helping reduce unnecessary emergency room (ER) admissions for her patients. Zimmerman said, "Patients love timely turnaround and professional service. Having that, they are more apt to lean on us before they go to the ER." For OIMP, the PCMH model has facilitated and reinforced a shift towards greater patient responsibility. "It builds confidence and trust and guides patients to use the system in the right way. The PCMH is outside of our walls, it's a change in the culture of our practice, in the methodology," said Zimmerman.

> *"It comes down to care management. Before patients leave, we go through their care gaps with them. They have a follow-up date, and all of their medicines are taken care of. We are reducing the chance of problems before follow-up. We're keeping our patients healthy."*
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> --Stacy Zimmerman, MD, OIMP

The staff and patients at OIMP have benefited from the PCMH program in numerous ways. However, Dr. Zimmerman's team is still challenged with issues such as managing transitions of care for their patients who visit hospitals or other providers. OIMP is participating in the state's health information exchange—the State Health Alliance for Records Exchange (SHARE)—and the team is capable of securely exporting information to other providers. However, obtaining bi-directional communication from hospitals either using a different EMR platform or not connected to SHARE has been difficult. "It's so hard to track inpatient admissions and ER discharges; my patients may go to three or four different hospitals. Right now, I'm dependent on discharge summaries, faxes, or patient emails. Receiving results from the SHARE interface will fulfill so many of our transitions of care goals and milestones that we have to meet for the PCMH program," said Zimmerman.

Like all PCMH practices in Arkansas, OIMP receives up-front financial support from participating payers. These funds have helped Dr. Zimmerman transform her practice and maintain care-coordination activities. While there is a requirement for qualified health plans to offer financial support to PCMH practices beginning in 2015, it is unclear to what extent all payers will support Arkansas's PCMH program in the future. "I would like to see Medicare come to the table. Trying to stretch the $3 per-member per-month payment from Medicaid doesn't go very far," said Zimmerman.

The goal of improved quality is one shared by OIMP and all PCMH practices in the state. While OIMP has made improvements in areas such as care coordination and EMR implementation that have impacted key quality and cost indicators, Dr. Zimmerman still acknowledges, "It's a work in progress."

This report was composed using information obtained during an in-person interview and discussion with Dr. Stacy Zimmerman of Ozark Internal Medicine and Pediatrics. The Arkansas Center for Health Improvement was granted written permission to use this information. Additional information included was gathered from the Arkansas Department of Human Services Division of Medical Services, the Arkansas Center for Health Improvement, and County Health Rankings from the Population Health Institute at the University of Wisconsin.