

Executive Briefing

Patient-Centered Care: Are You Ready?

The patient-centered medical home (PCMH) is emerging as the core framework for care delivery transformation as the healthcare industry faces increased pressure to produce better outcomes at lower costs. This model is increasingly being utilized as a central component of accountable care organizations (ACOs), clinically integrated networks (CINs), and population health management initiatives. Because the PCMH model has become so critical to redesigning care delivery, ECG Management Consultants, Inc., has developed a PCMH Readiness Assessment Methodology that reviews an organization's ability to operate a PCMH. The tool is designed to leverage existing strengths, address operational weaknesses, and identify resources to invest in key capabilities.

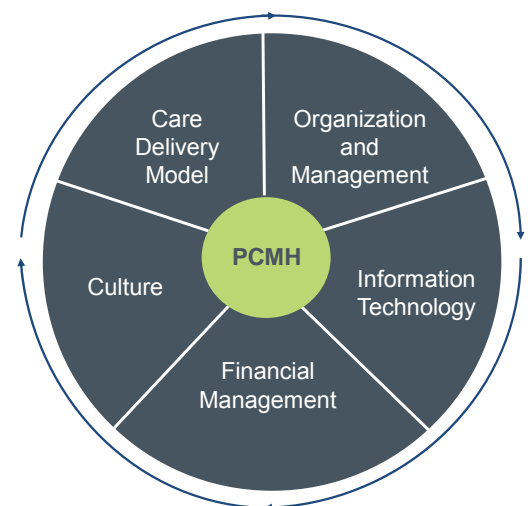
Readiness Assessment Methodology

Typical approaches to developing PCMH capabilities focus on implementing changes to meet PCMH requirements rather than understanding performance gaps between current operations and the desired future state for the most important aspects of a PCMH. A transition to a PCMH begins with assessing organizational strengths and weaknesses followed by implementing and continuously improving the model and eventually integrating the model with payors. While PCMH guidelines are published by national accrediting entities, key operational competencies are not prioritized. As such, ECG believes a targeted review of the following critical components of a PCMH is necessary:¹

- *Care Delivery Model* – Reviews the extent that the organization provides patient-centered, team-based care, engages patients and families in their health, follows standard clinical protocols, ensures care coordination as well as access and continuity, focuses on patient flow, and manages a population's health.
- *Organization and Management* – Considers the organization and governance of the model, alignment among providers and with the system, integration with specialists and hospitals, breadth of services provided within the delivery network, and the extent to which performance standards are utilized.
- *Information Technology (IT)* – Assesses the use, optimization, and deployment of IT resources to manage care within the organization and across the integrated care network.
- *Financial Management* – Analyzes a group's ability to assume financial risk, distribute funds among providers who deliver care, and restructure existing payor contracts to receive value-based payments.
- *Culture* – Evaluates the organization- and system-level culture and change management capabilities.

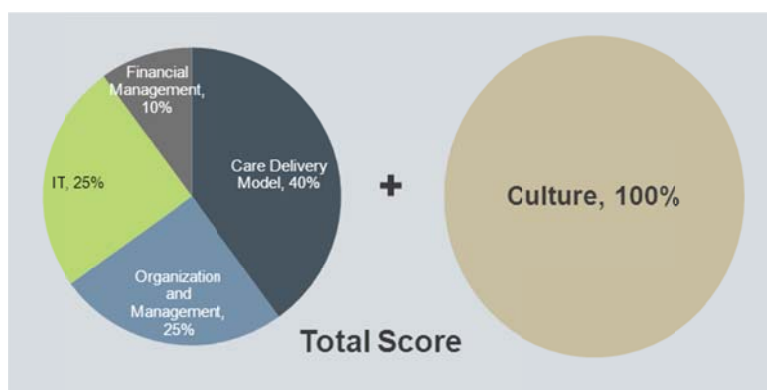
Within each key component, there are specific competencies that are critical to a successful and sustainable PCMH and should be evaluated as a part of the readiness assessment.

Overview of PCMH Readiness Assessment Methodology



¹ ECG leveraged nationally recognized PCMH-affirming entity guidelines (e.g., National Committee for Quality Assurance, The Joint Commission, Accreditation Association for Ambulatory Healthcare) to develop the PCMH Readiness Assessment Methodology.

Competencies	Description
Care Delivery Model	
Care Management and Population Health	Availability of wellness programs, disease prevention, and population health management, including care teams, to better manage patient care.
Care Coordination	Care transitions with standard policies and procedures for coordination and referral management.
Clinical Protocols	Use of evidence-based medicine with best practice standards for high-risk patients.
Patient Engagement	Patient and family engagement to participate in decisions involving patient health, including patient education materials and access to information (self-management tools).
Access and Continuity	Patient access to services and care teams that proactively work together to address patient needs.
Patient Flow and Office Layout	Patient-centric office design, emphasizing open, team-based care that facilitates patient flow.
Organization and Management	
Organization and Governance	Clearly defined mission, goals, objectives, and strategic plans of the PCMH, including establishment of a care delivery/PCMH committee with administrative and clinical representation.
Provider/Physician Alignment	Shared vision of value-based care and clinical integration, including care team roles/responsibilities.
Performance Standards	Use of quality and performance measures at the physician and practice level.
Scope of Services	Availability of the complete scope of clinical and social support services.
Information Technology	
Integrated Clinical IT Systems	Ability to electronically exchange data in standard formats across the delivery network.
Infrastructure	Utilization of an EHR with capabilities to store and search patient information and complete transitions of care, as well as patient portal and telemedicine technology.
Measurement and Reporting	Quality and performance measures that are tracked and reported at the physician, practice, and care network levels and presented in an actionable format such as a monthly dashboard.
Financial Management	
Payor Contracting	Payor contracts that are aligned with, and recognize the value of, the PCMH model through enhanced payment and/or payment for performance and outcomes improvements.
Funds Flow and Distribution	Appropriate physician compensation and alignment of incentives across providers and consistent with the PCMH model, including a funds flow that is transparent and based on objective metrics.
Culture	
Organization- and System-Level Culture	Culture of continuous improvement and team-based care supported by strong leadership and availability of change management skills and capabilities across the system.



Each competency is scored based on an organization's current capabilities and weighted on its relative importance in operating a PCMH. Culture is scored separately, as an organization's existing cultural dynamics that either support or inhibit team-based care should be assessed separately from its operational preparedness. The scores are then added together to reach an aggregate score, which allows organizations to prioritize the tasks necessary to transition to the PCMH model.

Key Takeaways

With the healthcare industry focused on improved outcomes

and lower cost, the PCMH model has emerged as a critical component of a value-based delivery network. As such, providers must consider how they may need to redesign their care delivery around specific chronic conditions and/or patient populations and utilize thoughtful readiness assessments when transitioning to, and operationalizing, a PCMH.

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About ECG Management Consultants, Inc.

ECG is a strategic consulting firm that is leading healthcare forward, using the knowledge and expertise built over the course of 4 decades to help clients see clearly where healthcare is going and to navigate toward success. We work as trusted, professional partners with hospitals, health systems, medical groups, and academic medical centers across the country. ECG thrives on delivering smart counsel and pragmatic solutions to the critical challenges that will revolutionize the healthcare system. Client success is our primary objective. Learn how we are helping: www.ecgmc.com.