Central Ohio Patient-Centered Medical Home Project
Employer Learning Session Record
January 13, 2010 8:30 AM-11:00 AM

…creating access to the right health care, at the right time, in the right place

Discussion Purpose

a) Increase our collective knowledge on the value of patient-centered medical homes
b) Learn from others who are advancing patient-centered medical homes in their communities
c) Explore how local business leaders can help transform health care delivery in our community

Participants

Jason Bainum, *Columbus Chamber*
Pam Doseck, *The Ohio State University*
Regina Drzewiecki, *City of Upper Arlington*
Tom Hadley, *Wells Fargo*
Sarah Hall, *Huntington Bancshares Incorporated*
Jodi Holman, *Tween Brands*
Lisa Kaiser, *Health Action Council Ohio*
Chip Knoop, *CBIZ Benefits and Insurance Services*
Jessica Martin, *Huntington Bancshares Incorporated*
Malcolm Porter, *Access HealthColumbus consultant*
Doug Reys, *Franklin International*
Mark Ridenour, *The Ridenour Group*
Joe San Filippo, *Nationwide*
Brody White, *Kroger*

Guest Speaker

Bruce Sherman, MD, *consulting Medical Director, Goodyear Tire & Rubber Company & Director, Health and Productivity Initiatives with the Employers Health Coalition of Ohio.*

Guests

Deb Helber, *Access HealthColumbus consultant*

Hosted by Access HealthColumbus and Employers Health Coalition of Ohio

Jeff Biehl
Kim Keinath
Mike Stull

Today's Discussion - Key Learning At A Glance

- ✓ We need to view the medical home model as a foundation to complement employee wellness programs
- ✓ Employers want to work with medical home providers and health plans to align incentives for improving health
- ✓ Employers can play an important role in engaging employees on the value of establishing a relationship with a patient-centered medical home
- ✓ We need to continue collectively learning about the value of patient-centered medical homes

I. WELCOME & FRAMING:

Mike Stull welcomed everyone and briefly highlighted the importance of today's discussion with local employers. Jeff Biehl framed the meeting by sharing the Central Ohio Patient-Centered Medical Home Project purpose and objectives:

What is the purpose of the project?
To advance patient-centered medical home (PCMH) innovation in Franklin County

What are the objectives of the project?

- Strengthen Primary Care: Improve care coordination and access for patients
- Payment Reform: Align incentives between payors and providers

II. CHECK-IN

Going around the room, participants introduced themselves and answered the following check-in question:

Why was it important to me to attend this meeting today?

The following themes emerged from the participants' answers:

Employees are one of our greatest assets
Important to have knowledge of all resources available
Want to hear other perceptions
Power to change health care
Personalized medicine & patient centered care

Employee engagement
Support this initiative in Columbus
Interested to see where community care is going
Want to learn more about this concept and how it affects employers & employer

III. PCMH 101 & CENTRAL OHIO PATIENT-CENTERED MEDICAL HOME PROJECT

Biehl briefly explained to today's participants what the PCMH model is - how it is a transformation of the delivery of primary care. The participants were given an overview on the Central Ohio Patient-Centered Medical Home Project timeline and the work completed thus far. The project action plan published in November 2009 was shared with today's attendees.

IV. PCMH EXPERIENCE IN OTHER COMMUNITIES (BRUCE SHERMAN, M.D.)

Stull introduced Dr. Bruce Sherman, consulting Medical Director, Global Services for The Goodyear Tire & Rubber Company. He is also Director, Health and Productivity Initiatives with the Employers Health Coalition of Ohio.

Dr. Sherman explained what the PCMH model is in greater detail through employers' perspective (presentation available at http://www.accesshealthcolumbus.org/pdf/projects/20100113-PCMH-Employer-Presentation.pdf**).**

After Dr. Sherman's presentation, participants had the following reflections:

- *Concerned about the lack of primary care physicians in our future, especially with the reform coming.*
- *You can build this but they may not come – need to work collaboratively to create patients incentives*
- *How do you get people who feel they are healthy to go to primary care? – need supporting tools*
- *Business First is gathering data from employers on best practices*

V. BENEFIT-COST SUMMARY

Deb Helber walked the participants through The Central Ohio Patient-Centered Medical Home Project Benefit-Cost Summary (available at www.accesshealthcolumbus.org/pdf/projects/201001-PCMH-Benefit-Cost-Summary.pdf), highlighting key components including a comparison of today's care vs. medical home care.

TODAY'S CARE		MEDICAL HOME CARE
My patients are those who make appointments to see me	→	Our patients are those who are registered in our medical home
Patients' chief complaints or reasons for visit determines care	→	We systematically assess all our patients' health needs to plan care
Care is determined by today's problem and time available today	→	Care is determined by a proactive plan to meet patient needs without visits
Care varies by scheduled time and memory or skill of the doctor	→	Care is standardized according to evidence-based guidelines
Patients are responsible for coordinating their own care	→	A prepared team of professionals coordinates all patients' care
I know I deliver high quality care because I'm well trained	→	We measure our quality and make rapid changes to improve it
Acute care is delivered in the next available appointment and walk-ins	→	Acute care is delivered by open access and non-visit contacts
It's up to the patient to tell us what happened to them	→	We track tests & consultations, and follow-up after ED & hospital
Clinic operations center on meeting the doctor's needs	→	A multidisciplinary team works at the top of our licenses to serve patients

VI. SMALL GROUP DISCUSSIONS

Using the Benefit-Cost Summary, the participants worked in small groups and discussed the following questions:

Discussion #1 – What are your reflections around the project return on investment?

The following themes emerged from the participants discussions:

Quality

- What do I need to access the quality of care my employees are currently receiving?
- Scientific based assessment tool to measure health risks seems to be missing
- Do doctors who practice similar to PCMH get the certification then charge extra without a major change in practice? Ex: pediatricians already are strong in continuing relationships and preventative care.

Current Wellness Programs

- What programs do I keep or let go if I implement the medical home project?
- If every patient were in PCMH, we wouldn't need wellness programs

Investment

- How do I change my investment in health care?
- Breakeven would be okay early result
- Employer could take results of others vs. current experience to project savings
- What is the cost of doing nothing?

Data

- How long will employers have to go on trust before hard data becomes available?
- What information do I need from my claims experience to determine my return on investment?

Timeframe

- What is the return on investment over time?

Patient Engagement

- How to get employees to go to PCMH? Don't want restrictions like gatekeepers - Maybe benefit incentives?

Other

- How does this align with national reform?

Discussion #2 – What role(s) do you see for your organization? Why?

Provide & Encourage Use of Other Resources

- Utilize worksite-based services
- Offer services as an extender (physician) to the medical community ex: dietician, exercise physiologist
- Include wellness/services into the medical home model
- Employers help physicians recommend wellness programs

Change Design - Reimbursement & Incentives

- Benefit design changes to make preventative care required and/or required designation of a primary care
- Change reimbursement structure – change design in contracts to support this
- Need for balance with benevolent health plan - narrow network vs rich benefit design & access to many resources
- Work with providers/plans as partners to create incentives for better outcomes

Patient-Centered Care

- Target chronically ill employees to designate for PCMH because return on investment should be greater
- Health coach
- Disease management including medication therapy

Education

- Employee engagement, education & awareness
- Where would employer direct employees to primary care physician to get the medical home type treatment?

Collaborative

- Build off of the existing employer collaboratives as a container for sharing best practices/tools/united engagement with health plans

Evaluation

- Ability to measure results

VII. CLOSING & NEXT STEPS

Biehl thanked everyone for participating and for sharing their perspectives. The next learning session is scheduled for February 10th, 2010 and today's participants were asked to extend the invitation to other colleagues. In the meantime, a harvest of today's meeting will be sent out.

The following reflections were shared in today's Check-Out question:

What are you thinking as you leave here today:

Implementation
At its infancy - needs good design.
Interesting to watch conceptual talk become deeper topics.
Implement something - actually get something concrete.

Working Collaboratively
Finally help address better care with all of the stakeholders.
Critical that every stakeholder be at the table in order to be successful.
Opportunity to work together.

Concept
Interesting concept – continue to explore.
Opportunity to really make this happen in a common sense way.
Great potential to create something.
Interesting to see how to complete puzzle.

Education
Better educated.
Appreciate everyone's interest in learning more.

Buy-in
Will you as an employer accept this concept and share the cost with insurers?
Curious to see who will participate.

Enthusiasm
Exciting opportunity.
Happy to be here.
Employees would be excited.

Patient-Centered Care
Wellness extends into medical homes; compliment those efforts.
It's great that primary care practice is coming back into the fold.

The meeting adjourned at 11 am.