

PCMH User Group Meeting

2/24/2021

11:30am



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The past 10 years.....

- PCMH designation
- PCMH-Neighborhood designation
- Focus on closing gaps and population health
- Growing the team
 - Motivational interviewing
 - Care Managers
 - Care Coordination
 - Pharmacist
 - Chronic Care Management
 - Collaborative Care
 - Choosing Wisely
 - Working collaboratively to meet patients where they are at in their journey

All of this good work is the foundation to move from Fee-for-Service to Fee-For Value!



Population-based payment

- A payment that covers all healthcare services over a defined period of time, adjusted for each patient's expected needs and held accountable for high-quality outcomes.
- Population based payment is the only one that “ensures care delivery groups capture enough of savings from waste elimination that they stay financially viable and continue to invest in such programs”



Using the tools

- Assessing patient's risk
- Prevention
 - BP
 - HbA1c
 - DPP
 - Keeping patients out of the ER
 - ADT
 - Reach-out after patients discharge from hospital
 - Preventing re-admissions
 - End of life
 - Palliative
 - Hospice



Direct Contracting Model

- Primary Care Model
- If the doctors had the checkbook



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Next Steps

- Medicare Fee-for-Service PBPM (per beneficiary per month) fee
- Then grow to whole practice – what is the PBPM fee?
- To continue to grow the team



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Future Challenges



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