



Patient Centered Medical Homes (PCMH)

Update: March 5, 2012

Following is a summary of the awarded proposal for RFP# 2012-0600-0827 Patient Centered Medical Home Consultant Services

The Department of Health and Social Services (DHSS), Division of Health Care Services solicited proposals for a qualified and experienced firm to develop a strategy for DHSS to advance the PCMH model for the Medicaid program based on the needs of the state of Alaska. Public Consulting Group (PCG) has been identified as the selected contractor. PCG will assist the state of Alaska in developing criteria for an RFP to select PCMH providers who will coordinate high quality, planned, family-centered health promotion, acute care and chronic condition management. PCG will provide background, data and recommendations on development of the RFP for pilot PCMH projects in Alaska.

PCG has recognized the importance of stakeholder outreach and engagement throughout the process. PCG has identified the following groups as key stakeholders: Alaska Primary Care Association, Individual Community Health Centers (CHC), DHSS' CHIPRA Medical Home pilot grantees, Central Peninsula CHC, Iliuliuk Family and Health Services (Unalaska) and Southcentral Foundation (SCF) Primary Care Center, Veteran's Administration and the Department of Defense, Alaska Tribal Health System, The Alaska Native Tribal Health Consortium and commercial Payers. PCG will facilitate a minimum of 3 stakeholder meetings prior to the development of the PCMH pilot RFP. They will divide the state into regions to solicit engagement in rural areas, provide regionally based stakeholder sessions in populated areas (Anchorage and Mat-Su) and web-based outreach for remote areas. They are also proposing a media campaign to reach, inform and involve potential collaborators. PCG has proposed to begin this process in the spring and early summer. Brenda McCormick has been identified as the PCG staff in charge of stakeholder engagement.

PCG envisions six major phases to be conducted over the contract period to assist DHSS in the design of an effective PCMH initiative. They include:

Readiness Assessment: PCG proposes to perform a readiness assessment to determine the potential size, scope, and types of PCMH system that Alaska may want to implement. This would include population identification, provider and payer environmental scan – PCMH initiatives of other payers, analyzing factors likely to affect the sustainability of PCMH's in Alaska, recommending options to address barriers to successful implementation, and examining strategies used successfully in other states.

Standards Development: PCG will develop several iterations of PCMH standards for periodic review and refinement based on stakeholder feedback and collaboration with DHSS. They are proposing a three step process for standards development. The first phase “Straw Man” would include a core set of PCMH standards based on nationally accepted Practice. The next phase would be “Stone Man” enhanced standards based on stakeholder feedback. This phase will also include a gap analysis to identify areas needing education and refinement prior to implementation and evaluate the readiness and capacity of organizations to implement PCMH’s in Alaska based on a self-assessment sent to providers. The final phase will be “Iron Man” standards which will include recommendations for integration with care management services and recipient choice and assignment to PCMH’s.

Performance Metric Development: PCG will work with state staff and stakeholders to determine measurements that assess health care status and improvements in health outcomes and corresponding methods to collect provider data and conduct data analysis. Some examples of key measures include: reductions in preventable hospital admissions, reductions in preventable emergency room visits, timely post discharge follow-up. PCG will also complete and analysis of baseline performance metrics and work with DHSS to establish a system of accountability and compliance on an initial and ongoing basis.

Financial Modeling: PCG will assist DHSS in developing and finalizing a reimbursement system by reviewing payment methodologies that incentivize care in PCMH system. This includes establishment of a rate setting methodology. States are eligible for 90% FMAP through the Health Homes provisions but will still realize start-up and out year costs that must be analyzed.

Regulatory Approval: PCG will assist DHSS in assessing the most appropriate and expeditious vehicle for securing CMS approval to implement the PCMH model. DHSS may need to secure a State Medicaid plan amendment along with statutory change.

Procurement Support: PCG will assist the State of Alaska in developing criteria for the RFP to select PCMH providers who will coordinate high quality, planned, family-centered health promotion, acute care and chronic condition management. Specifically, PCG will provide background, data and recommendations on development of the RFP, identify criteria for the four pilot PCMH and, convert the final PCMH standards to a scope of work format.

Sub-deliverables

Integration of Primary Care and Behavioral Health: PCG will recommend evidence based tools that the state can discuss with health care providers and behavioral health partners for adoption. PCG will review Medicaid and licensing regulations to ensure service arrays are reimbursable in a physician practice environment in Alaska.

Health Information Technology: PCG will review strategies to convert providers throughout the state to electronic health records through incentive payments to eligible professionals and eligible hospitals that adopt, implement or upgrade, and demonstrate meaningful use of electronic health record technology.

Linkage with Long term support and services: PCG will review current strategies for sustainable long-term care delivery system and present options for applicability to proposed PCMH standards. These may include the design of a risk-based long-term care management program to improve care coordination and incorporate disease management strategies.

Integration with Care Management Services: PCG will provide, as part of its deliverables, recommendations for best practice models that will dovetail with PCMH and incorporate the care manager as an integral component of the patient's health care team.

Recipient choice and assignment to PCMH's: PCG will conduct a brief review of how other large medical home programs have done enrollee assignment and enrollment.

Implementation Assistance: PCG will provide assistance to DHSS in implementing the PCMH pilots as time permits within the limited one-year contract term. PCG will provide recommendations on the need for ongoing training and support of the pilot PCMHs.

The original request for proposal was issued on December 28, 2011 with a deadline for submission of proposals January 19, 2012. The length of the contract will be from the date of award, approximately March 1, 2012, for One (1) year until completion, approximately February 28, 2013. PCG attests that their project costs are below the allowed \$300,000. The DHSS Project Director has been tentatively identified as Josh Applebee. This will not be confirmed until contract finalization.