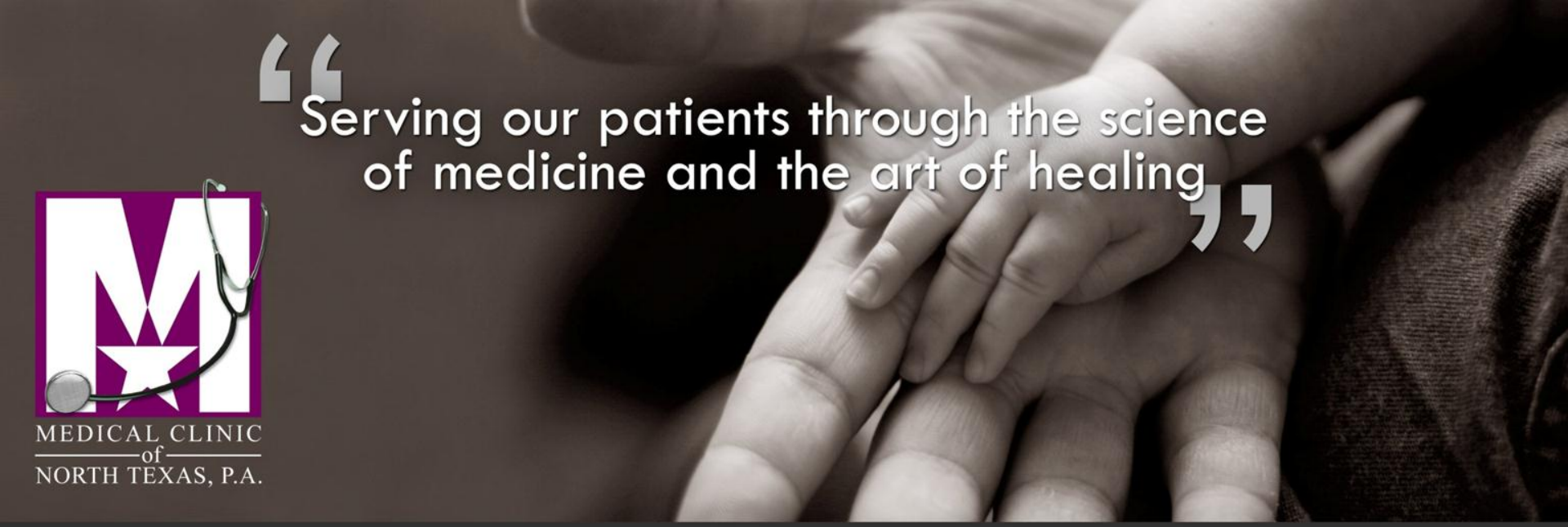


Our Patient-Centered Medical Home – a Process, not a Click

Richard Johnston, M.D.

President,

Medical Clinic of North Texas, P.A.

Medical Clinic of North Texas, P.A.
MCNT

MEDICAL CLINIC of NORTH TEXAS, P.A.

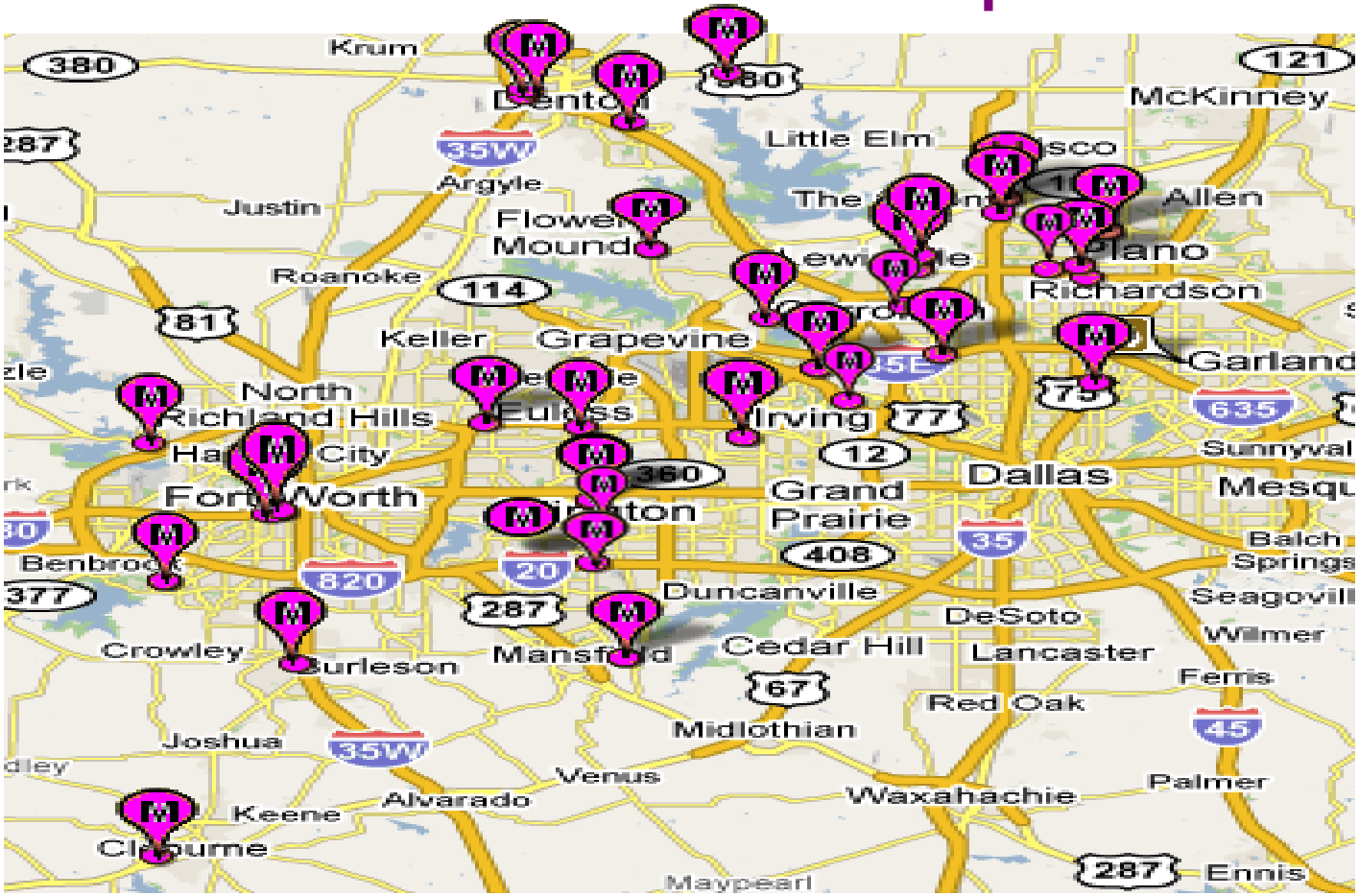
- **Physician Owned Primary Care Medical Group Practice since 1995**
- **Electronic health records (NextGen) since 2000**
- **Strong Group Culture**
- **140 providers taking active part in various decision making committees formed around 5 Pillars: Quality, Growth, People, Service & Financial Strength**
- **Multiple Specialties:**
  - **Internal Medicine/Pediatrics**
  - **Pediatrics**
  - **Podiatry**
  - **OB/Gyn**
  - **Neurology**
  - **Rheumatology**
  - **Endocrinology**
  - **Family Practice**
  - **Family Practice/Sports Medicine**
  - **Infectious Disease**
  - **Internal Medicine**
  - **Internal/Geriatric Medicine**

9003 Airport Freeway, Suite 300 | N. Richland Hills, TX 76180 | [t] 817.514.5200 | [f] 817.514.5210 | www.MCNT.com

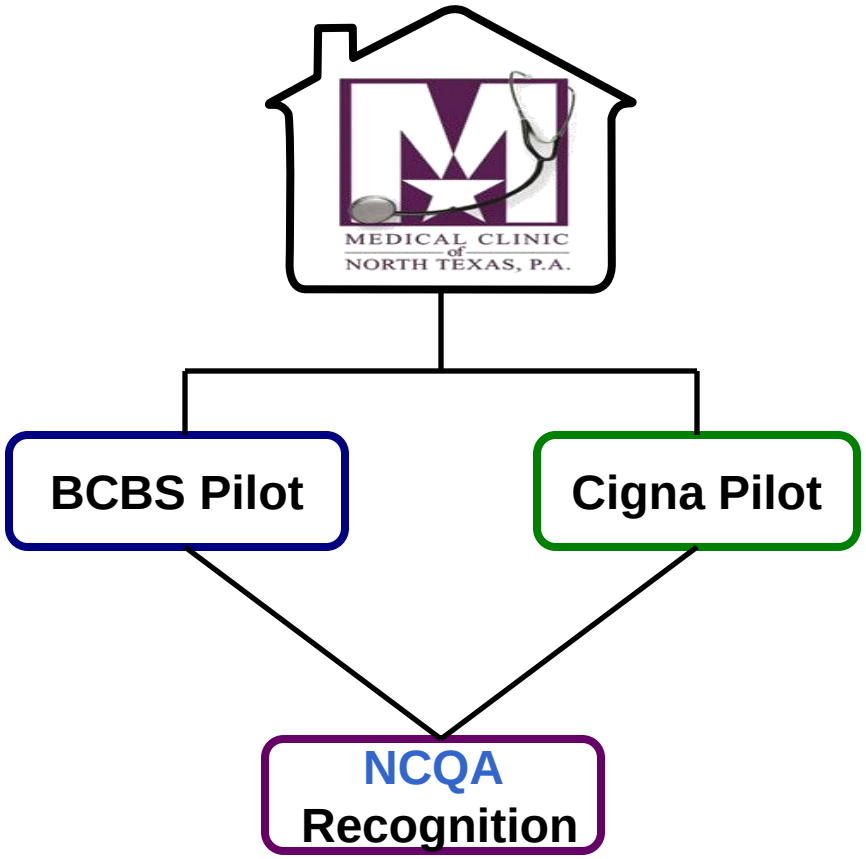
MCNT (continued)

MEDICAL CLINIC of NORTH TEXAS, P.A.

44 Clinics in 5 counties in the Dallas-Fort Worth Metroplex



First Medical Home Pilot in Texas



- First to approach us with a Medical Home initiative was CIGNA (Contract for an Enhanced Coordination Pilot effective September 1st, 2009)
- Next was BCBC of Texas. The contract with them created a Multipayor Medical Home Pilot
- Along with managing the contracts we began application for Patient-Centered Medical Home recognition with the National Committee for Quality Assurance NCQA. This recognition enables us to demonstrate how Patient-Centered Medical Home standards are being met in **each clinic.**

Steps in Building the Medical Home

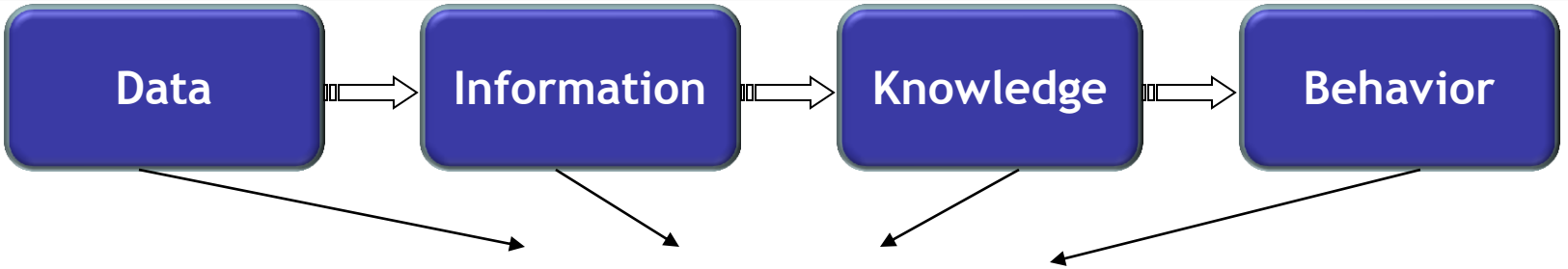
MEDICAL CLINIC of NORTH TEXAS, P.A.

- Extensive education on the aspects of the Medical Home & NCQA Standards
- Formation of physician Medical Home Subcommittee
- Best Practices in Adult Medicine, OBGYN, PEDS. Each one of the committees reviews the Medical Home data quarterly.
- Medical Home Preparedness Assessments
- Negotiations with different payors
- Active participation in various Medical Home initiatives and forums like PCPCC and TMHI (Texas Medical Home Initiative)
- Implementation of Cost and Evidence Based Standards & Measuring all Providers on multiple levels

Steps in Building the Medical Home, cont.

- Complete transparency of provider performance data disclosure
- Participation in BCBS' Performance Based Rewards System
- NCQA Diabetes Physician Recognition
- Project management
- IT research and development
- Making the Medical Home a crucial part of the Group's long term strategy
  - For a second year in a row the topic of Medical Home will be a part of the Annual Physicians Retreat. This time it will be the center of discussion along with ACOs.

Our IT Infrastructure



MEDICAL CLINIC of NORTH TEXAS, P.A.

MCNT'S Current Use of HIT:

Next Gen EHR/EPM

Data Analysis

Chronic Disease Protocol Engines

Integrated Lab Information System

Automated Clinical Recalls

E-mail Portal – NextMD

Community Health Solutions – CHS:

MCNT is partnering with HCA & Specialist Groups to create and implement a Health Portal with patient information accessible to the physicians directly from their EHR without the need to logon to a third external database.

Point of Care Patient Report

Clinical Decision Support

at the Point of Care

Patient Specific

Automated

Produced for **every patient**, at **every visit**, regardless of the reason for visit

Utilized by ALL providers

NP, PA, MA, CDE, etc

Medical Clinic of North Texas

Patient Recommendation Report

247174 [redacted] DOB: [redacted] Age:47 Sex: M Seen By:N/A

Appointment Date: N/A Report Date: 3/15/2010 PCP:Johnston MD, Richard C

Active Diagnoses

250.02 DM II, UNCONTROLLED
250.62 DM II, W/NEURO COMPL, UNCONTRO
250.62 DM II, W/NEURO COMPL, UNCONTROLL
272.0 HYPERCHOLESTEROLEMIA
272.2 HYPERLIPIDEMIA, MIXED
305.1 TOBACCO USE
275.42 HYPERCALCEMIA
466.0 BRONCHITIS,ACUTE
477.9 RHINITIS, ALLERGIC
493.00 ASTHMA, EXTRINSIC
564.1 IBS - IRRITABLE BOWEL SYNDROME
607.84 ED, ORGANIC ORIGIN
709.9 SKIN LESION, UNSPECIFIED
719.41 PAIN, SHOULDER
MORE

Active Meds

HUMALOG	100 U/ML
HUMALOG MIX 75-25	75-25/ML
LISINOPRIL	5 MG
SIMVASTATIN	80MG
ASPIRIN	81MG * 1T PO QD
ACCU-CHEK AVIVA	
ASCENSIA CONTOUR	
CIALIS	20 MG UAD
INSULIN PEN NEEDLE	29GX1/2"
VITAMIN D	50000 UNIT

Labs

Trig	125	2/10/10
Chol	153	2/10/10
LDL	92	2/10/10
HDL	36	2/10/10
Gluc, Fasting		
Gluc, Random	213	2/10/10
HbA1c	11.2 %	1/06/10
MicroAlb/Cr	14.6 mg/g creat	1/06/10
PSA		1/05/10

Measures / Calculations

BP	100/60	2/15/10
	84/60	2/09/10
CHD Risk	>20%	
BMI (Wt)	25 (204lb)	2/15/10
Ideal Wt.	152- 199	
Est. CrCl	99.81	2/10/10

Diagnostic Testing

Colonoscopy

Vaccine

Tetanus	6/01/06
Tdap	
Pneumoccal	10/31/05
Flu	10/18/07

Risk Factors

CHD 10Yr Risk > 20%
Pneumonia (Age > 64 OR Risk Dx)

Goals

Goal not met: A1c > 7.0%
Goal not met: LDL >70
Smoker
Goal met: BMI </= 30
Goal Met: Microalbumin/Creat Ratio </= 30
Goal met: BP <130/80

Action Items

____Refer to Diabetic Educator (min q 3 yrs) DM

MED: Evaluate DM therapy plan due to A1c goal not met DM
MED: Change / titrate Lipid lowering med* due to LDL goal not met CAD

REFER: Perform / Refer to Ophthamology for Diabetic Eye Exam (yearly) DM

Routine Visits:	Comp. Exam Visits:	Insurance:
Next Visit:	Next Visit:	Cigna Open Access Plus
Last Visit: 02/15/2010	Last Visit: 01/05/2010	

Next Appt Date:

3 mos	CAD
3 mos	DM
6 mos	HTN

*--Unless contraindicated

Medical Home Building Blocks

MEDICAL CLINIC of NORTH TEXAS, P.A.

- Access to seeing a PCP promptly to prevent admissions
- Daily lists, from the health plans, of patients currently in the hospital
- Care Coordinators working with the hospital case managers to insure safe discharge & follow up
- Additional self-management education and support for the chronically ill
- Patients seen by their PCP within 48 hours of discharge
- Medication reconciliation after discharge
- Proactive follow up and intervention by Care Coordinator to prevent ER visits, hospital readmissions and complications
- Support from the Payors
- Modification of the Physician Compensation Model

What are MCNT's Physicians being asked to do in the Pilot?

MEDICAL CLINIC of NORTH TEXAS, P.A.

- Use registries to proactively manage patients with chronic diseases
- Improve appointment access to reduce ER Visits
- Collaborate with the health plans and get access to their resources (such as condition and lifestyle management programs) and data to close some of the gaps in patient care
- Outreach to our communities and help our patients reconnect with them and use their resources
- Reduce re-admissions through timely discharge follow-ups
- Utilize the plans' formularies as much as possible
- Attain NCQA recognition as a Patient-Centered Medical Home

The Patients in MCNT's Medical Home

MEDICAL CLINIC of NORTH TEXAS, P.A.

Focus on High Risk Patients:

- Uncontrolled Diabetics
- Patients with Asthma, CHF, CAD
- Hypertensive patients
- Patients who are in the hospital
- ER 'Frequent Flyers'

BENEFITS

- Get more holistic & coordinated (less fragmented) care
- Have easier access to care
- Able to build a relationship with their personal physician
- Enhanced communication including telephone calls and e-mails
- Have a care coordinator who will:
  - follow up with them
  - work closely with them and their families to educate them on prevention and management of their conditions.
- Receive the right care at the right time from the right provider

The Health Plans' Contribution

MEDICAL CLINIC of NORTH TEXAS, P.A.

Full-Time RN Care Coordinators

- Paid for upfront
- Supported by the Health Plans' case managers, pharmacists, mental health and social workers

Data:

- ER Reports
- Daily Hospital Census
- Pharmacy Formulary
- Preventive and condition specific screening reports

Financial Incentives:

- Fee for service payment base
- Bonus for achieving quality performance metrics
- Transitioning payment system to include pay for value on the overall success of the program

Additional Medical Home Needs

MEDICAL CLINIC of NORTH TEXAS, P.A.

- Additional Diabetes Education
- Pharmacy Medication Reconciliation
- Home Monitoring
- Coverage for Gaps in Care
- Psychosocial Health
- Fitness Coaching
- Alternative Medicine (acupuncture, chiropractics, massage)
- EHR - Connectivity to hospitals, specialists and support services