

New Orleans-Area Clinics Receive Medical Home Certification

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Clayton Williams,
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The effort to establish "medical homes" for patients in the New Orleans area reached a major milestone with the National Committee for Quality Assurance's recognition of 37 clinics for that achievement.

"The very core of Louisiana Health First is that everyone in Medicaid will eventually have access to a patient-centered medical home that's certified as a medical home by the NCQA," said Alan Levine, secretary of the state Department of Health and Hospitals.

Healthcare is moving to a model where a primary care physician acts as sort of a conductor for healthcare services, Levine said. The first and most important step is to identify the people who have a chronic condition or are at risk for one; step two is properly managing those people's conditions.

"Diseases that 10 years ago could have been a death sentence are today nothing more than a chronic disease with proper management or where there's drug therapy or intervention," Levine said. "Having a primary care physician, all the literature shows, leads to far lower costs and to better outcomes."

Clayton Williams, director of health systems development for the Louisiana Public Health Institute, said everyone agrees there is a better way than the pre-Katrina approach, when poor people would basically go to the emergency room at Charity Hospital.

The question was, Williams asked, how does one create a more primary care-focused system, with better outcomes and lower costs? And how does one know when it's being done correctly?

The NCQA has come in and really helped define an evidence-based, primary care model, Williams said. The model includes standards, policies and processes associated with high-quality care and measures a practice's compliance with those standards.

The standards for NCQA recognition as Physician Practice Connections-Patient Centered Medical Homes, include meeting five of 10 different measures, such as:

- The use of data to identify important diagnoses and conditions
- The use of data to show standards for patient access and communications are met
- Performance reporting, by physician or practice

Clinics in Orleans, Jefferson and St. Bernard parishes are managed by 13 public and private non-profits. The organizations are among 25 participating in the Greater New Orleans Primary Care Access and Stabilization Grant, a three-year, \$100 million federal program. The U.S. Department of Health and Human Services awarded the grant to DHH in July 2007. The Louisiana Public Health Institute is administering the grant as the state's local partner.

Grant participants have to meet minimum quality standards to participate, Williams said. To be NCQA certified, the clinics have to go above and beyond those measurements.

There are three rounds of NCQA certification this year, Williams said, and the institute hopes to see the balance of the nonprofit groups achieve certification.

There is a total of \$3.8 million in incentives available to the organizations that achieve NCQA recognition.

Williams said the institute would like clinics to use the money to help them score even higher on quality measures.

If a clinic needs to hire a care manager to help physicians pro-actively manage patient care, it can, Williams said. If a clinic needs to put resources into data management to improve care decisions and quality measurement, it can do that.

The same goes for hiring another physician, buying a piece of equipment or expanding the clinic, Williams said. There are no restrictions on how the providers spend the money to improve quality.

Meanwhile, Williams said tremendous progress has been made in increasing healthcare capacity and access, an important goal of the \$100 million grant.

For each six-month period since March 2007, the patient volume at participating clinics has grown by 15 percent, Williams said. There are 25 percent more clinics available since September 2007.

The institute hopes to demonstrate the value of delivering healthcare through the clinics, Williams said, so that when the grant ends at the end next fall, the state will be better able to make funding and policy decisions.

Levine said the grant, which ends October 2010, has helped create access for close to 100,000 people at 75 clinics.

Louisiana's Medicaid waiver includes setting aside \$10 million of the Disproportionate Share Hospital Payment Program to continue the operation of these clinics, Levine said. Ordinarily the money can only be used for hospital-based services.

"We think the future is obviously investing in primary care and outpatient services to avoid hospitalization," Levine said. "And it just seems counterintuitive to have a program that pays for hospitalization but doesn't pay to avoid hospitalization."

The waiver is critical to the clinics in the New Orleans area, Levine said.

"We don't want to just continue the clinics in the old fee-for-service system, we want a dramatically better model," Levine said.