

I'm Nancy Hook, ED of the Nevada Primary care association. We have been involved in practice transformation in our community health centers for three years through he PCMH model. Asked to present on the current state of PCMH in Nevada

Many of you are closely involved in PCMH. We have certified content experts, practicing physicians in a PCMH-recognized practice, educators of ne providers on PCMH principles, and several of you are parts of national systems that have PCMH programs in other states.

What I am presenting is a brief overview, based primarily on internet research, so I'm looking to have my inaccuracies corrected and the holes filled in by the members of this subcommittee.

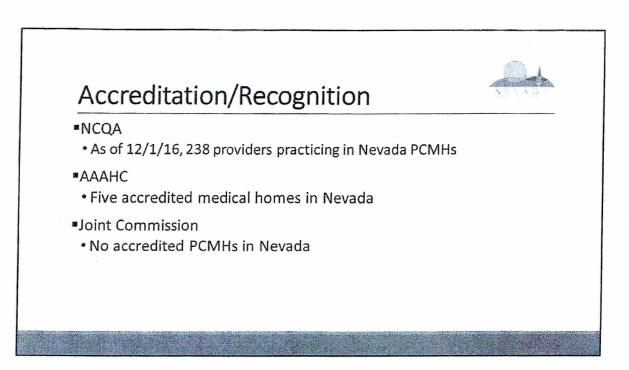
Why PCMH?



- Demonstrates the quality of care provided in primary care settings.
- Positions primary care settings at an advantage for the changing health care landscape.
 - Transforms patient care to help primary care settings achieve the three part aim of: Better Care, Healthy People and Communities, and Affordable Care.
 - PCMH is the fastest-growing delivery system innovation
 - Nearly 53,000 clinicians at more than 11,000 practices have earned the NCQA PCMH seal, and 37 states have initiatives that use NCQA Recognition

NCQA, and its PCMH recognition is the most widely adopted model for transforming primary care practices into medical homes. Research confirms medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care.

More than 11,000 NCQA-Recognized Patient-Centered Medical Homes practices and almost 53,000 recognized clinicians have proved the strong relevance of the NCQA PCMH Standards to the Triple Aim. The 2014 standards emphasize team-based care with a significant focus on the care management of high-risk populations along with the integration of behavioral health.



A number of local, state, and national PCMH recognition and accreditation programs are available nationally. SB6, the bill that established this subcommittee, defines the term "patient-centered medical home" and prohibits a primary care practice from representing itself as a patient-centered medical home unless it is certified, accredited or otherwise officially recognized as such by a nationally recognized organization for accrediting patient-centered medical homes.

Currently, there are four National Recognition and Accreditation Programs:

- Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home Onsite Certification(www.aaahc.org)
- National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH 2014) Recognition(www.ncqa.org)
- The Joint Commission (TJC) Designation for Your Primary Care Home(www.jointcommission.org)
- URAC Patient-Centered Medical Home Accreditation(www.urac.org)

The majority of the 238 providers recognized by NCQA are employed by four groups – SW Medical Associates, Health Care Partners, Renown Medical Group and the Community Health Centers. There are a hand full of private small practices.

The AAAHC accredited medical homes are the employer-based programs on-site health centers operated by Premise Health. Three are gaming and two are mining companies.

What's Driving PCMH in Nevada?

 No formal public patient-centered medical home programs in the state

- Nevada Comprehensive Care Waiver
- •State Innovation Model (SIM) Design grant
- Four Private Payer programs
- UNR Patient-Centered Family Medicine
- Federal DHHS Priority Goal

Although there are no formal public PCMH programs in the state, the Nevada Division of Health Care Financing and policy has spearheaded two initiatives that use medical homes. The Nevada Comprehensive Care Waiver is a Care Management program that encourages patient—centered care for FFS Medicaid members known as the Health Care Guidance Program. The program is based on the idea that a patient-centered care approach is key to improving the care quality, outcomes and health of beneficiaries and integrates physical and behavioral health.

The DHCFP began exploring patient-centered medical homes approaches in 2010 and the waiver proposal originally included a second phase of the program implementing medical homes at the provider level for Medicaid beneficiaries but was not approved. At the time there were four PCMH recognized practices in Nevada.

The DHCFP continued to explore the PCMH model in the State Innovation Model Design award they received in December 2014. The State Health System Innovation Plan encompasses four goals, one of which is to redesign the state's health care delivery system to contain costs and increase value through the initiation of foundational programs that focus on patient centered medical homes.

In addition to PCMH being implemented in existing practices, the University of Nevada Reno School of Medicine is educating health professionals on the principles of patientcentered, team-based care through their Patient-centered family medicine center.

Ad for DHHS, PCMH has been has been priority goal since 2012 and for FY 2017 the performance target is that 70% of community health centers nationwide are PCMH recognized.

Medicare's goal is to have at least 85% of payments tied to quality and value by 2016, and CMS has funded significant patient-centered infrastructure at the primary care practice setting.