Enhanced Personal Health Care is designed to help providers deliver high-quality care and offer the best possible patient experience. We have surveyed participating providers’ patients, and found positive results that reflect our shared goal – patients receiving enhanced, personalized health care.

In previous survey periods, we found encouraging results that indicated improvements in the patient experience where providers participate in Enhanced Personal Health Care. Namely, patients reported that their providers spent enough time with them, they were able to get answers to questions after office hours, and they reported office staff was helpful.

Most recently, we analyzed the data for the first half of 2014 and found:

- Year-over-year performance from 2013 to 2014 (for providers who enrolled in the program between January and June, 2013 and only at this time) indicates that the Enhanced Personal Health Care program is positively affecting the patient experience.
- Performance of Enhanced Personal Health Care providers was significantly better on the communications measures score, as well as several specific measures, including:
  - Always getting appointment for urgent care right away
  - Provider showing respect for patients
  - Provider spending enough time with patients
  - Office staff showing courtesy and respect.
- While participating providers’ ratings improved on these measures, scores for non-participating providers (the control group) have stayed relatively constant.
- Additional analysis further confirmed the above findings and identified other positive trends in Enhanced Personal Health Care patient ratings on “same day answers to questions,” “Provider listening” and “Provider explained things clearly.”

Visit the Enhanced Personal Health Care Provider Toolkit online to find resources to help your practice improve patient experience. Click on Milestone 6: Patient-Centeredness.

- Opportunities for improving the patient experience center around access to care. There are a few access to care measures where Enhanced Personal Health Care providers are rated lower than non-participating providers including:
  - Ability to get answers to medical questions after hours
  - Ability to get after hours care
  - Ability to get an appointment for routine care as soon as needed.

We are encouraged by these results, and we are hopeful that this is an indication of an improved experience for your patients. In 2015, we will continue conducting quarterly patient experience telephonic interviews with patients who are seeing providers within the EPHC program, and patients of providers not in the program. We will continue to share the results of our patient experience surveys twice a year in Transformation Times.
First Pediatric Collaborative Learning Event of 2015 on Immunizations a Success!

Do you know how to determine the best reminder/recall notification methods? Do you know the most common mistake providers make when discussing HPV with parents? Do you know the role PDSA cycles play in pediatric immunizations? If any of your answers are ‘no,’ then you must have missed our pediatric immunization event!

The first pediatric event of 2015 was held on February 5, bringing back one of our most requested pediatric topics year after year: immunizations. This is a topic we placed at the beginning of our 2015 curriculum since our pediatric and family practices continue to identify immunizations as a priority topic.

During this event, Kevin J. Dombkowski, Dr.PH from the Child Health Evaluation and Research Unit at University of Michigan presented “Reminder/Recall for Immunizations: Challenges and Opportunities,” reviewing the potential barriers when immunizing children, and offering solutions to the most common immunization barriers. Rebecca B. Perkins, MD from Boston University School of Medicine/Boston Medical Center gave a presentation on HPV entitled “If there were a vaccine to prevent cancer, wouldn’t you get it for your kids?” and offered suggestions for framing the HPV conversation. And as a bonus for our practices, we invited Cassandra Grantham, MA, Program Director of Child Health at Maine Health to present a practice’s perspective: practical suggestions, best practices and lessons learned when modifying your office systems to raise immunization rates.

Fortunately, anyone who missed this event can view the recording from your market-specific collaborative learning web page (see page 4 for a link).

Our next event is on March 3, 2015 on Improving Access to Care and Population Health Management with Colleen Kraft, MD from Cincinnati Children’s. Registration for this event can also be found on your market-specific collaborative learning web page. We recommend registering early, as our pediatric sessions fill up quickly!
PCMS Tip:
Enhanced Hot Spotter reporting

Effective March 1, PCMS Hot Spotter reporting will be enhanced to better help identify patients who may benefit from a care plan. These changes could potentially double the number of attributed members who appear as Hot Spotters.

“Hot Spotters” Criteria expanded:

• The “Core 5 conditions” Diabetes, Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Asthma, and Chronic Obstructive Pulmonary Disease (COPD) will become the “Chronic 8” with the addition of the following three conditions: Migraine, Hypertension and Morbid Obesity

• Behavioral Health diagnosis will amplify the risk score of the “Chronic 8” increasing the chance a patient will show as a “Hot Spotter.”

• Specific care gaps for other high-risk members, not otherwise identified by risk will increase a patient’s inclusion as a Hot Spotter

Readmission Hot Spotter criteria expanded:

• This designation will continue to identify those members who have an inpatient admission and are at high risk for readmission or inpatient admission and one of three care gaps:
  - No doctor visit last 6 months
  - Chronic Medication noncompliance
  - >10 medications last 4 months

• The goal of these new criteria is to identify members whose conditions are most likely to be improved by a primary care provider’s intervention.

• Beginning in March, PCMS will also identify patients with a high length of stay or high dollar costs as Readmission Hot Spotters.

Toolkit Tool of the Month

Colorado Medical Society Compact Facilitation Toolkit

This comprehensive toolkit developed by the Colorado Medical Society PCMH Systems of Care Initiative walks you and your practice through the process of establishing Care Compacts with specialists you desire to include in your “Medical Neighborhood.”

Find this and many other resources in your Provider Toolkit. Follow this path: www.unicarestateplan.com>Providers>Patient-Centered Primary Care Program>Provider Toolkit>Milestone 8: The Medical Neighborhood

Are you recognized as a Level 2 or Level 3 PCMH?

Get credit for your practice’s accomplishment!

If you are participating in the measurement period ending March 30, 2015 and you have achieved Level 2 or Level 3 status as a Patient Centered Medical Home from the National Committee for Quality Assurance (NCQA), please complete the NCQA PCMH Recognition Attestation survey under the “Helpful Links” section of the Enhanced Personal Health Care section in Availity.

Words Worth Knowing

A regular feature defining terms, words or concepts that can help practices succeed at delivering patient-centered primary care.

Care Compact

Care Compacts, or collaborative care agreements, are bidirectional agreements that aim to enhance communication between providers and patients. By sharing preferences and expectations around the referral process, a Care Compact facilitates effective care management and coordination across the continuum.

Source: American College of Physicians

Read more about care compacts online in our Provider Toolkit. Follow this path: www.unicarestateplan.com>Providers>Patient-Centered Primary Care Program>Provider Toolkit>Milestone 8: The Medical Neighborhood.

Navigation Alert!

We’ve made some changes to the verbiage you’ll see on Availity when accessing our reports. These changes ensure that the portal is inclusive of Provider Quality Incentive Program (PQIP) our value-based payment arrangements for Medicaid enrollees:

• Today when users log on to Availity and select “Maintain Organization,” users see “Enhanced Personal Health Care Enrollment Administration” under “Organization Links.” Effective later this month, “Provider Online Reporting Enrollment Administration” will appear instead of “Enhanced Personal Health Care.”

• Our Home page will say “Welcome to Provider Online Reporting” rather than “Welcome to Enhanced Personal Health Care.”

• If you send us a question via the “Contact Us” page, you’ll choose from a list of programs rather than the system defaulting to Enhanced Personal Health Care.
Massachusetts Notes

Get to know your Contract Advisor

Paulette Ricciardone

The Contract Advisor supports practice operations, implementation and ongoing maintenance of the Patient-Centered Primary Care Program. The Contract Advisor serves as the main point of contact for providers, and works directly with providers to guide them in the use of program tools and resources.

Paulette Ricciardone joined the UniCare team as Contract Advisor in September 2013, as part of the resources dedicated to the Patient-Centered Primary Care program. Prior to UniCare, Paulette worked for nine years with health care providers on how to use evidence-based electronic communication to improve outcomes and sustain effective patient/provider relationships. These communications included email, text messaging and social media as a form of patient education. The areas of health care she focused on were pregnancy and early childhood, autism, heart health and joint replacement surgery.

Paulette is a frequent visitor to Music City, USA (Nashville, TN), where her four sisters and their families reside. Although she was born and raised in Boston, Paulette considers Nashville to be her home away from home.

Reminder to register on Availity.com

If you haven’t fully registered yet on Availity.com, you’re missing out on important tools to help you manage your patients’ health. Availity offers reports from Provider Care Management Solutions (PCMS). This web-based application can help you manage your patients’ health by stratifying your patient population based on risk and chronic conditions. The reports also alert you to potential gaps in care and flag patients at high risk for readmission.

You can register at www.availity.com. If you need assistance, please reach out to the Transformation Team at UniCarePrimaryCareProgram@anthem.com to find out how to register.

Massachusetts Links

Locate your Patient-Centered Primary Care Program resources following this path: www.unicarestateplan.com > Providers > Patient-Centered Primary Care Program, or click here.

There you’ll find a host of resources, including your:
• Provider Toolkit
• Collaborative Learning Opportunities
• Past issues of Transformation Times

Contact our team at UniCarePrimaryCareProgram@anthem.com

Spotlight: Provider Toolkit

At the heart of medical home transformation is a core set of elements that positions a primary care practice to maximize its return on effort investment. These returns are characterized by making progress in sustainable change that favorably impacts patient experience, quality outcomes, and total cost of care. Some of these “core elements” point to:

• Engaged practice leadership
• Embedded use of QI methodology, including incorporating data use to drive change
• Shifting the practice delivery paradigm to a team-based model

Continue to explore the Provider Toolkit by checking out Milestone 7: Enhanced Access. Here you’ll find resources to establish expanded office hours, cross-coverage arrangements after hours, and online communication and visits for your patients within the patient-centered care model.

Learning Opportunities

Practice Essentials LIVE! Training

Take on transformation one step at a time. Reserve your seat for a series of upcoming practice transformation webinars that will help your practice meet the Patient-Centered Primary Care Program transformation requirements and support patient care. Earn CEU or CME credit for either joining the Practice Essentials LIVE! sessions or listening to the recordings. If you can’t attend the live event, register anyway and receive the replay link for self-study.

Register for the introductory session and four follow-up sessions:
• February 10, 2015: Introduction to Practice Essentials Curriculum, Tools and Resources
• April 9, 2015: Basic Performance Improvement Infrastructure
• June 9, 2015: The Model for Improvement
• August 13, 2015: Registry Use and Population Health Improvement
• October 13, 2015: Sustaining Changes and Moving Ahead

Choosing High-Value Cost-Conscious Care

Wednesday, March 18, 2015 – Noon ET

In partnership with the American College of Physicians (ACP), UniCare is presenting an interactive Practice Advisor Guest Speaker series.

You’ll find these and other recorded presentations in the Patient-Centered Primary Care Program Recording Library.