

Primary Care Case Management: HUSKY's patient-centered medical home program

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PCCM

- Based on patient-centered medical home model
- Implemented in 30 other states
- Does not involve HMOs
- OK saved \$85.5 m in switch PCCM from HMOs statewide
 - Increased participating providers by 44%
 - Outpatient visits up, ER visits down
- NC saved over \$140 m in 2006 with PCCM

Reasons for PCCM in HUSKY

- **HUSKY deeply troubled program**
 - 24% rate increase, \$50 million overpayments to HMOs
 - Secret shoppers could only get appointments with one in five providers listed in HMO panels
 - Very low provider participation, lower than states with worse fee schedules
- **Policymakers needed an alternative to HMOs**
 - In case HMOs leave (or are asked to, again)
 - Transparency
 - Cost
 - Negotiating leverage
 - Competition keeps everyone performing better

Reasons for PCCM in HUSKY

- Built on care management
- Less administrative hassle, overhead
- Better access to data
- Better access to specialists
- Empowers providers
 - Provider advisory Committee drives policies
 - Better communications with DSS
- Empowers consumers
 - Take responsibility for their own health
 - Self-management tools and support
- Builds on the patient-provider relationship

How PCCM works

- **HUSKY Primary Care** – another “plan” option for enrollment
- **Voluntary**
- **Patient chooses a PCP** who is paid FFS for their care plus \$7.50 pmpm for care management
- **PCP expected to provide all primary care services needed, plus**
 - Referrals to specialists and tests, collect results and follow up with patient
 - Initial risk assessment and develop care plan with patient
 - Have or acquire EMR or electronic disease registry within a year
 - Provide patient education and support to manage their own care
- **PCPs can choose how many patients they will take responsibility for**

Who can be a PCP?

- Family practice physicians
- Pediatricians
- General practitioners
- PCPs associated with a community health center
- Internists
- Osteopaths
- OB/GYN
- APRNs
- Nurse midwives
- Physician assistants
- Specialists, per patient request and DSS approval

Patient responsibilities

- **Contact PCP first with medical problems,**
- **Not go to ER unless it's a true emergency**
- **Show up for scheduled appointments**
- **Get a referral for tests or specialty care**
- **Collaborate with PCP to develop a realistic care plan**
- **Take responsibility and manage their own health**

Future for PCCM

- **150,000 new Medicaid eligibles in 2014**
- **Need statewide option**
- **Hire an ASO**
- **Expand to HUSKY Part B children**
- **Marketing – resources and remove barriers**
- **Inevitable**

For more information

CT Health Policy Project's
PCCM page

www.cthealthpolicy.org/pccm