

Coordinating Healthcare for Each Patient Could Your Practice Qualify as a Medical Home?

Today, more than 12,000 practices and 60,000 providers are recognized as Patient Centered Medical Homes (PCMHs). These figures are higher by 33 percent and 40 percent, respectively, since 2015.

As physician practices choose among models linked to MACRA and Medicare payments, the PCMH will offer the best strategy for some. Registration as a PCMH can in-



crease your practice's income and enhance its reputation. Plus, if your practice is already a high performer, or performs very well in a few areas, PCMH registration may be less of a stretch than you think.

What Is a Medical Home?

A medical home isn't a place or an office, but a way of delivering primary healthcare. The term is new, especially to patients, but it's apt. In today's uncertain healthcare environment, patients and caregivers are warming to the idea of a

central, holistic healthcare hub centered around their family doctor or GP – a medical home that:

- Coordinates and tracks all their healthcare across providers, organizations and labs.
- Helps them manage their chronic conditions and stay healthy year-round.
- Treats them with superior team-based care.
- Offers some ancillary treatments in the office.
- Communicates clearly with them, as well as with other stakeholders.
- Introduces them to electronic tools to schedule screenings and track outcomes.
- Delivers improved outcomes.

There are several possible reasons for your medical practice to seek PCMH registration. The model can improve practice functioning and deliver better outcomes. It marks your practice as a leader in healthcare reform. And it's a condition in some Medicare health plans for receiving increased reimbursements.

Find the Gaps

To make a decision, first assign staff with relevant skills to evaluate your processes against PCMH standards to identify the gaps. Government publications, online tools and several physician organizations offer guidance.

Next, discuss ideas for closing the gaps. Note that PCMH standards have some flexibility. If you stay

focused on the foundational goals of patient safety and quality of care, you'll probably discover some practical measures suited to your office.

Then consider what it would take for your practice to implement these measures. They will probably require some new technology, possibly more space and more staff, and certainly more training all around. And don't forget maintenance costs – your registration lasts three years, but if you want to continue as a PCMH at that point, you'll need to show that you actually functioned as one.

Consider intangible costs, too. For example, noticing staff rapport with patients can help you gauge whether your office is truly "patient centered."

Achieving Registration

If you go forward to achieve PCMH status, devise an action plan for a campaign to achieve registration. You'll increase your chances for success by taking the following actions:

Get strong leadership commitment. No partner should underestimate the challenge – qualifying as a medical home will require transformation at some level, even for high-performing practices.

Promote the registration goal throughout the office. Everyone can find ways to advance the new

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Convenience, Comfort, Reimbursement

Ancillary Services Are Adding Revenue

While reimbursement rates continue to fall, compliance and technology costs are rising, and the future of healthcare reform is uncertain. Under these pressures, it's no wonder that more doctors are leaving private practice for larger institutions and fixed salaries.

But others are finding new revenue sources by offering more ancillary services in addition to their current offerings. The right combination of services, offered to the right patients at your general practice or specialty clinic, can help retain your current patients, attract new ones, improve outcomes and increase profitability.

Some 20 percent of physician practices offer ancillary services today, including more than 30 percent each of anesthesiologists and orthopedic surgeons.

Which Patients Use Them?

Your practice can legally provide a wide range of services, including many that address chronic medical conditions affecting half of the U.S. population. This demand for such services will only grow as the baby boomer generation ages.

When you consider adding ancillary services, focus on those that help these baby boomer patients, since treatment and services can dramatically improve their well-being and extend their lives. Also, these services rank high in metrics you can use to demonstrate value-based care.

Since value-based payments will be incorporated in most insurance contracts by 2020, services designed for patients with chronic conditions will generally have the biggest impact on your practice's bottom line.

Along these lines, some doctors are now providing such services as outpatient procedures, pharmacy, physical therapy, tests and screens, urgent care, medical supplies, and

others. (For more detail on several of these, please turn to page 4.)

Any expansion of your practice carries some risk, but there are also risks in doing nothing — such as missing out on revenue and losing patients to a more patient-centered practice.

Assess the Opportunities

For any specific service, you can get an overview of the potential benefits and costs of offering it by considering the following factors.

Begin with your patient data.

Identify which ancillary services you currently refer to another provider most often. Which ones could your practice offer instead?



Calculate potential benefits. For these services, get rate information from payers and use it to estimate the revenue you could earn by providing each service within your practice. Also consider the less tangible values of convenience and comfort that a service will provide your patients.

Take a look at the competition.

Urgent care clinics, retail pharmacies, tele-med services and other specialty providers are all beckoning your patients with more of the traditional services of a medical practice. Could you offer some of those services to those patients in a more convenient or personalized way, thus keeping them committed to you as their medical provider?

Estimate cost. Implementing a new ancillary service will cost time,

resources and money. Will you need more space, new equipment, more staff and more software? And don't forget new legal and insurance costs. If you're providing the right services to the right patients at the right price, such expenses can be managed, but be certain you understand your costs from the outset.

Estimate volume. How many patients will your new offering serve? Will your existing patient base sustain it? If not, look at the larger market around you — but remember to factor in saturation. If other providers already offer the service, can you break into that market? Engage

some professional marketing insight to avoid investing in an ancillary service that's ill-suited to your circumstances.

Plan for compliance.

Federal and state laws address not only unsavory behavior like fee-splits, kickbacks and self-referrals, but also routine functions like licensing, dispensing controlled substances, billing processes and other areas. Engage a healthcare attorney before you offer any new

ancillary service.

Easier Than Ever

Physicians have been generally conservative about expanding into new areas and services. This has protected many from chasing the latest fads, but it has also led to missed opportunities.

Today, however, it's easier than ever to add at least a few ancillary services. In addition to generating revenue, many of these can enhance your practice's coordination of care and patient-centered approach — and ultimately contribute to better outcomes.

If you'd like to consider offering additional services, we can help you analyze costs and benefits.

Understanding This Critical MIPS Score Component

Confronted with new MACRA options, some doctors are choosing alternative payment models or medical home registration. For the present, however, most are continuing under MIPS, the existing Merit-based Incentive Payment System, which builds on the traditional fee-for-service model.

One of the MIPS components is Advancing Care Information, or ACI, which replaces the earlier incentives, penalties and meaningful-use criteria linked to EHRs. Instead of an all-or-nothing approach, ACI provides at least partial credit as you implement new technology.

Your practice's performance in the ACI component contributes 25 percent to your final MIPS score, which in turn affects your Medicare payments and incentives.

Choose How to Participate

ACI offers three ways to participate: base, performance and bonus. These reflect how many defined ACI activities your practice performs.

You'll report on four required activities: security risk analysis, e-prescribing, patient access and

(depending on your EHR edition) either summary of care or health information exchange. In addition, you can boost your ACI score by reporting on other optional activities, such as:

- View, download or transmit information to a third party.
- Patient-specific education.
- Secure messaging.
- Medication reconciliation.
- Immunization registry reporting.
- Syndromic surveillance reporting.
- Specialized registry reporting.

Congress deliberately set a low bar for ACI participation, with lower reporting requirements than for either Meaningful Use 2 or EHR Incentive 3. The intention is to help you transition, so these options require little beyond participation. If you report in additional performance categories, you can earn a modest financial reward, while top performers can earn more.

In addition, the 2017 reporting period permits a "Pick Your Pace" option that requires even less reporting. Virtually no practice should owe a penalty.

Easy to Avoid a Penalty

Here's a quick look at three activities in every ACI report, showing what your practice must do to avoid a penalty.

1. Security-risk analysis. Describe your encryption and security measures for electronic health information, your schedule for security updates, and any security-risk points you've identified.

2. E-prescribing. For at least one prescription, use CEHRT to reference a drug formulary and transmit the prescription electronically.

3. Providing patient access. For at least one patient, provide online access to view, download and send his or her information. Your practice retains discretion to withhold certain information as appropriate.

Given the program's flexibility and low minimum requirement, strong ACI participation is something every MIPS-governed practice can reach for.

Our healthcare information expertise can help you make the most of the ACI component. Call us to learn more.

Qualifying as a PCMH

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measures during their workday. When your practice is named a PCMH, recognize and reward your staff's accomplishment.

Focus on physician time. For tasks that don't require a physician's time – things like nutrition education, entering medication notes, ordering labs – rely on the team. Use every team member at the maximum level of their license, and create standing orders to authorize them to perform tasks.

Improve the quality of physician time with patients. A medical home treats the whole person – so doctors need a deep understanding of each

patient's unique combination of lifestyle, heredity, medical conditions, risks and self-care.

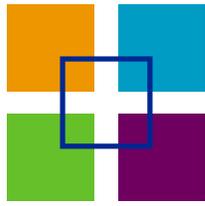
Join the "medical neighborhood." Coordinating your patients' care requires sharing data with patients, providers, labs, payers and government, as well as following up on abnormal test results. To manage these tasks effectively, equip yourself with technology that helps you and your staff work smarter.

Document your work carefully. A PCMH uses evidence-based medicine. That may not be a problem if you've used it your entire career, but make sure to record it.

Plan for the period after registration. You need to be sure you can continue the measures you've implemented over the long haul.

Your practice may or may not be ready for registration as a Patient Centered Medical Home. But the PCMH standards are worth a look, and should raise some practice improvement ideas that can keep you on track for registration down the road.

Seeking medical home qualification is a big decision. Our firm can help you clearly understand the benefits, risks and challenges.



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Which Ancillary Services Could You Offer?

Ancillary offerings can cover a wide range of services and products, so one initial challenge is narrowing down the possibilities. Here's a closer look at some of the services medical practices are successfully adding today.

In-office outpatient procedures. Performing outpatient procedures in your office can increase both revenue and status. Some doctors are building in-office suites to handle more procedures and obtain better reimbursement.

Pharmacy. If you hire a pharmacist and stock an appropriate range of drugs, many of your patients can have all their medicine before they leave the office – a proven factor in improving medication compliance.

An in-office pharmacy also facilitates care coordination, encourages consultation and eases your practice's medication-related tasks.

Physical or occupational therapy. These therapies are often available at orthopedists or sports medicine practices, but they can be offered at any medical practice. They are in constant demand, especially for athletes and the aging, and can easily appeal to your general patient base as well.

Allergy testing. This is a good fit for many pediatric, dermatological or general practices. Allergies are seen in 20 percent of children today, and they're chronic so they'll need ongoing care.

Urgent care. For many practices, urgent care clinics are direct competi-

tors. Patients walk in without an appointment for diagnosis and treatment of minor medical issues, and they're typically younger and less expensive to treat. Could you offer urgent care by testing the waters with a modest extension of your hours and an additional doctor?

Durable medical equipment. What types of equipment could complement your practice? Orthopedists often stock splints and slings, which they buy in bulk at steep discounts. For larger products, you can contract with a service for delivery and billings.

Browse a few medical equipment sites to see what might work. If you offer any equipment, make sure your staff is fully educated about it.



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