

**Agency: Department of Health and Social Services****Project Title:****Project Type:** Planning and Research

# Patient Centered Medical Home Implementation Planning for CHC Clinics

**State Funding Requested: \$437,500**  
One-Time Need**House District:** Statewide (1-40)**Brief Project Description:**

The project will be used by three CHCs across Alaska chosen by competitive RFP by the DHSS to assist the CHCs in transitioning to the Patient Centered Medical Home (PCMH) model. The transition to the PCMH model for Medicaid providers is the priority recommendation of the Alaska Health Care Commission.

**Funding Plan:**

Total Project Cost:	\$774,080
Funding Already Secured:	(\$336,580)
FY2013 State Funding Request:	(\$437,500)
Project Deficit:	\$0

*Funding Details:**\$ 336,580 already secured in kind from the APCA***Detailed Project Description and Justification:**

The \$437,500 will be used to support the DHSS, and Alaska's Community Health Center Clinics (CHCs) to transform to the Patient-Centered Medical Home (PCMH) model. The need for this support sought in this request is well documented in every study on Alaska Medicaid reform, and the transition to the PCMH model is the number one recommendation of the Medicaid Task Force study commissioned by the State of Alaska. This request will make possible not only increases in operational efficiency to the CHC's, and long term reductions in State Medicaid expenditures, but will also provide valuable data to the Department of Health and Social Services and their newly retained PCMH consultant that is assisting the State of Alaska to fully transition to an Alaska specific PCMH model.

CHCs will be selected via an RFP process based on their readiness and ability to meet certain criteria (for example, capacity for care coordination, use of a certified Electronic Health Record (EHR), and capacity to fully integrate behavioral health services to the primary care teams, etc.) to make the transition to PCMHs. The specific criteria for readiness and data collection will be defined by the State DHSS. The 25 CHC organizations operating the 143 (and growing) CHC clinics in Alaska will be eligible to apply. Three clinics would ultimately be funded from this request. The funding would be administered through the State DHSS, and the technical assistance and training support for the CHC grantees would be provided by the APCA as an in-kind contribution. Additional in-kind contributions would be made by the APCA, such as the hosting of an annual PCMH Best Practices Conference with national speakers and training opportunities for the DHSS pilot project grantees and the CHC PCMH grantees. The grantees would participate as stakeholders in the DHSS PCMH Pilot project with APCA acting as liaison between the DHSS PCMH Consultant and the CHCs transitioning to PCMHs.

The PCMH is a comprehensive, team approach to primary care that has been shown to lower overall costs to the State in

the full spectrum of health care through the reduction in hospitalizations, emergency room use, and specialty care due to patient engagement, a patient's open access to, relationship with, and communication with his/her team of providers, as well as prevention, early intervention, better managed chronic disease, the robust use of electronic medical records and health information exchange, etc. (see attached Cost Savings Case). At a visit to the PCMH, the patient will work with the relevant team member(s), which may not always be the physician; a nutritionist may be the appropriate team member at a particular visit, for example. The PCMH involves horizontal and vertical care coordination to ensure the patient does not "fall between the cracks," receives the appropriate care for his/her particular needs, and stays engaged in his/her care, including through making good lifestyle choices.

The funding received by each CHC will be used to develop an action plan and to begin transformation to the PCMH delivery model. The action plan will involve determining strategies and steps to achieve certification as a PCMH so the clinics can receive appropriate reimbursements which will account for the care coordination, the added patient interactions/communications, increased provider team expertise, the robust use of health information technology, and a robust method for collecting and tracking data to measure program progress toward the Triple Aim of health care and the PCMH model: 1) controlling total cost per person to at least the level of overall inflation, 2) improving the individual and population health over time, and 3) improving the individual experience of care conforming to the Institute Of Medicine's aims.

### Project Timeline:

1. The DHSS will release an RFP to the CHCs within three to six months of funding.
2. Three CHCs will be awarded funds typically in three segments over a 18-24 month period upon proof of realizing certain project objectives.
3. The APCA will provide technical assistance and support to the DHSS from the inception to the completion of the project and technical support to the CHCs throughout the project period.

### Entity Responsible for the Ongoing Operation and Maintenance of this Project:

The Alaska Primary Care Association

### Grant Recipient Contact Information:

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Has this project been through a public review process at the local level and is it a community priority?  Yes  No