

Patient Care Networks of Alabama (PCNA)

**Family-to-Family Health Information Center's 2012 Partners in Care Summit
Prattville, Alabama
April 16-17, 2012**

Faculty

**Robert Moon, MD
Chief Medical Officer
Deputy Commissioner
Health Systems
Alabama Medicaid Agency**

PCMH in Alabama

- **In 2009 the National Association of State Health Policy (NASHP) and The Commonwealth Fund awarded a Technical Assistance Grant to:**
 - **The Alabama Chapter of the AAP**
 - **ALL Kids (ADPH)**
 - **Alabama Medicaid**

The Medical Home Workgroup

- **Formed January 2010**
- **Alabama**
 - **AAFP, MASA, APHCA, AlaHA, Pharmacy, DMH, others**

Workgroup Decisions

- **Criteria for the Patient First program should not be so stringent as to be unattainable by most practices**
- **Most practices are not NCQA recognized and if we required that in the near future, only a limited number of practices would qualify**

Workgroup Decisions

- **Most states do not currently require NCQA recognition**
- **The current Patient First medical home criteria are a proven method for improving care and being cost-effective**

Workgroup Decisions

- More can be done to support physician practices in Alabama
- More care coordination resources are needed
- More data can be provided to help improve care
- More collaborative, collegial relationships need to be formed across the healthcare system

Conclusion

- After considering multiple models, the North Carolina model was chosen as the umbrella structure for furthering and supporting medical homes in Alabama

The North Carolina Model

- A physician-driven system of regional, non-profit organizations charged with:
 - Driving the quality of care
 - Improving outcomes
 - Providing care management
 - Developing better care integration
 - Developing collaborative relationships with providers

The North Carolina Model Staffing

- Alabama Medicaid supports the infrastructure by paying a PMPM to the networks
- The networks employ:
 - Local part-time medical directors who must be practicing Patient First physicians

The North Carolina Model Staffing

- Local pharmacy directors
- Local administrators
- Physician participation is optional

The North Carolina Model Strategies

- Collaboration among all provider types in a region
- Medical management meetings
- Non-punitive comparisons of providers
- Academic detailing
- Readmissions initiatives
- ER utilization initiatives

The North Carolina Model Strategies

- Local solutions are found to local problems
- Avoids medical home criteria that are too stringent, but is supportive of practices as they move along the medical home path
- The model involves all parts of the delivery system

The North Carolina Model Strategies

- The networks are driven by data
 - Utilization patterns, prescribing patterns, patient adherence, etc.

An Evidence Based Strategy

- The Patient Care Networks of Alabama are modeled after the Community Care Networks of North Carolina which have documented value in helping patients get the high quality care that they need and that providers want to provide

Operations

- Operations began in East 8/1, West and North 9/1
- Informatics Center via USA
- Meetings with boards, executive directors, clinical directors, pharmacy directors
- Medical management meetings

Operations

- Care management services
- Pharmacy services

West Alabama

- MedNet West
- Executive Director:
Sylvia Brown
- Medical Director:
Chelley Alexander, MD

North Alabama

- **North Alabama Community Care, Inc.**
- **Executive Director:**
Dana Garrard
- **Medical Director:**
Dwight Lockett, MD and
Kevin Olson, MD

East Alabama

- **Care Network of East Alabama, Inc.**
- **Executive Director:**
Kim Eason
- **Medical Director:**
Andrew Stubblefield, MD