

## **UCI Implementing New Model for Patient-Centered Senior Care**

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With an eye toward healthcare reform, University of California, Irvine, has spent the last year creating a new patient-centered medical home focusing on the elderly. The new healthcare delivery model is expected to be fully implemented in early 2014.

Dr. Lisa Gibbs, the medical director for UCI's senior health center and chief of division of geriatric medicine and gerontology, said while UCI has always been innovative, the patient-centered medical home (PCMH) seeks to improve patient outcomes and lower overall healthcare costs.

"We are preparing for changes in healthcare and want to explore ways to deliver better care with better access and efficiency," Dr. Gibbs told PNN. "It's a team-based healthcare delivery model that places the patient at the center of care."

The PCMH is rapidly gaining popularity as a way to make primary care more accessible, comprehensive and coordinated. Since 2008, when the National Committee on Quality Assurance (NCQA) began recognizing practices as PCMH, more than 26,000 clinicians at more than 5,000 practice sites have received the NCQA designation, according to an article in Medscape.

UCI is still in the process of preparing for the NCQA designation, a lengthy and time-consuming process. There are three levels of NCQA recognition ranging from Level 1 to Level 3, the highest. Getting there involves meeting requisite elements in six "Standard" categories: Enhance Access and Continuity; Identify and Manage Patient Populations; Plan and Manage Care; Provide Self-Care Support and Community Resources; Track and Coordinate Care; and Measure and Improve Performance.

With each of these categories having one "must-pass" element, the effort involved changing processes to be more patient-centered, Dr. Gibbs said.

For one, implementing an electronic record system was key.

"There are quality improvements that require acquiring data from a large population of patients, which can only be done with an EMR," she said. "We chose to follow three chronic care conditions and established a registry for dementia, heart failure and diabetes." Each condition then requires following certain quality measures, such as eye and foot exams and measuring hemoglobin A1C levels for diabetics.

“The idea is to manage quality indicators so that patients will experience better outcomes,” Dr. Gibbs said.

The other big change was the scheduling of patients, shifting from 100% pre-scheduled to a partially scheduled and partially open patient schedule.

“This is a major shift in our culture and care for physicians and educating patients on what that means,” she said.

Experts say that this process could require extra patient documentation, such as sending patients who don’t come in reminders and letting them know about their chronic and preventive care needs.

The new model also calls for a team-based approach to medical care with each team comprising physicians, physician assistants, nurses and medical assistants.

“It’s organized so that a team will always be available to a patient,” Dr. Gibbs said. “So even if a doctor is not there, we can offer an appointment with a team partner.”

Dr. Gibbs told PNN while the process to a patient-centered delivery model is nearly complete, she hopes to apply for designation with the NCQA in the spring of 2014.

Dr. Gibbs predicted it could take “a few months” to receive designation. To get to the highest level you have to implement more interventions, which makes the process more involved, she added.

Healthcare experts say the process of receiving designation varies widely, with some practices reporting receiving designation in three months; others say it took a year.

“With an eye toward healthcare changes and the drive to increase quality and reduce costs, we would like to explore this healthcare delivery model as a means to do just that,” Dr. Gibbs said.