Physician-Focused Payment Model
Technical Advisory Committee

Roundtable Physician Panel Discussion: Enhancing Specialty Integration

Panelists:

Subject Matter Experts

- John Birkmeyer, MD, President, Medical Group, Sound Physicians
- Nichola Davis, MD, MS, Vice President and Chief Population Health Officer, NYC Health & Hospitals
- Carol Greenlee, MD, MACP, Endocrinologist and Owner, Western Slope Endocrinology
- Jackson Griggs, MD, FAAFP, Chief Executive Officer, Waco Family Medicine
- Art Jones, MD, Principal, Health Management Associates (HMA)
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John Birkmeyer, MD
President, Medical Group
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Nichola Davis, MD, MS
Vice President and Chief Population Health Officer
NYC Health & Hospitals
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**Carol Greenlee, MD, MACP**
Endocrinologist and Owner
Western Slope Endocrinology
Carol Greenlee MD MACP
Western Slope Endocrinology
ACP Medical Neighbor & High-Value Care Coordination

The Medical Neighborhood –
defines an **approach** to connecting care & working together

_Fosters a mindset of cooperation, collaboration & cohesion_

ACP **High Value Care Coordination (HVCC) tool kit** –
defines _expectations & critical elements_ for a high value referral process

• High Value Referral Request & Referral Response
• Critical Processes for a High Value Referral Process
  • Pre-visit Advice (“enhanced referrals”)
  • Pre-visit Review (referral triage)
  • Close-the Loop & Referral Tracking

High Value Care Coordination (HVCC) Toolkit | ACP (acponline.org)
Patient-Centered Connected Care: the patient’s medical neighborhood – beyond the referral

Medical Neighbor defined:
- Communicates, collaborates & integrates
- Appropriate & timely consultations
- Effective flow of information
- Responsible co-managing
- Patient-centered care
- Support primary care/medical home as hub of care

The patient is the center of care
Primary Care is the hub of care

Specialty/Subspecialty Care is an extension of care
- assisting with care to meet patient needs
Need for Specialty Care for a Condition

PC Medical Home

Advice or Recommendations
Cognitive Consultation

Co-management with Shared Care

Co-management With Principal Care of Disorder

SC Co-management of patient for a Consuming Illness

Spectrum or Continuum of Roles in the Medical Neighborhood to meet the Spectrum of Needs
Sometimes as a condition/patient stabilizes—management can transition back to Primary Care.
References – Policy Papers & Tool Kit

• Medical Neighborhood
  • ACP (acponline.org)

• High-Value Care Coordination
  • https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians/high-value-care-coordination-hvcc-toolkit

• Beyond the Referral: Principles of Effective, Ongoing Primary and Specialty Care Collaboration
  • https://www.acponline.org/acp_policy/policies/beyond_the_referral_position_paper_2022.pdf
  • https://assets.acponline.org/acp_policy/policies/beyond_the_referral_playbook_2022.pdf
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**Jackson Griggs, MD, FAAFP**

Chief Executive Officer

Waco Family Medicine
Jackson Griggs, MD

- 15-site FQHC in Central Texas
- 24 yrs as FQHC | 53 yrs as FMRP
- 61,600 patients | 233,000 visits
Value

• Upside Only Shared Savings Plans
  • Local ACO / commercially insured
  • Medicaid MCO
  • Medicare Advantage

• Two-sided Shared Savings Plans
  • Medicaid MCO
  • FQHC-only ACO (LLC) MSSP
Integrated Behavioral Health

- Shared care for primary care panel
- 1:3 LCSW to PCP
- Generalist
- Accessible
- Team-based
- High Productivity
- Educator

Counseling Co-located

- Stepped care treatment paths for common disorders needing intensive intervention
- Evidence-based treatment building on primary care treatment (e.g., full course of CBT, ACT)

PCAM Primary Care Addiction Medicine

- Consultation and Intervention (MD and LCSW)
- Opioid & Stimulant Use Disorders
- Special populations (e.g., SUD in pregnancy)

Pediatric Behaviors Program

- Internal Stepped Care Model
- Pediatric Disruptive Behavior Disorders and Trauma and Stressor-related Disorders

HBMH Human Behavior and Mental Health Consultation Clinic

- Clinical psychologist + FM resident
- Referral for diagnosis clarification, plan development & treatment initiation
- Pt returns to PCP
- Increases treatment capacity for all conditions across the system

Delivery Transformation in Behavioral Health
Pediatric Behaviors Program

**Step 1: Clinic-wide/Population-level**
- Child Adult Relationship Attachment (CARE)
- Family medicine residents, nurses, front desk clerks and BHP trained

**Step 2: Mild Behavioral Concerns**
- iCARE in the exam room with behavioral professional (BHP) and primary care provider (PCP)

**Step 3: Moderate Behavioral Concerns**
- PriCARE group treatment co-located in the clinic. Parent/Child dyad attend.

**Step 4: Mod to Severe Behavioral Concerns**
- PCIT and TF-CBT in the pediatric clinic behavioral health clinic.

Clinical Pediatrics, 2021
Reliable: Combines top level evidence and expert opinion with real world primary care experience

Succinct: without compromising quality

Cost: Respect to cost and funding sources

Scope: Adult, pediatric, and perinatal psychopharmacology

Ethical: not industry funded

Featured by the BHI Collaborative

8,200+ Apple iOS App downloads
63,000+ unique website users across...
50 US states and...
64 Countries across the globe...
Acronyms

ACO: Accountable Care Organization
ACT: Acceptance and Commitment Therapy
BHI: Behavioral Health Integration
BHP: Behavioral Health Provider
CHIP: Children’s Health Insurance Program
CBT: Cognitive Behavioral Therapy
FM: Family Medicine
FMRP: Family Medicine Residency Program
FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
LCSW: Licensed Clinical Social Worker
LLC: Limited Liability Company
MCO: Managed Care Organization/Plan
MSSP: Medicare Shared Savings Plan
PCIT: Parent-Child Interaction Therapy
PCP: Primary care provider
Pt: Patient
SUD: Substance Use Disorder
TF-CBT: Trauma-Focused Cognitive Behavioral Therapy
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Art Jones, MD
Principal
Health Management Associates (HMA)
Arthur Jones, MD
Chief Medical Officer
Medical Home Network
Medical Home Network (MHN): Integrating Primary and Specialty Care Specialists