2011 Legislature TPS Report 55908v1

Agency: Commerce, Community and Economic Development

Grants to Named Recipients (AS 37.05.316)

Grant Recipient: Alaska Primary Care Association

Project Title: **Project Type:** Planning and Research

Alaska Primary Care Association - Patient Centered Medical Home Transition Support

State Funding Requested: $875,000 **House District:** Statewide (1-40)
One-Time Need

Brief Project Description:

Patient-Centered Medical Home Implementation Planning for Community Health Center Clinics

Funding Plan:

Total Project Cost:	$1,050,000
Funding Already Secured:	($175,000)
FY2012 State Funding Request:	($875,000)
Project Deficit:	$0

Funding Details:

25 CHC organizations in Alaska, with first established in 1975 and by 2011, operating 142 clinics statewide. Funding sources derived from payment reimbursements from individuals and insurers as well as some federal grant assistance for low income and uninsured patients.

Detailed Project Description and Justification:

The $875,000 will be used to support the development of action plans to begin the transformation to the Patient-Centered Medical Home (PCMH) model. Community Health Centers (CHCs) will be selected via an RFP process based on their readiness and ability to meet certain criteria to make the transition to PCMHs. The 25 CHC organizations operating the 142 CHC clinics in Alaska will be eligible to apply.The PCMH is a comprehensive, team approach to primary care that has been shown to lower overall costs in the full spectrum of health care through the reduction in hospitalizations, emergency room use, and speciality care due to patient engagement/accountabiliy, prevention, early intervention, better managed of chronic disease, and the robust use of electronic medical records and health information exchange. The patient has better access and communication with his/her primary care team. At each visit, the patient will work with the relevant team member, 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 need, stays engaged in his/her care through good lifestyle choices.

The funding received by each CHC will be used to develop an action plan to begin transformation to the PCMH delivery model. Planning will involve determining strategies and steps to achieve certification as a PCMH so the clinics can receive appropriate insurance and CMS reimbursements which will account for the care coordination, added patient interactions/communication, increased provider team expertise, and the robust use of health information technology, etc.

Contact Name: Joe Michel
Contact Number: (907) 465-2812

For use by Co-chair Staff Only:

$875,000 Approved

10:26 AM 5/27/2011

Project Timeline:

FY2012

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

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? [X] Yes [ ] No

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