

**Health Quality and Cost Council**  
**Patient Centered Medical Home Workgroup**  
**Medical Home Foundations Subgroup**  
**Meeting Summary**  
**May 14, 2009**  
**4:00-5:30 p.m. EST**  
**Via Teleconference**

**Purpose**

This group will balance the ‘state of the art’ in medical home development with Maryland-specific needs and will consider how a state-wide plan can complement the several single payer demonstrations that are in the planning stages, or are now underway, in Maryland.

**Discussion Summary**

The meeting began with approval of the meeting summary of the April 24, 2009 meeting, followed by consideration of the draft definition and core principles of a patient centered medical home. Some concerns were expressed regarding difficulties that practitioners may have in meeting others’ expectations of cultural and linguistic appropriateness. There was also discussion regarding whether the definition includes nurse practitioners and physician’s assistants and it was the consensus of the group that all policies regarding patient centered medical homes follow current Maryland law.

Ms. Epke noted that the demonstration should work with physician practices from the point of where they are and find areas that the practices want to improve. A systematic approach for all patients makes the practice more efficient. It will provide both better preventive and chronic care. It was noted that if the demonstration is based on a chronic care model, then there would be very little participation by pediatric practices.

Staff agreed to revise the proposed definition to include statements regarding practice leadership, culturally and linguistically sensitive appropriateness, comprehensive care available to all Marylanders, and the expected coordination of care with other providers. This definition and the core principles will then be taken to the full workgroup at the May 20<sup>th</sup> meeting for approval.

The following issues remain outstanding:

1. Practice Recognition – NCQA PPC-PCMH versus alternative models – in the Workgroup there was a general consensus for using PPC-PCMH.
2. Approaches to include Community and Federally Qualified Health Centers that provide care to a broad section of the overall population.
3. Defining measurement methods for quality, efficiency and satisfaction. No single tool has been identified as ideal for all medical home demonstrations.
4. Program Evaluation – How would it be financed?

**Meeting Participants**

*Council members:* Barbara Epke, Chair

*Other participants:* Johann Chanin (NCQA), Anne Doyle (CareFirst), Christine Barbara Johnson (TransforMED), Tracy King (Johns Hopkins School of Medicine), Edward Koza (United Healthcare), Rebecca Perry (Maryland Medicaid), Maria Prince (DHMH, Chronic Disease Program), Sarah Reese-Carter (MD/MA Healthy Kids Program), Carol Reynolds (Potomac Physicians), Tricia Roddy (Maryland Medicaid), Eric Sullivan (United HealthCare), Pegeen Townsend (Maryland Hospital Association), Brenda Wilson (Maryland Insurance Administration)

*Staff:* Nicole Stallings, Ben Steffen, Karen Rezabek