

Medical Home Foundations Subgroup

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

Areas of General Agreement:

1. Definition of Patient Centered Medical Home

A patient-centered medical home is a model of practice in which a team of health professionals, guided by a personal physician, provides continuous, comprehensive, and coordinated care in a culturally and linguistically sensitive manner throughout a patient's lifetime to maximize health outcomes. The PCMH, accessible to all Marylanders, is responsible for providing for all of a patient's health care needs or appropriately collaborating with other qualified professionals to provide high levels of patient-centered care through evidence-based medicine, access and communication, care coordination and integration, and care quality and safety. This includes the provision of preventive services, treatment of acute and chronic illness, and assistance with end-of-life issues, either within their practice or through the coordination with other providers in the community. (ACP)

2. Core Features of the Medical Home – from Joint Principles

- Personal Physician or Clinician, as provided for under Maryland law
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and/or Integrated
- Quality and Safety
- Enhanced Access
- Payment Reform

2.1 Subgroup endorses the idea that behavioral health be explicitly recognized as a part of the PCMH.

3. Who Participates? – Emphasize that all patients have access to PCMH. The subgroup endorses the idea that all patients should have access to a medical home. The primary care model focuses on all patients in a practice and emphasizes whole-person care over time, rather than single-disease-oriented episodic care. The primary care model identifies four elements as essential to the delivery of high-quality primary care: accessible first contact care, or serving as the entry point to the health care system for the majority of a person's problems; a continuous relationship with patients over time; comprehensive care that meets or arranges for most of a patient's health care needs; and coordination of care across a patient's conditions, providers, and settings in consultation with the patient and family. Three aspects of the chronic care model in particular—self-management support, delivery system design, and decision support—used in combination have improved single chronic condition care, in particular for diabetes. The

subgroup also supports the idea that patients with chronic conditions in particular will benefit from access to a PCMH. Chronic care must be developed on a “solid platform of primary care.” Using the words of Ed Wagner that “every chronically ill person has a primary care team that organizes and coordinates their care.”

Outstanding Issues (Ranked by Priority)

1. Practice Recognition – NCQA PPC-PCMH versus alternative models – in the workgroup there was a general consensus for using PPC- PCMH.
 - What level of PPC-PCMH recognition? Many multi-stakeholder demonstrations have started with Level 1 PPC-PCMH, but required migration to Level 2 within 18 months or sooner. Most single payer demos require that practices achieve Level 2 recognition to remain in the Demonstration.
2. Approaches to include Community and Federally Qualified Health Centers that provide care to a broad section of the overall population.
 - Community Health Centers and FQHCs will have higher UC shares than typical practices. How would care management fees for the uninsured population be financed?
3. Defining measurement methods for quality, efficiency and satisfaction. No single tool has been identified as ideal for all medical home demonstrations.
 - How will success be measured? Many demonstrations are requiring practices to first submit data on quality of care and secondarily on efficiency. For example, the CareFirst model is following that expectation.
4. Program Evaluation – How would it be financed?

Process to Address Outstanding Issues

1. Practice Recognition – Staff recommendation – Use national standards as much as possible, understanding that recognition processes will improve as more organizations get into this business.
 - Level 1 NCQA PPC-PCMH recognition with a progression to Level 2 attainment within 18 months
2. Inclusion of Community and FQHCs – subgroup members are working on proposal.
 - We have asked FQHCs to offer suggestions, especially related to financing
 - We will explore with the Community Health Resources Commission the possibility of using its funding to support the initiative
3. Measurement methods – One meeting of the subgroup to discuss directions for measures.

Plans for Subgroup

One meeting after the next Council meeting

Practice Transformation Subgroup

Subgroup Charge: This subgroup is examining the technical, administrative, financial, and legal issues that would arise if a multi-payer demonstration is established in the State:

- Identifying technical and financial challenges for practices considering adoption of a PCMH model.
- Determining sources of technical and infrastructure support, including foundation, government, and private.
- Determining the steps needed to sustain PCMHs, once established.
- Identifying legal issues that need resolution, including Medicaid participation, anti-trust and safe-harbor issues.

Areas of General Agreement:

1. A demonstration in Maryland should include a broad cross-section of primary care practices including pediatricians, internal medicine, and family practice clinicians.
2. Practices should be selected to reflect the underlying geographic and demographic distribution of clinical practices in the state.
3. Practices that embark on PCMH transformation will require operational and financial resources, some of which must come from outside of the practice.
4. A key responsibility of the demonstration is to identify, finance, and deploy support resources that can be made available to practices that pursue PCMH adoption.
5. A key demonstration function is to develop and sustain collaboration among practices engaged in PCMH transformation.
6. A practice should be required to achieve NCQA PPC-PCMH level 1 as a condition for participation in a demonstration with the practice committing to achieve PPC-PCMH level II recognition. However the time frame to achieve that recognition was not worked out.
7. NCQA should continue to evolve the PPC-PCMH recognition program. Some practices see little value in current implementation. Evolution should focus on expanding the assessment of a practice's ability to coordinate care and involve the patient in shared decision making.

Outstanding Issues (Ranked by Priority)

1. The sub group learned that development resources, both financial and human, will be needed. Although there is recognition that carriers could possibly finance care coordination fees, the funding source for development functions is uncertain. These issues pose a very serious constraint, particularly for adoption beyond a demonstration project.
2. A structure to support collaboration among payers without running afoul of federal anti-trust law.
3. Feasibility of achieving Medicaid participation in PCMH.

4. Special support is needed for vulnerable physician practices having a high market share of uninsured patients.
5. Ensuring practices are self-sustaining PCMHs. --- Achieve recognition + support through transformation support+ reimbursement better aligned with the outcomes that are sought.

Process to Address Outstanding Issues

1. Members of the Transformation subgroup volunteered to write a draft of the organizational goals for transformation of practices. (forthcoming)
2. The Subgroup will examine the options for financing the on-going organizational consulting. Possible financing options -- payers' research and development grants, possibly DBED grants – make PCMH an 'incubator imitative'.
3. The staff will meet with OAG attorneys to obtain legal advice on collaboration that can occur among payers on issues such a payment, quality measurement, and evaluation given federal anti-trust law. Staff will share that guidance with the Medical Home Workgroup.
4. Continue to work with Medicaid administration. Identify roadblocks including:
 - a. What is the impact of a PCMH on the current Medicaid 1115 waiver?
Will it require CMS sign-off? What is the timeline?
 - b. Generating interest in MCO participation. Which MCOs: Priority Partners, Amerigroup, UHC, MedStar, Jai, and Diamond?
 - c. Approaches for financing of the transformation costs, care coordination, and rewards.

Future meetings:

Plan for additional meetings after the next Council Meeting

Purchasers and Consumers Education Subgroup

Subgroup Charge: This group is charged with developing strategies for involving employers and consumers in medical home demonstrations. This subgroup will be:

- Developing purchaser awareness and purchasing strategies.
- Creating standards for a patient education program focused on why it is important to have a medical home and assisting in matching patients and PCMHs.

Areas of General Agreement

1. Fostering patients' involvement is a core function of the PCMH. Goal should be to promote bilateral agreement between patient and practice and improved measurement of patient satisfaction in the PCMH recognition tool.
2. Significant information has already been developed.
 - a. Direct outreach to consumers;
 - b. Outreach to advocates.
3. Recognition tools should continue to improve measurement of patient involvement in the PCMH.

Outstanding Issues

1. Expand participation of purchasers and consumers
Special challenges: the health care industry elicits minimal purchaser and consumer input. Staff solicited participation of consumer groups and hope to have several additional groups participating at the May 20th meeting. Staff has also discussed participation of local firms through the business coalitions, but we have encountered more resistance than expected. Businesses lack understanding of medical home concepts, are suspicious about quality initiatives ('Bridges to Excellence efforts have not yielded savings'), and are less willing to risk resources.

Process to Address Outstanding Issues

1. Build or join coalitions in support of PCMH; advocate that insurers become part of a demonstration.
2. Incorporate PCMH RFP language into insurer procurement and performance assessment activity and align payment strategy with PCMH reimbursement strategies.
3. Engage employees in PCMH outreach.
4. Involve State Employee Health Plan and Federal Employee Health Benefit Plan.
5. Identify an employer champion for PCMH within Maryland.
6. Consider holding statewide symposium focused on purchaser and consumer issues.

7. Consider whether the nine consumer principles for guiding development of medical homes developed by a consortium of consumer, labor, and health care advocacy groups should be endorsed by the Workgroup. They are as follows:
- a. In a patient-centered medical home, an interdisciplinary team guides care in a continuous, accessible, comprehensive and coordinated manner.
 - b. The patient-centered medical home takes responsibility for coordinating its patients' health care across care settings and services over time, in consultation and collaboration with the patient and family.
 - c. The patient has ready access to care
 - d. The patient-centered medical home "knows" its patients and provides care that is whole person oriented and consistent with patients' unique needs and preferences.
 - e. Patients and clinicians are partners in making treatment decisions.
 - f. Open communication between patients and the care team is encouraged and supported.
 - g. Patients and their caregivers are supported in managing the patient's health.
 - h. The patient-centered medical home fosters an environment of trust and respect.
 - i. The patient-centered medical home provides care that is safe, timely, effective, efficient, equitable, patient-centered and family-focused.

The nine principles are addressed in detail at:

http://www.nationalpartnership.org/site/DocServer/Advocate_Toolkit-Consumer_Principles_3-30-09.pdf?docID=4821.

Future Meetings

Plan for additional meetings with expanded advocacy and employer/employee groups after the Foundations and Transformation Subgroups' work evolves.