

# Overview of the “PCMH Neighbor” Concept

Presentation to the  
Center for Multi-Stakeholder Demonstrations  
Patient Centered Primary Care Collaborative (PCPCC)

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# Background Information

- **The American College of Physicians (ACP) is the largest medical specialty organization and includes 129,000 internal medicine physicians (internists), related subspecialists, and medical students.**
- **Current memberships consists of 55 % of members engaged in primary care and 45 % in subspecialty practices.**
- **Given the large number of subspecialty members, it was important for the College to address such issues as:**
  - **How the PCMH model would affect subspecialty practices?**
  - **What is the roles of subspecialty practices within the PCMH care model?**

# Background Information

- A workgroup was established in Fall 2007 from representatives of the College's Council of Specialty Societies (CSS) to address the issue of the interface between the PCMH care model and specialty/subspecialty practices.
- The concepts being discussed today by myself and Dr. Greenlee are a result of the deliberations of this workgroup.
- The material being presented is still in draft form and is currently being vetted through the College's policy approval process.

# Genesis of PCMH Neighbor Concept

**“Effective care coordination ... requires not only full access to all the necessary clinical information obtained at multiple sites , but also a willingness by all the physicians involved in a patient’s care to participate in collaborative decision making ...There are (currently) no incentives for other physicians or hospitals to share information, improve coordination, or support shared decision making for patients who are in the medical home.”**

# Genesis of PCMH Neighbor Concept

- **Most Specialty/Subspecialty practices don't want to serve as the PCMH and be responsible for**
  - **Serving as first contact, primary care provider**
  - **Serving as the communication/coordination hub of overall care.**
- **Issue of Specialty/Subspecialty practice as a PCMH for a subgroup of their patient panel.**
- **Specialty/Subspecialty practices want recognition for any increased work and responsibility required to deliver effective and efficient care in conjunction with the PCMH.**

# Broad Characteristics of the “PCMH Neighbor” Concept

- It reflects a specialty/subspecialty practice’s ability to engage in processes to facilitate improved communication and care coordination with PCMH practices.
- It reflects a specialty/subspecialty practice’s ability to offer many of the other infrastructure, patient-centered and quality improvement elements included in the “Joint Principles”.

# Patient Centered Medical Home Neighbor (PCMH-N) Draft Definition

*A specialty practice recognized as a Patient Centered Medical Home Neighbor (PCMH-N) engages in processes that:*

- *facilitate communication, coordination and integration with a PCMH practice to promote high quality and efficient care;*
- *facilitate appropriate and timely consultations and referrals that complement the aims of the PCMH practice;*
- *facilitate the efficient, appropriate and effective flow of necessary patient and care information;*

# Patient Centered Medical Home Neighbor (PCMH-N) Draft Definition

- *effectively addresses issues of responsibility in co-management situations;*
- *support patient centered care, enhanced care access and high levels of care quality and safety;*
- *recognize the PCMH practice as the provider of whole person primary care to the patient and as having overall responsible for ensuring the coordination and integration of the care provided by all involved providers.*

(Generally , these referred to processes take the form of service agreements (compacts) between/among the participating practices.)

# Incentives for Practice to be a PCMH Neighbor (PCMH-N)

- **Non-financial**
  - improved quality of referrals;
  - an increased likelihood of PCMH's referring their patients to PCMH-Ns due to their emphasis on integrating, coordinating processes.
- **Financial**
  - an enhanced payment to cover the time and infrastructure costs of providing services consistent with the PCMH-N definition – perhaps initially a premium added to certain FFS codes, or a small monthly bundled payment. Over time, it is anticipated that this payment would be incorporated into the structure of more integrated payment models e.g. Accountable Care Organizations (ACOs).

# Incentives for Practice to be a PCMH Neighbor (PCMH-N)

- The ACP Workgroup suggests that the acceptance of the PCMH-N concept will require the development of a recognition process, similar to the NCQA PCC PCMH procedure, to designate those specialty practices that provide services consistent with the PCMH-N model.
- Evaluative categories being considered as part of this recognition process include: communication; effective flow of information; care coordination and integration ; care responsibility; patient centeredness; access to care ; and quality and safety