

PCMH Task Force Newsletter

April 2010

Volume 1, Issue 1

Task Force Functions

• Mission Integration

Transformation of clinical care, education, and outcomes research

• Information Clearinghouse

Information distillation to ADFM membership

• Strike Force

Proactive leadership to shape policy and influence change among key stakeholders

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ADFM Forms PCMH Taskforce

The ADFM PCMH taskforce had its inaugural meeting in Tucson in February. At this meeting three functions for the Taskforce were defined (see left). Two themes, or goals, emerged for how to focus the TF agenda:

We will work to help ADFM members notably shaped the institutional agendas within Academic Health Centers, across all mission areas – this would require a clear vision and platform, which may include:

- Patient centered care in primary care department practices (focus on family medicine)
- Involvement in ACO development
- Educational transformation in primary care curricular areas
- Recognition of our departments as experts in how to

evaluate the outcomes of practice transformation

We will work to have a measurable impact on Payment Advocacy, in order to promote implementation and sustainability of the PCMH model; this advocacy would be three-pronged:

- Clinical payment advocacy (payers, employers)
- Educational payment advocacy (GME reform)
- Research funding advocacy (variety of mechanisms to fund investment for data generation regarding the benefits of the PCMH model for patients and learners)

The Taskforce is comprised of members representing the leadership of our committees and organization with other interested parties to ensure that we have the right “touchpoints” to help track and disseminate findings from among the numerous entities

nationally that are working on PCMH activities. Task Force members will also help to identify stake holder activity in which we need more proactive involvement by ADFM members. We will be setting up an area on the ADFM website where materials relevant to the Taskforce can be found, and will include links to these through regular newsletters. Our Taskforce membership list with “touchpoint” assigned areas/groups will be placed up at this area of our website. We will alert Chairs and Administrators when this website area has been set up.

Directing the work of the Taskforce will be Libby Baxley, MD, Taskforce Chair, with Tony Kuzel, MD, Taskforce Co-Chair. Staffing the work of the Taskforce will be Ardis Davis, Executive Director, ADFM and Amanda Harris, BA, part-time assistant to Ardis Davis at the University of Washington.

PCPCC Stakeholder Meeting—March 30, 2010

Maryjean Schenck, Libby Baxley and Tony Kuzel were in attendance at the PCPCC semi-annual Stakeholder meeting in Washington, DC, to hear panelists and

other participants discuss a variety of topics related to the PCMH implementation and the alignment of incentives to support practice transformation in the medical home:

- Delivering on the Promise: Success Factors to Advance Care Coordination
- Effective Reimbursement Models: Aligning Incentives

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PCPCC Stakeholder Meeting—March 30, 2010 (cont.)

Link to topics and presentation materials: <http://www.pcpcc.net/content/speakers-events>

Under “Past PCPCC Events”

- for Sustainable Value
- Preventing Chronic Disease Through Trust-Base Relationships in the Medical Home
- Decision Support - Performance Measurement - Meaningful Use: A Perfect Fit
- Expanded Access to Providers Creates Value
- Implementation of the Patient Centered Medical Home at the Community Level and Practice Transformation

The PCPCC meeting content is relevant, but may be “old news” to ADFM members, in some cases. However, it is a very important

organization for healthcare reform that puts PC front and center, and multiple ADFM members are committed to engaging the various PCPCC subcommittees. The most exciting presentations from the meeting were on the impact of access and continuity on care experience and healthcare cost (from Commonwealth Fund) and on Value Based Insurance Design – making what works cheap and easy to get, and what doesn’t work (or what creates risk for harm), is more expensive (to patient) and harder to get.

Along that line, PCPCC has recently released a new report on

Value Based Insurance Design: <http://www.pcpcc.net/valuebasedinsurancedesign>

Update on **PCPCC Education Task Force**: This was initially approval by PCPCC Board – Libby Baxley is working with Edwina Rogers to develop proposal for Task Force to be placed in Center to Promote Public Payer Implementation (all PCPCC Task Forces must reside in a “Center”). More specifics to come, but ADFM is heavily involved in leadership of this emerging task force.

NCQA PCMH Recognition Update Underway

Task Force Will Also Examine Relationship to Evaluating “Accountable Care Organizations”



Please submit comments to evolvepcmh@ncqa.org.

The National Committee for Quality Assurance (NCQA) is in the process of revising its evaluation of medical practices through the Physician Practice Connections—Patient Centered Medical Home. To help guide the update process, NCQA has named a 23-member panel of experts to the PPC-PCMH Advisory Committee. NCA anticipates revised standards that continue to be feasible for individual practices and that also encourage better coordination and integration across systems. A second task force will explore

how to apply the medical home standards and other quality requirements to accountable care organizations (ACOs) and provide guidance to the broader committee. Among the questions the committee will explore are how to:

- Define aspects of the model that can improve quality and save money
- Incorporate patient experience into the evaluation of practices
- Incorporate clinical care results into the evaluation of practices

- Recognize the role of nonphysician clinicians
- Align standards with federal “meaningful use” requirements for electronic health records

The Advisory Committee will review suggestions and propose draft changes to PPC-PCMH standards in the first quarter of 2010. NCQA invites you to submit comments on the current version of the standards as they consider modifications of these requirements. NCQA will approve final recommendations in late 2010 and publish these in January 2011.

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PCPCC Launches New Web Site

The Patient Centered Primary Care Collaborative has launched its newly designed web site (www.pcpcc.net) which is more user friendly and offers a plethora of links to information and materials of interest to ADFM members. Login is not required to read and review web site components, only to post to the web site.

Along the top of the new web site are five portals: Pilots and Demonstrations; consumers and Patients; Employers and Health Plans; Providers and Clinicians; Federal and State Government. These allow for targeted access based on user type. Within these include information about pilot projects, ways to get involved, key resources, and quick polls. Along the left side in vertical column beneath the user login is an area entitled **Sections** that includes information

about membership, some useful videos, description of the PCMH, how centers operate, and how to get involved.

Beneath this is a grouping of **Topics**, which include information on behavioral health, building the team, care coordination, HIT/HIE, workforce development, reimbursement reform, legislative policy, evaluation of / evidence for the PCMH (*nice references here*), and partnering with the consumer.

On the left hand column there is a Resource section, which includes their master schedule, contact information, webinars, events and speakers, links, publications and resources, and how to participate. Through the contact link, you can submit inquires and PCPCC staff will provide answers and link you to other people in your state,

region.

At the very bottom of the left column is a graphic of interlocking puzzle pieces, which is the **Center Portal**—click on one and you will find their call schedule, downloads, sections specific to the center, and contact information for/about Center leadership.

If you do want to create a user account, it is easy to do and the PCPCC will not share any of your information with anyone. This will give you access to receive specific center information, get meeting agendas, material about pilots that are running, etc. This is also where you can add/edit information about any pilots that you are involved in that you want to share with others.

Check out the
new **PCPCC**
web site at
www.pcpcc.net



Be on the lookout for the PCMH Task Force on the ADFM Website. Archived issues of the newsletter and other items will soon be available at www.adfammed.org

Coming Soon from *Health Affairs*

The April and May issues of the journal *Health Affairs* have articles of significant interest for members of ADFM (including some authors who are ADFM members):

- **April 2010** issue (now out) - Health IT: The Road to Meaningful Use
- **May 2010**—Reinventing Primary Care—includes articles on workforce reform, the payoff from the

PCMH, profiles of innovative primary care practices, etc.

If you are not a subscriber to *Health Affairs*, you can obtain individual print issues of these journal issues by calling 301-347-3900, or going on line at:

www.healthaffairs.org



PCPCC Legislative Task Force Update

Below is a summary of the major Health-care reform legislation as it impacts the PCMH. There is discussion within the Legislative Committee of the PCPCC (Mary Hall and Kevin Grumbach represent ADFM on this committee) about variation in how these regulatory issues are consonant with different primary care specialty groups represented on PCPCC.

Health Care Reform and the Patient Centered Medical Home

On March 21, 2010, a Sunday, the House passed the Health Care & Education Affordability Reconciliation Act of 2010, a version of which (known as the Patient Protection and Affordable Care Act) had already been passed by the Senate. Relevant language regarding the PCMH is provided below. Excellent summaries of this have been provided by AAFP and others (Commonwealth Fund, etc.), and are easily accessible for ADFM members to review. From H.R. 3590 Patient Protection and Affordable Care Act:

Title II Subtitle I

Sec. 2303 – Payment. See Amendment by Reconciliation Act below

Sec. 2703. State option to provide health homes for enrollees with chronic conditions. Provide States the option of enroll-

ing Medicaid beneficiaries with chronic conditions into a health home. Health homes would be composed of a team of health professionals and would provide a comprehensive set of medical services, including care coordination.

Sec. 2706. Pediatric Accountable Care Organization demonstration project. Establishes a demonstration project that allows qualified pediatric providers to be recognized and receive payments as Accountable Care Organizations (ACO) under Medicaid. The pediatric ACO would be required to meet certain performance guidelines, and would share in cost savings.

Title III

Sec. 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS. Establishes within the Centers for Medicare and Medicaid Services (CMS) a Center for Medicare & Medicaid Innovation. The purpose of the Center will be to research, develop, test, and expand innovative payment and delivery arrangements to improve the quality and reduce the cost of care provided to patients in each program. Dedicated funding is provided to allow for testing of models that require benefits not currently covered by Medicare. Successful models can be expanded nationally. Section 10306 adds payment reform models to the list of projects for the Center to consider, including medical homes.

Title V

Sec. 5301. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship. Provides grants to develop and operate training programs, provide financial assistance to trainees and faculty, enhance faculty development in primary care and physician assistant programs, and to establish, maintain, and improve academic units in primary care. Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home.

Sec. 5501. Expanding access to primary care services and general surgery services. Beginning in 2011, provides primary care practitioners, as well as general surgeons practicing in health professional shortage areas, with a 10 percent Medicare payment bonus for five years. Section 10501 removes the budget-neutrality adjustment that would have offset half of the cost of the primary care and general surgery bonuses.

Health Care and Education Reconciliation Act

Sec. 1202. Payments to primary care physicians. Requires that Medicaid payment rates to primary care physicians for furnishing primary care services be no less than 100% of Medicare payment rates in 2013 and 2014. Provides 100% federal funding for the additional costs to States of meeting this requirement.



ADFM PCMH Task Force Members

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