



THE
COMMONWEALTH
FUND

Promoting Medical Homes in the Safety Net

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Potential for Improvement

- Several state Medicaid and SCHIP programs are interested in supporting medical home for low-income patients
- Measures to assess medical home have been developed in collaboration with physician organizations and will be ready for implementation January 2008
- With Fund support, the National Committee for Quality Assurance has drafted measures of cultural competence for diverse patient populations
- Hundreds of community health centers have experience with quality improvement
 - Fund-supported collaborative in New York City demonstrated improvement in access to care in community clinics
 - U.S. Bureau of Primary Health Care supported learning collaboratives with more than 500 community health centers, which showed improvement in diabetes and asthma care

New Initiative #1: Transforming Safety Net Clinics Into Patient-Centered Medical Homes

Objective:

To develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes (PCMH) with benchmark performance in quality, efficiency, and patient experience

New Initiative

Phase I: 6 months

- Planning and Development
 - Convene national advisory committee to provide feedback on key aspects of project design, including request for proposal, selection criteria, key areas for technical assistance
 - Design change package, collect existing curricular materials and design new materials where needed

Phase II: 6 months

- Region and site selection
 - Disseminate RFP, convene bidder's teleconferences, review proposals with national experts
 - Select 4 regions from across the country (state, country or city) to participate
 - REGIONS MUST REPRESENT MULTIPLE CLINIC SITES = 50 TOTAL IN INITIATIVE
 - Regions must have stakeholder group that includes public payers to help make policy recommendations and address sustainability and spread

New Initiative

Phase III: Four years

- Demonstration of Implementation
 - Provide technical assistance to safety-net primary care practices through various methods:
 - Coaching, consultation from experts, learning sessions
 - Content of technical assistance will focus on:
 - Operational infrastructure (e.g., open access, visit cycle time reductions)
 - Clinical care transformation (e.g., shared decision-making)
 - Other issues as appropriate (e.g., achieving right balance between physician and support staff, adjusting panel sizes to support new processes)
 - Monitor transformation using existing measures of medical home

Budget

Year 1: \$700,000

Years 2-5: \$1.5 million per year

Independent Evaluations Important to Assess Impact of Patient-Centered Medical Home

- A high performance health system includes a patient-centered medical home for all consumers
- Information needed to assess impact of PCMH on
 - Clinical Quality
 - Patient Experience
 - Cost
- Independent evaluations bring credibility to results and help spread model

Assessment of Safety Net Initiative

- Assess factors associated with successful implementation
 - case studies
- Assess relationship between medical home and patient experience and clinical quality
 - Practices deemed medical home based on National Committee for Quality Assurance's measures
 - Survey of patients' experience
 - Aggregate clinical data already available
 - Pre-, post- research design (no comparison group?)
- Monitor additional, direct costs associated with implementation
- Led by academic researcher

Budget: \$650,000 total

Year 1: \$50,000 for planning

Year 2: \$300,000 for 2 years

Year 3: \$300,000 for 2 years

New Initiative #2: Evaluation of New Medical Home System in New Orleans

Objectives:

- Assess the evolution of medical homes in greater New Orleans to understand what it takes to create a comprehensive, community-wide system of primary care for vulnerable populations
- Evaluate the impact of a coordinated system of medical homes on clinical quality and patient experience

Budget

FY 2008: \$300,000 Years 1-2 years

FY 2010: \$350,000 for Years 3-4

New Initiative #3: Evaluation of Patient-Centered Medical Home Demonstrations

- Current payment structure for primary care leaves patients and physicians dissatisfied
- Evaluations critical to assess new payment models on quality and cost
- Demonstrations planned by commercial insurers, Medicaid agencies and Medicare

Evaluations

- Multi-payer demonstrations preferred
- Use of standardized tools to assess and qualify practices as PCMH (e.g., NCQA metrics)
- Random assignment preferred

Budget

\$400,000 per year for 3 years