



Patient-Centered
Primary Care

COLLABORATIVE

www.pcpcc.net

PCPCC Center for Public Payer Implementation

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Overview / Introduction

The Patient Centered Primary Care Collaborative's Center for Public Payer Implementation (CPPI) is tasked with a very broad mandate encompassing over 50% of all payers in the US Healthcare System.

Growing out of the work that the Collaborative had undertaken within the Medicaid environment, the CPPI is charged with promoting the Patient Centered Medical Home (PCMH) concept in all facets of the public payer system.

CPPI Working Groups

To this end, the Center will be broken down into three core components: the Medicaid working group (built upon the joint work of NASHP and the Collaborative in educational outreach to Medicaid directors); a taskforce focused on the state government as an employer and purchaser of health care; and a final taskforce to address the federal program system (Medicare, Veterans Affairs, DoD, FEHBP, etc.).

- Medicaid Working Group
- State as Employers Working Group
- Federal Programs Working Group

Short Term Goals

1. Identify taskforce leaders and members to work on the three major targeted areas.
2. Identify all programs that would potentially draw upon the PCMH model:
 - a. Department of Defense (DoD);
 - b. Federal Employee Health Benefits Program (FEHBP);
 - c. Medicare;
 - d. Veterans Administration (VA);
 - e. Medicaid;
 - f. State Children Health Insurance Program (SCHIP);
 - g. State Title V program; and
 - h. Tri-Care.

Short Term Goals (cont'd)

1. Expand on the NASHP State Scan to begin tracking what states are providing for state employees.
2. Identify the definition that state programs are using to implement Patient Centered Medical Home programs.
3. Identify key national organizations that we can utilize to enhance our outreach and communication among state and federal programs.
4. Identify federal programs that local and state initiatives may be able to draw upon.

Long Term Goals

1. Develop a series of best practices and resources for states and federal bodies seeking to implement the PCMH model.
2. Large scale educational outreach to all relevant state and federal level programs
3. Initiate state-based lobbying efforts to prepare state legislative bodies and governors' offices.
4. Initiate Federal-based lobbying efforts to educate and inform decision makers on policy, legislation, and benefit design changes to enhance health system change
5. Develop straw man policy models for public payer systems to build upon when they begin to implement the PCMH model into their programs.