



Patient Centered Primary Care Collaborative
Stakeholders' Working Group Meeting

The PCMH In The Community

July 22, 2010

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PCPCC Membership and Activity Overview

- National Convener on the PMCH
 - Legislative and Regulatory Advocacy
 - Develop PCMH Policy
-

- More than **720** members

- **62** Executive Committee Members

- **16** Advisory Board Members

- **5** Centers

- **9** Task Forces

- **3** Annual Conferences & Summits

- **Monthly Calls** (National PCMH Movement Briefings, CMD, CPPI, CCE, CEE, CeHIA)

- **National Weekly Call** (Thursday, 11AM EDT)

 - Phone number: 712.432.3900

 - Passcode: 471334

- Host Regular **Webinars**

PCPCC's Focus Areas 2010

Strategic Plan

Consumer
Engagement

Primary Care
Workforce
Supply

**PCMH
Implementation
Infrastructure**

Employer
Engagement

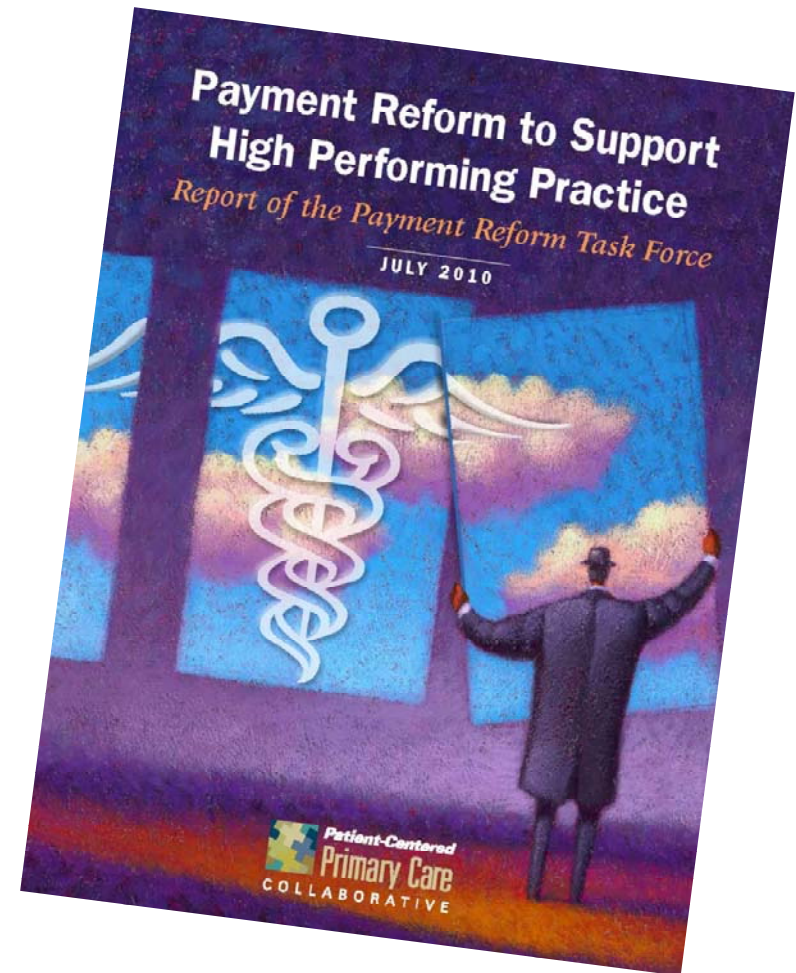
Payment Reform

PCMH Knowledge Tools: Consensus Report

“Payment Reform to Support High Performing Practice”

Report of the Payment Reform Task Force

- ❑ Reviews the spectrum of payment models currently being used to support PCMH implementation.
- ❑ Focuses on payment reform, its goal is to help guide those interested in financially sustaining the PCMH model.
- ❑ Authored by the Payment Reform Task Force that examined representative payment reform models and, in doing so, also derived a set of basic payment principles and guidelines.



PCMH Knowledge Tools: Consensus Report

“Integrating Comprehensive Medication Management to Optimize Patient Outcomes”

- ❑ Defines comprehensive medication management in the patient centered medical home.
- ❑ Describes specific features and benefits of comprehensive medication management in the medical home cross-walking with the PCMH principles.
- ❑ Authored by the Medication Management Task Force who examined various programs outlining the value of medication management and important implications to the patient centered medical home.



Consumer Education: Emmi Medical Home Introduction: Released In Spanish



Introducción a Centro de servicios médicos centrados en el paciente ©2009 Emmi Solutions, LLC

CMS Activity and the PCMH

CMS has three medical home demonstrations currently in development.

In June 2010, HHS and CMS invited states to apply for participation in the Multi-payer Advanced Primary Care Practice Demonstration, an opportunity to assess the effect of advanced primary care practice, when supported jointly by Medicare, Medicaid, and private health plans.

Overview			
Demonstration	Medicare Medical Home Demonstration (TRHCA Sec. 204)	Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration	Federally Qualified Health Centers (FQHC) Advanced Primary Care Practice Demonstration
Geographic Scope	Up to 8 states (urban, rural, underserved areas)	Expect 6 states	Up to 500 clinic sites
Participants	Individual physician practices (attract small practices, <3 FTEs)	Practices (MD & NP) participating in state health care reform initiatives promoting ACP	FQHCs (and "look-alikes") serving relatively large numbers of Medicare beneficiaries
Practice Qualifications	NCQA PPC-PCMH-CMS	Dependent on state program	To be determined
Targeted Beneficiaries	1 or more chronic conditions	Dependent on state program	Medicare beneficiaries receiving primary care from FQHC
Payment	Medicare fee-for-service plus monthly care management fee plus shared savings	Established by state multi-payer reform initiative	Medicare all-inclusive rate plus monthly care management fee



Encouraging Movement White House, Senate and House

Major provisions of the Health Care Reform bills relevant to Primary Care and PCMH

Workforce Supply and Training

- ❑ **Obama Administration and HHS Announce New \$250 Million Investment to Strengthen Primary Health Care Workforce Through: (1)** Creating additional primary care residency slots; **(2)** Supporting physician assistant training in primary care; **(3)** Encouraging students to pursue full-time nursing careers; **(4)** Establishing new nurse practitioner-led clinics; and **(5)** Encouraging states to plan for and address health professional workforce needs

Medicaid and Medicare Pilots

- ❑ **Section 2703 of the Patient Protection and Affordable Care Act creates a new Medicaid state plan option to cover medical homes**, beginning January 1, 2011, under which certain Medicaid enrollees with chronic conditions could designate a health home, as defined by the Secretary. States that choose to offer this benefit option, will be reimbursed for payments by the federal government 90% for the first eight fiscal quarters.
- ❑ **Establishment of Center for Medicare and Medicaid Innovation within CMS.** 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.

Payment Reform

- ❑ **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.
- ❑ **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

Patient Centered Primary Care Collaborative

Five 'Centers' - Over 770 volunteer members



Center for Multi-Stakeholder Demonstration: Identify community-based pilot sites in order to test and evaluate the concept; offer hands-on technical assistance, share best practices, and identify funding sources to advance adoption.

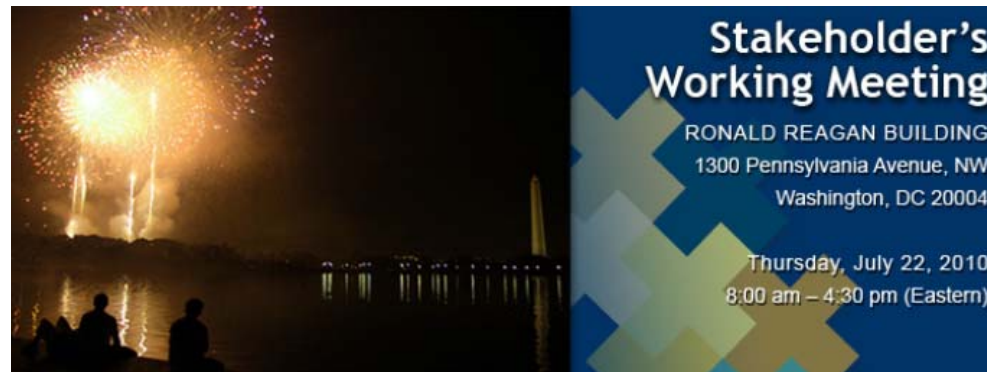
Center to Promote Public Payer Implementation: Assist state Medicaid agencies and other public payers as they implement and refine programs to embed the Patient Centered Medical Home model by offering technical assistance; sharing best practices and giving guidance on the development of successful funding models.

Center for Employer Engagement: Create standards and buying criteria to serve as a guide and tool for large and small employers/purchasers in order to build the market demand for adoption of the Medical Home model.

Center for eHealth Information Adoption and Exchange: Evaluate use and application of information technology to support and enable the development and broad adoption of information technology in private practice and among community practitioners.

Center for Consumer Engagement: Engage the consumer in awareness activities through three ways: day-to-day operations, messaging and pilots. The center will continue the use of "Patient Centered Medical Home", but focus on how the concept and its components are communicated to the public and partner with large consumer groups to capitalize on their visibility and existing efforts.

UPCOMING COLLABORATIVE EVENTS



Thursday, October 21, 2010 - Washington D.C., Annual Summit -
Ronald Reagan Building and International Trade Center

Wednesday, March 30, 2011 - Washington D.C., Stakeholder
Meeting - Ronald Reagan Building and International Trade Center



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