

Medical Home or Patient Centered Primary Care What is it? How Are Payors Thinking About It?

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Urban Medical Group – Symposium on
Primary Care

Boston, MA

April 4, 2008



What is Patient-Centered Primary care?

Patient Engagement	<ul style="list-style-type: none">■ Recast role of clinicians to provide more counseling and advising■ Provide timely access for patients to resources, information and tools■ Assistance with self-care and behavior change
HIT & Clinical Information Systems	<ul style="list-style-type: none">■ Enable: evidence-based care, practice-based learning and quality improvement■ Utilization of disease registries, reminders/alerts to physicians and patients■ eHR, eRx, on demand access to patient data, lab and imaging results
Provider Transparency	<ul style="list-style-type: none">■ Performance data disclosure and access■ Discount and price disclosure
Systematic Patient Feedback	<ul style="list-style-type: none">■ Ongoing, routine practice feedback from patients■ Targeted improvement planning based on practice feedback

Primary Care — Will It Survive?

Thomas Bodenheimer, M.D.

Perspective August 31, 2006



The NEW ENGLAND
JOURNAL of MEDICINE

- “ ...studies have demonstrated that a primary care–based health care system has the potential to reduce costs while maintaining quality.
- “ Fixing primary care requires actions on the part of primary care practices (microsystem improvement) and the larger health care system (macrosystem reform). A covenant is needed between those who pay for health care and those who deliver primary care: primary care must promise to improve itself, and in return, payers must invest in primary care.”

Patient Centered Primary Care Coalition (PCPCC)

The PCPCC supports implementation of the Medical Home. The Coalition includes:

- ◆ **of major employers of more than 50 million Americans, consumer and advocacy groups,**
- ◆ **Payors: Aetna, Blue Cross Blue Shield Association, Cigna, Humana, MVP, United, Wellpoint**
- ◆ **Primary care physician associations:**
 - **American Academy of Family Physicians,**
 - **American Academy of Pediatrics,**
 - **American College of Physicians, and**
 - **American Osteopathic Association.**

The Payor's Perspective

- How to change the reimbursement methodology in a “resource-based,” fee for service system to pay for the medical home.
- Three payment components
 - ◆ **Traditional fee for service for episodic care**
 - ◆ **Monthly care management or coordination fee**
 - ◆ **Upside performance bonus based on improved quality and lowered costs**

Issues that Payors are Wrestling With

- **What is the definition of a medical home and which practices qualify for the participation**
 - ◆ **Clinical quality improvement systems (NCQA certification) vs**
 - ◆ **Patient centeredness**
- **What are the quality performance metrics? Should they include patient access and satisfaction?**
- **How to calculate cost savings?**

Questions Discussion

