

SUBJECT: PROMOTION OF PATIENT CENTERED MEDICAL HOME

SUBMITTED BY: Medical Education Summit Progress Task Force

REFERRED TO: Reference Committee 2

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1 WHEREAS, the American Osteopathic Association (AOA), the American Association of  
2 Colleges of Osteopathic Medicine (AACOM), and the Osteopathic Heritage  
3 Foundations have sponsored two Summits to discuss key issues confronting  
4 osteopathic medical education; and

5 WHEREAS, the Medical Education Summit of 2007 advocated for educating society about  
6 the capabilities of primary care physicians (PCPs) to improve the perception of  
7 primary care services and to support initiatives to enhance the quality of Primary  
8 Care residency training programs; and

9 WHEREAS, the Centers for Medicare & Medicaid Services has a legislative mandate to  
10 implement a medical home demonstration project; and

11 WHEREAS, the Tax Relief and Health Care Act of 2006 requires that this project  
12 commence by 2010. The Centers for Medicare & Medicaid Services staff have  
13 already begun the work of defining a CPT code for care management that will  
14 facilitate payment to medical home practices as called for by the legislation; and

15 WHEREAS, several insurance companies have announced plans for a medical home pilot  
16 project that would pay participating physicians a per-member-per-month care  
17 management fee in addition to regular fee-for-service payments for offering medical  
18 home services in their practices and other insurance companies have expressed  
19 interest in developing their own model; now, therefore be it

20 RESOLVED, that the Medical Education Summit Progress Task Force recommends to the  
21 AOA Board of Trustees that the AOA be directed to develop a communication plan  
22 to include specialty colleges and members of the profession highlighting information  
23 on the patient centered medical home model development including related  
24 governmental policy changes.

Explanatory Statement: The communication plan should include a description of the importance of the patient centered medical home model, discussion of federal regulations and reimbursement issues, and a tool kit to facilitate implementation of such a model(s). The communication plan should be distributed profession wide.

ACTION TAKEN \_\_\_\_\_

DATE \_\_\_\_\_

## **Medical Education Summits**

### **Patient Centered Medical Home June 2009**

The American Association of Colleges of Osteopathic Medicine (AACOM), the American Osteopathic Association (AOA), and the Osteopathic Heritage Foundations have jointly sponsored two Medical Education Summits to discuss key issues confronting osteopathic medical education. Medical education research has been an issue raised at both Summits.

Much has been accomplished in the Patient Centered Medical Home. This report looks at accomplishments and recommends with regard to on-going efforts to be consolidated into a communication plan.

#### **What has been done?**

- Medicare has a legislative mandate to implement a medical home demonstration project; the Tax Relief and Health Care Act of 2006, requires that this project commence by 2010.
- Centers for Medicare & Medicaid Services staff have already begun the work of defining a CPT code for care management that will facilitate payment to medical home practices as called for by the legislation;
- United Healthcare announced plans for a medical home pilot project that would pay participating physicians a per-member-per-month care management fee in addition to regular fee-for-service payments for offering medical home services in their practices. Dr. Dearing's Arizona practice is one of seven groups in the pilot;
- CIGNA, Humana, Wellpoint and Aetna have expressed interest to the AAFP in developing their own medical home pilot projects, and the Blue Cross Blue Shield Association has developed a model demonstration project that could be adopted by their member plans; and

(See consensus statement II.I.2, II. I. 4, II.I.10)

#### **Funding**

The Department of Health Care Policy and Financing, shares details about the Colorado Children's Healthcare Access Program (CCHAP), which provides medical homes for Medicaid and SCHIP beneficiaries. CCHAP offers enhanced reimbursement for preventive care for 59 providers who care for 10,000 children.

Colorado is partnering with Ohio and a mix of employers and public and private payors to fund medical homes. A book by Julie Schilz, co-chair of the Center for Multi-stakeholder, provides details on its three-tiered reimbursement model (an approach recommended by the Patient-Centered Primary Care Collaborative) and describes other considerations, including sensitivity toward antitrust regulations.

A book titled Medical Home Reimbursement Models: Funding Patient-Centered Care with Multi-Stakeholder Collaborations provides examples of various reimbursement models.

### **Other Resources**

The New Hampshire Citizens Health Initiative Report also provides details on the following:

- Building community and legislative support for medical home initiatives;
- What public and private payors can learn by participating in multi-stakeholder collaborations;
- Avoiding the unintended consequences of pay-for-performance models;
- Benefits of process changes and staff satisfaction that result from medical home implementation;
- Identifying early "gets" and long-term gains;
- Value-added services that a public payor/collaborator can provide;
- The importance of reviewing antitrust regulations;
- Why it helps to have physicians at the negotiating table;
- Building a pilot that stands up to evaluation;
- Importance of ICD-9 coding in risk-adjusted models.

### **Initiatives to Improve PC Quality**

- The medical home concept will be taught as part of the PC specialty core curriculum;
- Implementation of the medical home model will create new PC models for residency training in addition to changing the PC perception.

### **Conclusions**

The osteopathic profession is moving forward on all fronts with the medical home model, it is recommended that a communication plan should be adopted by the AOA to include a brief description of the importance of the patient centered medical home, discuss federal regulations and reimbursement issues, and set up an online tool kit of how to implement such a patient centered model(s). The communication plan is to be distributed to all osteopathic physicians.

### **Consensus Statements**

#### **Statement Number 8**

The Osteopathic Profession should embrace the concept of the physician as the team care leader with non-physician providers where all work within their scope of training and competence to provide quality care and outcomes.

#### **Statement Number II. I. 2**

Advocate for, improve the perception of, support the initiatives to improve the quality PCP residency training programs and educate society about the capabilities of primary care physicians (also studying the interaction with NPCs)

- Identify partners in a primary care coalition to advocate for increased reimbursement.
  - Identify rationale for support to increase reimbursement
  - Develop coherent strategy for "how" to increase reimbursement
  - Continue ongoing AOA/AACOM advocacy efforts

**Statement Number II. I. 4**

Advocate for, improve the perception of, support the initiatives to improve the quality PCP residency training programs and educate society about the capabilities of primary care physicians (also studying the interaction with NPCs)

- Create a positive culture for students during medical school education.
  - Positive faculty role models at academic and external rotations
  - Primary care centered curriculum
  - Student professional primary care organizations on campus
  - Student exposure to diverse patient population (all socioeconomic classes)
  - Clinical exposure to procedural-based primary care practice

**Statement Number II. I. 10**

Advocate for, improve the perception of, support the initiatives to improve the quality PCP residency training programs and educate society about the capabilities of primary care physicians (also studying the interaction with NPCs)

- Leverage the medical home concept to education all stakeholders
  - Physicians, patients, payers, policy makers