IMPLEMENTING HEALTH REFORM

Advanced Primary Care Practice Demo Project

The patient-centered medical home, which has been promoted by primary care organizations for decades, is finally getting some attention under the Affordable Care Act.

The concept, which calls for greater coordination of care and a team-based approach, is one of several care delivery improvement ideas being tested under the new health law.

This summer, government officials are accepting applications from federally qualified health centers to be part of a 3-year demonstration project. The project, which will run from September 2011 through August 2014, is designed to figure out what resources health centers need to become successful medical homes that improve care and reduce costs.

Under the Federally Qualified Health Center Advanced Primary Care Practice demonstration project, the federal government will pay health centers a monthly care management fee for each eligible Medicare beneficiary that receives primary care services, on top of their regular Medicare payments. In exchange, health centers must pursue Level 3 patient-centered medical home recognition through the National Committee for Quality Assurance. The project is being run jointly by the Centers for Medicare and Medicaid Services and the Health Resources Services Administration.

CMS and HRSA will spend $42 million over 3 years to fund up to 500 health centers under the project.

Dr. Roland A. Goertz, the president of

the American Academy of Family Physicians, explained how this project could shape future payment policy for primary care physicians.

CARDIOLOGY NEWS: This project sets out to test what is needed to help health centers make the transition to patient-centered medical homes. What does the existing research tell us about the necessary ingredients?

Dr. Goertz: The five most important ingredients are a true team approach to care; clinical information systems such as e-prescribing, electronic medical records, registries for common chronic illnesses, and electronic patient access via a patient portal; training for all members of the care team in "patient self-management support" and between visit follow-up; care coordination for patients needing care outside of the medical home; and integration with community resources and the medical neighborhood.

A successful demonstration will show improved care while maintaining or reducing costs.

DR. GOERTZ

CN: Under the project, health centers will receive a care management payment of $6 per patient per month. Is this enough?

Dr. Goertz: Federally Qualified Health Centers that participate in the demonstration project will be paid care management fees only for the Medicare beneficiaries attributed to them. As grantees, the clinic sites will also receive free technical assistance and training resources and funds to cover survey costs.

Health centers will need to make a determination if they are ready for the transformation and whether the care management fees will cover their increased costs.

The fees will not be enough to leverage change if the Federally Qualified Health Center serves only a small number of Medicare patients.

CN: How important is the adoption of electronic health records to the success of the medical home?

Dr. Goertz: The goal is to have computerized support for important clinical functions and integration so that physicians have the information they need to make the best decisions about diagnosis and management.

Electronic medical records with functions to help with prescribing, registries, e-mail, education, and home monitoring will soon be the standard of care. Whatever other changes a practice is making, they should continue the momentum needed to get to fully integrated electronic medical records at some point in the future.

Two keys to improved care will be appropriate data collection and use of that data. Electronic tools are very effective in these efforts.

CN: If this demonstration is successful, what will it mean for Medicare payments for medical home services in the future?

Dr. Goertz: This demonstration will show important additional proof of the value of the patient-centered medical home.

A successful demonstration will show improved care while maintaining or reducing costs, which should result in resources flowing to primary care practices to more appropriately pay them for providing patients the best care possible.

–Interview by Mary Ellen Schneider

DR. GOERTZ is a family physician in Waco, Tex., and the president of the AAFP.

For more information on the initiative, go to www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1230016.