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Medical Home System Advisory Council Progress Report #2

March 2010

IOWA DEPARTMENT OF PUBLIC HEALTH

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Introduction

During the 2007 legislative session, HF 841established a commission on health care coverage affordability that met to establish plans to provide health care coverage to all Iowa children and analyze needs for broader statewide health reform.[i] The commission developed recommendations, which included a plan that would assure a patient-centered medical home (PCMH) for all Iowans.

In 2008, the Iowa General Assembly enacted HF 2539, the Health Care Reform Act.[ii] The Health Care Reform Act provides a blueprint for the future of a PCMH system in Iowa. The blueprint focuses on the joint principles of a patient-centered medical home (as agreed to by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association), defines PCMH, and outlines needs for a statewide structure. In addition, the Health Care Reform Act outlines implementation phases that start with children enrolled in Medicaid.

What is a Patient-Centered Medical Home?

Iowa's Medical Home Definition (HF 2539): "medical home" means a team approach to providing health care that:

- originates in a primary care setting;
- fosters a partnership among the patient, the personal provider, other health care professionals, and the patient's family when appropriate;
- utilizes the partnership to access all medical and non-medical health-related services needed by the patient and family to achieve maximum health potential; and
- maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and

- includes the following characteristics: a personal provider; a provider-directed medical practice; whole person orientation; coordination and integration of care; quality and safety; enhanced access to health care; and payment.

The PCMH system will strive to:

- reduce disparities in health care access, service delivery, and health status;
- improve quality of health care and lower health care costs, thereby creating savings to allow more Iowans to have health care coverage within a sustainable health care system; and
- provide a pragmatic method to document that each Iowan has access to health care.

The National Academy for State Health Policy conducted a review of health reform efforts in states that included a PCMH model. They identified key areas for advancement of the PCMH that contributed to success in selected states. These key areas include: forming key partnerships through a coordinating body; defining and recognizing a PCMH; purchasing and reimbursement reform; and supporting practice change through measuring outcomes of demonstration and pilot projects. [iii] Based on these key areas and lessons learned from other states, the following building block recommendations have been established.

MHSAC Progress Report #1

The MHSAC Initial Progress Report was completed in March 2009 and was designed to provide background information on development of a PCMH system, describe the current PCMH-building efforts in Iowa, and recommend pertinent building blocks to a PCMH system that meets the needs of all Iowans.

MHSAC Building Block Recommendations

To build, spread, and sustain the PCMH model to benefit all Iowans, the following building block recommendations are considered top priority by the MHSAC:

1. Continue to develop and sustain the Iowa Medical Home System Advisory Council to promote the PCMH concept as a standard of care for all Iowans.

2. Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.

3. Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.

4. Support health reform initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management.

MHSAC Workgroups [expand this section after Feb. Mtg]

Four workgroups have been created to plan and eventually implement a comprehensive Iowa-based PCMH system. The four workgroups are:

- **Certification Workgroup**

  This workgroup has reviewed a crosswalk of the definitions for the PCMH available through NCQA, the Joint Principles and HF 2539. Based on this crosswalk, they reached consensus that Iowa will use the definition established in HF 2539.

  - Four core components of a medical home were established. They are:
    1. Team approach (care coordination and comprehensiveness)
    2. Patient-centered and include family involvement/engagement
    3. Include a registry function
    4. Quality improvement measures and accountability

- **Reimbursement Strategies Workgroup**

  This workgroup is bringing together partners to develop a multi-payer reimbursement model that supports PCMH spread.

- **Policy Workgroup**

- **Education and Learning Collaborative Workgroup**

  This workgroup is assisting in developing the curriculum for the Medical Home Learning Community for 2010. The Learning Community is geared towards primary care providers with the goal of aligning and equipping practices to become a PCMH. This workgroup also plans to build an Iowa-based PCMH informational website.

MHSAC 2009 Activities

NASHP Consortium to Advance Medical Homes for Medicaid and CHIP Participants

Iowa was chosen as one of eight states for the National Academy for State Health Policy (NASHP) Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program (CHIP) Participants. NASHP is supported through a grant from The Commonwealth Fund, to develop and implement policies that increase Medicaid and CHIP program participants' access to high performing medical homes.

Each state will receive a one-year program of technical assistance to support their efforts. The technical assistance program will provide opportunities for consortium members to exchange insights and experience with national experts and their peers, as well as both in-person and distance learning and both group and individual assistance.

Iowa's NASHP team attended the Consortium's kick-off learning session to in Baltimore, Maryland in October. This meeting brought together the newly selected state teams to share information regarding medical home initiatives and policy developments with other teams in a collaborative setting. Experts, including mentors from leading states, will help consortium members understand their policy options and develop/refine their plans for achieving five key policy goals:

- develop key partnerships,
- define and recognize medical homes,
- improve purchasing and reimbursement policies,
- support practice change, and
- measure progress.

Eight state teams were selected— Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, Texas, and Virginia. Selection was based on specific criteria:

- The state's documented commitment to improving the quality and availability of medical homes to Medicaid and/or SCHIP participants;
- The comprehensiveness of the state's plans;
- The strength of the project team;
- The likelihood that the state's experience, challenges, and goals for medical home advancement will offer lessons and guidance for other states; and
- The extent to which a state's work to date offers it potential to realize maximum benefit from Consortium resources.

NASHP staff will be coming to Iowa for a more in depth technical assistance site visit on April 8th, 2010. To view the press release click here.

Patient-Centered Medical Home Symposium

A Patient-Centered Medical Home Symposium was held in September 2009 in Coraville, Iowa. It was a collaborative effort of the University of Iowa's Public Policy Center Forkenbrock Series and the College of Public Health's Hansen Award Lecture. It was designed to bring together the Iowa health community to learn about, and discuss strategies to achieve, patient-centered medical homes. The one-day symposium included background and national perspectives, as well as examples of current practice. Special attention was focused on redesign, reimbursement and incentives in Iowa.

CMS Multi-Payer Advanced Primary Care Practice Demonstration Project

In September 2009, the U.S. Secretary of Health and Human Services announced that Medicare will join selected state-based, multi-payer medical home initiatives in an Advanced Primary Care (APC) Demonstration. This demonstration marks the first time Medicare will participate as a full partner in these experiments, where the practice model would align compensation offered by all insurers to primary-care physicians. To view the news release, click here.

The five overall goals of the demonstration are:

1. Reduction of unjustified variation in utilization and expenditure
2. Improvement in safety, timeliness, effectiveness, and efficiency
3. Increased patient participation in decision making
4. Increased access to evidence-based care in underserved areas
5. Contribute to 'bending the curve' in Medicare/Medicaid expenditures

The Medical Home System Advisory Council has agreed to move forward to develop a plan for application.

Medical homes provide enhanced primary care in which care teams attend to the multi-faceted needs of patients, and provide whole person, comprehensive, ongoing, and coordinated patient-centered care. Many experts say the medical home model shows great promise to improve the quality, accessibility, and value of health care in the United States.

State efforts to promote APC through the provision of medical homes often begin with Medicaid and the Children's Health Insurance Program (CHIP). In 2008, Medicaid and CHIP covered more than 42 million poor and low-income people, accounting for more than $340 billion in health care spending.[iv] More than 30 states have been seeking to improve Medicaid and CHIP beneficiaries' access to high functioning medical homes. Several are advancing medical homes as a core component of comprehensive health care reform, and several states are using their clout as purchasers to promote medical homes beyond the safety net through state employee health benefit plans, the private sector, and multi-payer collaboratives.

States that participate in multi-payer collaboratives report that they do so to gain provider buy-in. Providers are more likely to invest time and resources if their administrative burden is reduced because of aligned expectations among payers. In addition, public and private payers—including states with Medicaid fee for service, and purchasers (employers and states with managed care contracts)—want to spread the costs and risks of medical home investments across all those that benefit.

In December 2009, a National Academy for State Health Policy (NASHP) scan found that at least 12 states are participating in multi-payer medical home initiatives: Colorado, Iowa, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, and West Virginia. Medicare fee for service has not participated in any of these 12 multi-payer initiatives. The absence of Medicare fee for service in multi-payer medical home efforts limits pilots to fewer providers, payers, and patients.

Partner Activities

Iowa Healthcare Collaborative- Medical Home Learning Community

The Iowa Healthcare Collaborative (IHC) is a provider-led and patient-focused nonprofit organization dedicated to promoting a culture of continuous improvement in healthcare.

In 2009 a joint initiative of the IHC and the Iowa Academy of Family Physicians brought together physician leaders from across the state in a Medical Home Workgroup. Iowa's major health systems, community health centers, large physician groups and independent practices are represented. This provider group is working together to share best practice and lessons learned in deploying the nationally recognized PCMH model. The workgroup also works to align other healthcare stakeholders, including Wellmark, Iowa Medicaid Enterprises, and the MHSAC, as interest in the PCMH continues to grow.

To equip practices in becoming a PCMH, the workgroup developed a Medical Home Learning Community (MHLC) which in 2009 brought practices together to focus on practice transformation and to explore the standards for NCQA recognition of medical home status. Curriculum development for the 2010 MHLC is currently underway.

CHIPRA Quality Demonstration Grant should we leave this section in or take it out since we weren't funded?

The Iowa Department of Human Services and the Iowa Department of Public Health together submitted an application for the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant funded by the Centers for Medicare and Medicaid Services. Iowa's application is titled *Navigating the*

Neighborhood: Improving Child Health Quality in Iowa. The project will be organized around a medical neighborhood model of care. The medical neighborhood approach will take place in two targeted Iowa communities, one rural and one urban.

The goal the grant is to establish and evaluate a national quality system for children's health care which encompasses care provided through the Medicaid program and the Children's Health Insurance Program (CHIP). It will:

- experiment with and evaluate the use of new and existing measures of quality for children covered by Medicaid & CHIP
- promote the use of health information technology (HIT) for delivery of care for children covered by Medicaid and CHIP
- evaluate provider-based models to improve the delivery of Medicaid and CHIP children's health care services;
- demonstrate the impact of the model electronic health record (EHR) format for children on improving pediatric health, and pediatric health care quality as well as reducing health care costs.

Unfortunately, Iowa did not receive funding for the CHIPRA Quality Demonstration Grant. However, the partnerships that were formed when writing the grant and the medical home implementation plan that was created for children in Medicaid are very valuable and will be utilized in the future.

Birth to Five Patient Centered Medical Home Pilot Project

The Iowa Department of Public Health received state funds through an agreement with the Department of Management's Office of Community Empowerment to implement a medical home pilot project. This project seeks to develop of a model for a community based utility that will comprehensively serve children 0-5 to address their specific needs by providing a patient centered medical home. A Title V Child Health agency in Iowa that operates 1st Five Healthy Mental Development implementation project will partner with a (pediatric) primary care practice to provide care to children birth to five that meets the Joint Principles of a Patient Centered Medical Home. Emphasis will be placed on providing an enhanced level of care coordination both within the primary care setting and within the community utility (Title V Child Health agency).

To be eligible for funding, applicants must describe their plan how they will demonstrate best practices of the model, develop a system for care coordination and professional competencies needed and improve child health outcomes and family satisfaction.

The four key concepts (borrowed from Community Care of North Carolina) the pilot would be based on to build an optimum health care system for children would be:

- The importance of local control and physician leadership in building sustained community care systems;
- A primary focus on improving quality of care through population management;

- The necessity of creating a true public/private partnership that brings together all the key local health care and social service providers;
- A shared state/local responsibility to develop tools needed to manage well child/child health services including a system of new incentives that better align state and community goals with desired outcomes.

Recommendations

Future Plans and Goals for the Next Year

Issue Briefs

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[i] http://coolice.legis.state.ia.us/Cool-ICE/default.asp?Category=billinfo&Service=Billbook&menu=false&ga=82&hbill=HF841 accessed January 2009.

[ii] http://coolice.legis.state.ia.us/Cool-ICE/default.asp?Category=billinfo&Service=Billbook&menu=false&ga=82&hbill=HF2539 accessed January 2009.

[iii] M. Takash, National Academy of State Health Policy, Leading the Way: How states are advancing medical homes through Medicaid and SCHIP, presented to the National Governor's Association Best Practices Forum on Medical Homes, held January 27-29, 2009 in New Orleans, LA.

[iv] J. Buxbaum, M. Takash. National Academy of State Health Policy, (2010, February). State Multi-Payer Medical Home Initiatiaves and Medicaire's Advanced Primary Care Demonstration. Accessed February 2010 from http://www.nashp.org/sites/default/files/MedHomesWebinar.pdf