

DRAFT
Medical Home System Advisory Council
Definition and Certification Workgroup Report

(NOTE: this is a draft and has no input from the workgroup at this time. All input is welcome. BE)

This report has been prepared with a review of several documents, among them: the *“Joint Principles”*; the Commonwealth Fund report *“Building Medical Home in State Medicaid and CHIP Programs”*; Starfield’s *“Evaluating the Tools Used to Assess the Medical Home”*; *“The Paradox of Primary Care”* by Stange; the TranforMed scoring instrument; the NCQA scoring instrument summary, *“Physicians Practice Connections”*; the *“Meaningful Use Matrix”* from CMS (2011 Measures); and the PCAT scoring instruments from Starfield.

Of the ten states reviewed in the *Commonwealth* report, half used the *Joint Principles* statement for a definition and half created their own. It can probably be said that Iowa created its own definition, in the legislation, but the *Joint Principles* was its underlying source (with some modifications). *The real work, however, lies in identifying what aspects of the definitions are crucial and how can they be measured and practices thus “certified”. That is the primary task facing this workgroup.*

While the NCQA tool is the most commonly used certifying instrument, it has its critics and half of the 10 states in the *Commonwealth* report created their own. Starfield is particularly critical of NCQA’s instrument in that it does not evaluate all components of a medical home nor has it been evaluated for reliability. (It should be noted that her preferred instrument, the PCAT was developed by her team at John Hopkins. She has, however, been one of the most published researchers and supporters of primary care for decades.)

Reviewing the various instruments reveals that most depend heavily on self reporting. They do outline expectations for a PCMH which is helpful in orienting primary care practices to the road they are being asked to follow.

In moving toward certification, there are several options to consider. We could use an established instrument such as the NCQA tool. It is widely recognized, but costly, time consuming and not without its critics. Transformed has a similar instrument, free, and widely used in the project of the same name. The PCAT tool has the interesting advantage of having a scored patient instrument, attesting to its ability to assess “patient centeredness”. Stange, in his *“Paradox”* article suggests that focusing on specific diseases may be appropriate for specialty care, but it misses many of the crucial factors of primary care where the whole person, often with a complex array of several diseases, is a more important focus. Because the science behind PCMH is evolving so quickly, and thus flexibility and close observation of the changing scene are so crucial, we might be wise to create our own certification process as several other states have done.

The Definitions and Certifications Workgroup has begun an Iowa specific *“core components”* of certification, initially identifying four. They are included in the attached sheet in modified format. It was created with the following thoughts in mind. It uses all of the traditional (back to the 1960’s) principles of primary care: *first contact/access; comprehensive; continuous; coordinated* and adds *accountability* as a 21st century characteristic. All of the core values defined are measurable, with hopefully modest effort, yet also will cause most practices to “stretch” to achieve them. It uses the concept of “let’s crawl before we walk”, in that it is a modest list that can always be added too as our state expertise increases. It relies very little on EHR technology for compliance.