

SustiNet Health Partnership

Medical Home Advisory Committee

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Patient Centered Medical Home Committee Meeting by Webinar

February 2, 2010

Meeting Minutes

Webinar Participants: *Ellen Andrews, Co-chair; Tory Westbrook, Co-chair; Henry Jacobs; Joanna Douglass; Scott Wolf; Sandra Carbonari; Bruce Gould; Jennifer Jaff; Mark Borton; Ken Lalime; Roban Beesla; Debbie Poerio; Evelyn Barnum; Richard Duenas; James Augur; Rose Stamilio; Drew Morten; Sheldon Toubman; Les Holcomb; Lisa Cannella; Mary Whittaker; Joseph McDonagh; Marghie Giuliano; David Krause; Margaret Flinter; Tom Woodruff; James Stirling; Judith Meyers; Dominique Thornton; Sylvia Kelly*

Office of the Healthcare Advocate: *Africka Hinds-Ayala*

Ellen Andrews opened the webinar by welcoming all participants. Ellen introduced Mina Harkins, from the National Committee for Quality Assurance., who gave this presentation.

http://www.cthealthpolicy.org/webinars/20100202_mharkins_ppc_pcmh.pdf

Ellen opened the webinar to questions from participants.

Henry Jacobs asked why Ob/Gyns aren't included in patient centered medical home programs. Mina responded that currently there are no Ob/Gyn practices recognized by NCQA as Medical Homes, but an Ob/Gyn practice could be assessed for certification as long it serves as a primary care provider to patients and coordinates all other care. She said that there are many specialty practices that participate in NCQA's original program, Physician Practice Connections, because it doesn't focus as much on the endorsed principles of the Medical Home.

Henry also asked who would assume responsibility for the cost of the full-time person who would carry out administrative tasks associated with the Medical Home. Mina said that Medical Home certification is a voluntary program, and that most practices participate either because they find value in documenting that they function as a Medical Home, or they are

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participating in an initiative that would award them a payment for performance or care management fees for patients. In some areas, health plans have sponsored practices. In NY State, Medicaid payments will be increased for practices that are recognized by NCQA as Medical Homes. Each practice would need to assess the value that Medical Home recognition would bring to them.

Drew Morten said that the language in the standards and guidelines of the NCQA Medical Home designation focused on physician directed services. Considering the challenge of access to primary care, non-physician providers are taking on substantially greater roles in the delivery of care. He asked if NCQA anticipates expanding the program to recognize these non-physician primary care providers, such as APRNs and PAs, as team leaders and/or qualifying practitioners. Mina responded that NCQA has included APRNs in the diabetes program and the heart/stroke program, and that shortly it will be expanding to include PAs. Mina emphasized that NCQA recognizes practices, and will be modifying their listings to include clinicians in the near future, after working out some details. Residency programs will also be included.

Drew also asked what costs a small practice could expect to incur in becoming an NCQA Level 1, 2 or 3 practice, and what the annual fees would be to maintain that level. Mina responded that there are no annual fees. Once recognition is achieved, a practice maintains recognition for three years. The fee schedule is publicly available on the NCQA website, and it is scaled by the number of physicians in a practice. Mina said that for a single physician, the cost for a license for the survey tool is \$80. Each physician would pay \$450 for an application fee. If a practice is part of a sponsored initiative, there would be a 20% discount on the application fee. There is a cap of \$2700 per practice.

Sandra Carbonari said that the Medical Home seems to be oriented to adult chronic care, and asked if there are any pediatric practices currently recognized by NCQA. Mina replied that there are many pediatric practices that are recognized. The American Academy of Pediatricians provided input to ensure that there were factors that addressed the pediatric population.

Sandra also asked what the number of hours would be to complete the entire process. Mina said that it varies, but that 100 hours seems to be common. The very first participant had their submission put together by the Medical Director of a practice that had four physicians, and she said that it took about ten weeks, working an hour here or there after appointments were completed.

Richard Duenas wanted to know if NCQA has discussed the Medical Home with the chiropractic profession; if chiropractors are recognized as Physician Practice Connections (PPCs); and if the Oversight Committee includes any chiropractors. Mina said that chiropractors have not been included or recognized as PPCs, nor are there any chiropractors on the Advisory Committee at this time. Chiropractors do participate in the Back Pain

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Recognition Program. Additionally, Mina said that NCQA welcomes all comments from all aspects of the medical care community.

Judith Meyers asked if there are any findings yet as to whether this process leads to better patient outcomes. Mina said that several of the demonstration projects are at the evaluation stage now. There are preliminary reports for chronic conditions such as diabetes, cardiovascular disease, hypertension, and hyperlipidemia showing that the Medical Home has an impact on reducing hospitalizations and complications due to those conditions. Studies that have been published are available in the Resource section of the NCQA website. <http://www.ncqa.org/>

Ellen said that this presentation will be posted on the SustiNet website. Meeting was adjourned.

Next meeting will be held on 2/17/10 at 8:30 am, by webinar.