

Medicare's Medical Home Demonstration Project

World Congress Leadership Summit on Healthcare Quality
August 4, 2008
Boston, Massachusetts

Mary Kapp
Office of Research, Development,
and Information





Medical Home Demonstration

- Tax Relief and Health Care Act of 2006 (Sec. 204)
- “... to redesign the health care delivery system to provide targeted, accessible, continuous and coordinated, family-centered care to high need populations”
- 3 years

Personal Physician

- Board certified
 - First point of contact
 - Continuous care
 - May be specialist or sub-specialist
- Ongoing support, oversight, guidance to implement plan of care
- Staff & resources to manage comprehensive & coordinated care

Medical Home Practice

- Target beneficiaries for participation
- Provide safe, secure technology to promote access to personal health information
- Develop health assessment tool
- Provide training for personnel involved in coordination of care

Medical Home Services

- Oversee development & implementation of plan of care
- Use evidence-based medicine & decision-support tools
- Use health information technology to monitor & track health status of patients, provide patient access to services
- Encourage patient self-management



Payment

- Fee-for-service for Medicare covered services continues
- Care management fee to personal physicians
- Incentive payment for medical home practice
 - Share of savings attributable to medical home
 - Shared savings reduced by care management fees



Design Issues

- Practice eligibility
- Beneficiary eligibility
- Payment
- Technical Support
- Evaluation
- Timeline

Practice Eligibility

- Located in selected geographic area
- Application to CMS
- Qualification based on CMS version of the NCQA PPC-PCMH tool
 - Same basic framework
 - Scoring consistent with CMS's demonstration
- Not all physicians in the practice need participate

Beneficiary Eligibility

- Medicare fee-for-service
- Chronic condition
- Agreement between physician and patient



Payment

- Monthly care management fee for each Medical Home patient
- Valuation set by AMA's Relative Value Scale Update Committee
- Designed to cover inter-visit activities
 - “Work” = staffing mix, level of effort
 - Practice expenses

Technical Support

- John A. Hartford Foundation grant
- Awarded to Johns Hopkins University
- PI: Charles E. Boult, MD, MPH, MBA





Evaluation

- Measure vs. comparison population
- Value added
 - Clinical quality
 - Physician perspective
 - Beneficiary perspective
- Savings to Medicare
- Lessons learned



Expansion

- Medicare Improvements for Patients and Providers Act of 2008 (passed July 2008)
- Expansion may occur if the project is expected to
 - Improve the quality of patient care without increasing spending, OR
 - Reduce spending without reducing the quality of patient care



Timeline

- Finalize design: Fall 2008
- Announce geographic areas: Early 2009
- Recruitment & application process: Spring 2009
- Practices submit documentation: Spring/Summer 2009
- Demonstration begins: January 2010

For more information

www.cms.hhs.gov/DemoProjectsEvalRpts/MD

Mary.Kapp@cms.hhs.gov

