MedPAC Strongly Backs Medical Home Concept

BY ALICIA AULT
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WASHINGTON — The concept of a medical home is one step closer to reality for Medicare patients, after it received strong backing from the Medicare Pay- ment Advisory Commission at its April meeting.

All 17 commissioners present at the meeting voted to urge Congress to in- struct the Centers for Medicare and Medicaid Services to develop a large pilot study of medical homes for Medicare beneficiaries. The recommendation will be in- cluded in MedPAC’s June report to Congress.

Most of the commissioners also voted to adjust the Medicare fee schedule to in- crease payment for primary care, which MedPAC has deemed as undervalued at previous meetings.

The medical home concept has been ad- vanced by the American College of Physicians, and the American Academy of Pediatrics. A demonstration project is under way under the Medicare program, but the commissioners said that a larger pi- lot with clear thresholds could accelerate the evaluation process, and could easily be discontinued or expanded.

The commissioners compiled a wish list of criteria for a medical home, including the ability to provide primary care, use in- formation technology for clinical decision support, conduct care management, offer 24-hour communication with patients, maintain up-to-date records of patients’ ad- vance directives, and operate a formal quality improvement program. Also, ben- eficiaries should agree to adhere to medical home principles by respecting the idea that someone is in charge of coordinating their care, and communicating with the physician where he wants.

There was some debate over whether patients should be allowed to access oth- er providers without a referral, which is permitted under current fee-for-service Medicare. Most commissioners wanted some restrictions, or at least a way to track when patients see specialists, to fa- cilitate assessment of the program’s suc- cess or failure.

The medical home would not be limit- ed to primary care physicians; specialists would likely be able to fulfill criteria for participation, according to the commis- sion’s vision.

The program would cost $30 million to $250 million in the first year, and cost less than $1 billion over five years, Med- PAC staff estimated. The estimate in- cluded monthly fee increases, but not anticipated savings, said MedPAC staffer Christine Boccio.

Dr. Francis Jones, a commissioner and senior medical director of Permanente Federation in Oakland, called the program a “significant evolution” from what had been proposed in the past. “I think it’s a good evolution,” he said.

“This is a very exciting recommenda- tion,” said Commissioner Jack Eibeler, a health policy consultant in Reston, Va. Promotion of the medical home approach is a direct way to reform the health care delivery system, he added.

Commissioners also said that the med- ical home recommendation dovetailed with MedPAC’s support of increased pay for primary care services.

An adjustment to the fee schedule is “long overdue,” said Dr. Ronald Castel- lano, a commissioner and urologist in pri- vate practice in Mt. Myers, Fla. Increased pay might lure more residents into pri- mary care, and help those currently prac- ticing to stay in the workplace, he said.

The commissioners debated how the CMS could determine which physicians or other health providers—such as nurse practitioners—would receive the up- dates. MedPAC staff presented the increase as budget neutral, which made some pan- els uneasy.

Dr. Nicholas Wolter of the Billings Clinic, suggested that the increase in med- ical home reimbursement dovetailed with MedPAC’s proposal to promote the medical home: “I think it’s a good evolution.”

In the event of a tie vote, the majority position would be adopted.

Six of the 17 commissioners voted for the medical home recommendation, while two voted against it, and nine abstained.

“Medical home is one step closer to reality for Medicare patients,” said MedPAC Chairman Charles B. Rangel, D.D.S., D.M.D., adding that primary care physicians are the people who keep Americans healthy. “We have acknowledged that we need to support them better.”

A number of members said thatMedPAC’s endorsement of a medical home plan is part of a broader debate about reforming the health care system.

“Medical home is the way we are going to move forward,” said Rangel.

In a letter to Health and Human Services Secretary Thomas A. Leavitt, the commissioners said that medical home services “are not just another Medicare service, but are a complete reorientation of the health care delivery system.”

But some members said that a medical home would be difficult to implement, and that the program would not work if the program was not part of a larger health care reform plan.

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