Health Quality and Cost Council
Primary Care / Medical Home Workgroup

Agenda

Monday, March 9, 2009
10:00-11:00 EST

Conference Call Number: (410) 549-4411
Password: 5947#

Purpose: Establish the direction and processes for identifying priorities for the Primary Care Medical Home Workgroup through data sharing and discussion. The Workgroup will support initiatives to strengthen primary care and explore wider adoption of the medical home model. One focus of the workgroup will be improving chronic disease management.

I. Introductions of Council members and workgroup non-council members (10:00-10:05)

II. Review of Workgroup Charge (10:05-10:10)

Secretary John Colmers, Department of Health and Mental Hygiene

III. Purpose of Call, Agenda Review and Ground Rules (10:15-10:20)

Kathleen White, PhD, RN, Assoc. professor and Director for Master’s Program, JHU School of Nursing, Workgroup Chair

IV. Background review (10:20-10:55)

- State of Primary Care, Current Medical Home Demonstration Efforts
  Ben Steffen, Director, Center for Information Service and Analysis, Maryland Health Care Commission.
- Medical Homes Recognition Programs – the NCQA-PCMH Accreditation
  Johann Chanin, Director, Product Development, NCQA
- Opportunities for Maryland
  Open Discussion for all Workgroup participants

V. Discussion of Work Group’s next steps (10:55-11:00)
WORKGROUP CHARGE
The Primary Care/Medical Home Workgroup will explore strategies to create and finance comprehensive medical home models in Maryland. The Workgroup will build on the recommendations of the Maryland Task Force on Health Care Access and Reimbursement (SB 107). The Task Force, which issued a draft of its final report in December 2008, suggests that the Council “[c]reate a uniform statewide approach to assist physicians’ practices in establishing medical homes by:

- Promoting the formation of medical homes based on the ACP’s [American College of Physician’s] principles for medical homes;
- Creating multi-stakeholder coalitions composed of payers, providers, and purchasers that will develop common reimbursement and performance incentives for medical homes;
- Identifying equitable sources of start-up funding so that initial costs can be shared among providers, payers, and purchasers commensurate with the longer-term benefits; and
- Mobilizing the multi-stakeholder coalitions to compete for medical home demonstrations offered by CMS and various nonprofit organizations.”

Building on the Task Force’s recommendations, the experiences of other states, and information from CareFirst’s medical home pilot program in Maryland, the Workgroup will articulate strategies to create and finance a medical home model in Maryland. The Primary Care/Medical Home Workgroup will work closely with the Chronic Care Workgroup to ensure that efforts at the community and clinical levels are complementary.

WORKGROUP GOALS AND PROCESSES
To create a comprehensive strategic plan, due on December 1, 2009, to improve population health, improve quality of care, and contain health care costs, the Workgroups will meet monthly. They will be responsible for executing the activities listed below for their focus areas and bringing their recommendations to the Council for approval at quarterly meetings. In brief, each Workgroup will be tasked with:

- Narrowing its focus to a handful of key areas;
- Determining strategies to be included in the Council’s strategic plan;
- Articulating measures, timelines, estimated costs, and estimated health benefits associated with each strategy;
- Addressing proposed legislation and regulatory changes necessary to accomplish proposed strategies; and
- Determining workgroup activities necessary to monitor execution of the strategic plan in 2010 and beyond.

As part of its deliberations when selecting and elaborating on strategies, each Workgroup will consider ways to ameliorate disparities and expand the use of health information technology. In addition, each Workgroup will thoroughly consider the effect of its proposed strategies on stakeholder groups, such as payers, providers, and patients or consumers, before presenting ideas to the full Council.