Purpose
This group will examine the technical, administrative, financial, and legal issues that would arise if a multi-payor demonstration is established in the State.

Discussion Summary
The meeting began with a discussion of what support should be provided to practices and what kind of assessment tool should be used.

It was noted that most measures do not apply to a pediatrics practice’s care, making it nearly impossible for pediatrics practices to meet standards. The American Academy of Pediatrics (AAP) was intimately involved in the survey tool development. Others observed that the survey tool is missing measuring patients’ ability to take care of their chronic and preventive care conditions.

In response to a question from Dr. White regarding how team building was accomplished, Barbara Johnston from TransforMED stated that they provide facilitated retreats at the practice’s convenience. Some of the pre-work was conducted by telephone. While one practice, which was smaller, reported spending Saturdays for team building, other, larger practices may spend an entire workday on these activities, depending on the needs and characteristics of the practice.

It was recommended that Workgroup members read “Initial Lessons from the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home,” Paul A. Nutting, MD, MSPH, et al, in the Annals of Family Medicine. In this article, the authors emphasized that a paradigm shift is necessary for changing human infrastructure. TransforMED provides overall guidance in meeting standards for a continuum of advanced access. NCQA helps with the standardization. Most practices needed ongoing support through the transformation process.

The national CMS demonstration is providing technical assistance to 400 practices in collaboration with TransforMED. CMS is bound to have a balance between large and small practices, including some sole practitioners. A modification of the standard tool is being used in the CMS demonstration.

Discussion then turned to the ability of smaller practices to meet the expectations required under practice transformation, including a certain level of infrastructure and ancillary support staff. It was reported that some FQHCS in other states have gone through the NCQA recognition process. Meeting participants agreed that the State should not look to develop its own recognition tool and instead it should use one that is already established in other demonstrations. The group agreed to recommend the NCQA recognition tool to the full workgroup on May 20th.

A subgroup of the participants offered to draft recommendations regarding the organizational goals for the transformation of practices for the entire group to consider. Staff will meet with the OAG attorneys to obtain legal advice on collaboration that can occur among payers on issues such as payment, quality measurement,
and evaluation under federal anti-trust laws. Staff will also continue to work with the Medicaid administration in identifying roadblocks under the Medicaid 1115 waiver.

**Meeting Participants**

*Council members:* Kathi White, Chair

*Other participants:* Salliann Alborn (Maryland Community Health System), Chad Boult (Johns Hopkins University), Johann Chanin (NCQA), Richard Fornadel (Aetna), Kathy Francis (MHCC), Barbara Johnson (TransforMED), Virginia Keane (University of Maryland), Rebecca Perry (Maryland Medicaid), Tricia Roddy (Maryland Medicaid), Ramona Seidel (Bay Crossing Family Medicine), Jon Shematek (CareFirst) Jay Wolvosky (Baltimore Medical System), and Grace Zaczek (Maryland Community Health Resources Commission)

*Staff:* Nicole Stallings, Ben Steffen, Karen Rezabek