

Grant Final Report

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**Establishing a Policy-Relevant Research Agenda for
the Patient-Centered Medical Home: A Multi-
Disciplinary Approach**

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Abstract

Purpose: The patient-centered medical home (PCMH) is an approach to providing comprehensive primary care that uses a team of health professionals to implement the chronic care model in a primary care practice setting.

Scope: In order to broadly implement this model of care, policymakers need evidence that the improved quality and cost savings from care coordination, enhanced access to preventive health care, and improved management of chronic disease will offset any increased expenditures required by this new model of care.

Methods: The Society of General Internal Medicine, Society of Teachers of Family Medicine and the Academic Pediatrics Association convened a July 2009 invitational conference to: 1. Inform/advance the state of the art in science about PCMH; 2. develop partnerships/build capacity to implement a practical evaluation model that can be used by health plans, government payers, and policymakers to assess components of the PCMH and alternative models; 3. develop/recommend a research agenda to inform the development and broad implementation of the PCMH model; and 4. disseminate the synthesis of the conference. Participants included national researchers, primary care professional organizations, health care purchasers, payers, patient advocates, and policymakers committed to the PCMH model.

Results: The conference incorporated development of six invited papers, published in the June 2010 issue of the Journal of General Internal Medicine: Current Landscape of PCMH Demonstrations; Defining and Measuring the PCMH; Clinical, Quality of Care, and Satisfaction Outcomes of the PCMH; Financing and Payment Models for the PCMH ; Transforming Practice; and The Medical Neighborhood.

Key Words: patient centered medical home; PCMH; primary care

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Final Report

Purpose

Amidst the debate about health care reform, a clear consensus has developed around the notion that primary care needs to be at the center of a reformed US health care system. The Patient-centered Medical Home (PCMH) has emerged as the leading strategy around which primary care will be redesigned. The core principles of the PCMH model build upon the core concepts of primary care that include accessible, coordinated, comprehensive, and continuous care in a healing physician-patient relationship over time. Added to this basic primary care concept are features that improve quality of care, improve patient centeredness, organize care across teams, and reform the payment system to support the delivery of primary care services under this model.

Although the core principles of the PCMH were adopted by the major primary care associations in 2007 and endorsed by more than 500 other organizations since then, questions remain about how to cross the gap between the current primary care system and that envisioned under the PCMH. The core principles of the PCMH serve as a general guide but do not necessarily specify the required capabilities of PCMH practices, the optimal reimbursement strategy, or the ideal methods for facilitating the transformation of current practices to meet the ideals of the PCMH model of care. Thus, although the implementation of the PCMH should be grounded in an evidence base supported by scientific research, new research must accompany policy development so as to inform the optimal implementation of the PCMH and track the effects of the PCMH on care delivery. Thus, implementing this model of care creates a need for a health services research agenda that will help move the PCMH from a demonstration model to an evidenced-based standard of care. We therefore developed a collaborative effort among the major academic primary care societies to organize a research conference to develop a policy-relevant research agenda around the PCMH.

Our project had the following specific objectives:

1. To Inform and advance the state of the art and science and real world experience about the Patient-Centered Medical Home.
2. To develop partnerships and build capacity to implement a practical evaluation model that can be used by health plans, government payers, and policy makers to assess components of the PCMH and alternative models.
3. To develop and recommend a research agenda to inform the development and broad implementation of the PCMH model.
4. To disseminate the synthesis of the conference, including background and descriptive information, via the peer-reviewed literature, newsletters and other non-peer reviewed publications, the web, and presentations at relevant national health policy and professional association meetings.

Scope

The concept of the PCMH is a new model of primary care that has the potential to reverse the decline in performance and capacity of the overtaxed primary care delivery system and alleviate the ongoing challenge of increasing demands on primary care physicians' time and resources while promoting a model of care delivery that is population based and patient and family-centered, and that moves beyond the constraints of the current visit-based reimbursement system. The PCMH is an approach to providing comprehensive primary care that utilizes a team of health professionals to implement the chronic care model in a primary care practice setting. In order to broadly implement this model of care, policymakers need evidence that the improved quality and cost savings from care coordination, enhanced access to preventive health care, and improved management of chronic disease will offset any increased expenditures required by this new model of care. This conference proposed to address these key areas and to develop policy recommendations to move the reality of the PCMH forward.

The Society of General Internal Medicine, Society of Teachers of Family Medicine and the Academic Pediatrics Association have a long history of collaboration to promote primary care research and education. The three societies served as the lead organizers to convene this conference and develop the papers based on the pre-work and conference recommendations. In order to achieve the project goals, the group first organized a Steering Committee consisting of practicing physicians, researchers, policy makers, purchasers, payers, and patients. Their input informed the shape and focus of the event, as well as identifying the topics of invited papers and the invitation list for participants, including PCMH leadership from the three collaborating societies, lead researchers and key policy makers.

Methods

The Steering Committee met in the fall of 2008 to develop a list of focused areas of interest for the conference to address. The steering committee then reviewed the findings from the session and voted on the most important themes for commissioned papers to inform the conference. With input from the steering committee, the conference organizers then identified and recruited authors to lead efforts on six commissioned papers.

Throughout this period, the conference organizers continued to meet on a weekly basis via conference call with key staff at SGIM. In addition, Karla Pollack from the Harvard Interfaculty Initiative on Health Care Policy was recruited to assist with logistics in organizing and planning the conference. The investigators and staff first identified potential dates for the conference and assured that most steering committee members would be able to attend on the selected date. A conference venue was then identified and a contract was entered.

The investigators, working in conjunction with the steering committee and others then organized the agenda of the conference and identified keynote and other speakers/presenters as well as participants in the "medical neighborhood" and policy reactor panels scheduled for day 2

of the conference. In addition, the team worked with the three primary care societies and funders to identify a list of potential invitees and categorized the list according to a number of dimensions with a goal of assuring representation of:

- PCMH leaders from each of the respective primary care societies
- Leading researchers and evaluators
- Leading implementers
- Policy types
- Practicing physicians

Invitations were sent to selected individuals with intensive follow-up by SGIM staff, the societies, and the investigators to ensure robust representation at the meeting.

Finally, each of the solicited papers was carefully managed by the investigators including setting of deadlines, discussion of paper outlines, and internal review prior to the conference. The papers, along with key background materials were distributed prior to the conference.

Results

The conference was held July 28-29, 2009 in Washington DC. It was structured around the six invited papers and included both small and large group discussion to further develop the research agenda. Approximately 150 individuals attended the conference including national researchers, representatives of all of the major primary care professional organizations, representatives and evaluators for all PCMH demonstrations, health care purchasers, payers, patient advocates, and policy makers. The conference features a series of keynote presentations. The keynote speakers included Kevin Grumbach, Glenn Steele, Christian Bechtel, and Paul Grundy. The papers were presented by their first authors, followed by reactor presentations (e.g., Marshall Chin, Greg Pawlson, Dana Safran, and Steve Schoenbaum). Small-group discussions then developed a list of prioritized research questions around each topic. This list of questions was discussed by a panel of expert policy makers to help make the questions most relevant to health policy and health care reform. This panel, moderated by Paul Ginsburg from the Center for Studying Health Systems Change, included Carolyn Clancy (AHRQ) and Gail Wilensky as well as representatives from Congressional Staff and the Medicare Payment Advisory Commission (MedPAC).

The conference included six invited papers. The papers were published as a group along with an accompanying editorial by the investigative team in the June 2010 issue of the Journal of General Internal Medicine. The papers and their primary authors are listed below:

1. Current Landscape of PCMH Demonstrations (Asaf Bitton, MD, and Bruce Landon, MD, MBA)

2. Defining and Measuring the PCMH (Kurt Stange, MD, PhD)
3. Clinical, Quality of Care, and Satisfaction Outcomes of the PCMH (Diane Rittenhouse, MD, MPH)
4. Financing and Payment Models for the PCMH (Robert Berenson, MD, and Eugene Rich, MD)
5. Transforming Practice (Charles Homer, MD, MPH, and Richard Baron, MD)
6. The Medical Neighborhood (Mai Pham, MD, MPH)

This project represents what we hope will be the first of many substantive collaborations among academic General Internal Medicine, Family Practice and Pediatrics. Each of these organizations represents academically oriented primary care physicians who share many of the same goals of SGIM members and experience many of the same challenges in the current practice environment. Such collaborations can leverage the strength of the three organizations to increase the voice of academic primary care in policy discussions at the national level. Discussions are ongoing to identify next steps.

The major challenges related to the project were related to staffing and investigator effort. Although we were able to obtain substantial funding to support the conference, there was no support for the investigators or conference planner (Karla Pollack), despite the substantial time commitment required for this project. This will be a substantial challenge for any follow-on projects. The participating organizations are all volunteer organizations and it will likely be difficult to identify individuals to make similar time commitments for future collaborative projects. Also, because by necessity the investigators associated with this project will not be responsible for the follow-on projects, continuity will be difficult to establish.

Analysis and Interpretation

The results of this conference were released at a time of great importance to the PCMH movement. The JGIM issue coincided with special issues of the Annals of Family Medicine detailing the results of the TransForMed national demonstration project and a special issue of Health Affairs devoted to primary care. Moreover, the articles obtained a fair amount of interest and publicity among the target communities and will be a useful guide for moving the PCMH concept forward. The work has resulted in substantial involvement in local and other activities for each of the investigators. For instance, both Dr. Landon and Dr. Antonelli are helping to design the Massachusetts multi-payer demo and Dr. Gill is leading a similar effort in Delaware. We have also learned that CMS is using one of the papers as a basis for establishing payment policies for the PCMH for Medicare. In addition, Drs. Landon and Rich have organized special symposiums at the last two SGIM annual meetings that were extremely well attended and both continue to be active in the PCMH task force at SGIM.

List of Publications and Products

1. Bitton A, Landon B. Current Landscape of PCMH Demonstrations *J Gen Intern Med* 2010 Jun;25(6):584-92
2. Stange K. Defining and Measuring the PCMH *J Gen Intern Med* 2010 Jun;25(6):601-12
3. Rittenhouse D. Clinical, Quality of Care, and Satisfaction Outcomes of the PCMH *J Gen Intern Med* 2010 Jun;25(6):593-600
4. Berenson R, Rich E. Financing and Payment Models for the PCMH *J Gen Intern Med* 2010 Jun;25(6):613-24
5. Homer C, Baron R. Transforming Practice *J Gen Intern Med* 2010 Jun;25(6):625-9
6. Pham M. The Medical Neighborhood *J Gen Intern Med* 2010 Jun;25(6):630-4

**PATIENT CENTERED MEDICAL HOME:
SETTING A POLICY-RELEVANT RESEARCH AGENDA**

July 27-28, 2009

**The Fairfax at Embassy Row
Washington, D.C.**

Agenda

Monday, July 27

- 11:30 – 12:00 p.m. Arrival
- 12:00 - 1:30 p.m. Welcome and Keynote Speaker, **Kevin Grumbach**
Lunch
- 1:30 – 2:00 p.m. Background, Goals for the Meeting, Expectations for Discussion Groups
- 2:00 – 2:30 p.m. *Current Landscape of PCMH Demonstrations*, **Bruce Landon**
Reactors, **Stephen Schoenbaum and Susan Edgman Levitan**
- 2:30 – 3:00 p.m. Break
- 3:00 – 4:00 p.m. *Defining and Measuring the PCMH*, **Kurt Stange**
Reactors, **Greg Pawlson and Marshall Chin**
Clinical, Quality of Care and Satisfaction Outcomes of the PCMH,
Diane Rittenhouse
Reactors, **Dana Safran and Eric Holmboe**
- 4:00 – 4:15 p.m. Move to Discussion Groups
- 4:15 – 5:15 p.m. Simultaneous Discussion Groups
Group Leaders: Landon, Gill, Rich, Antonelli
- 5:30 – 6:15 p.m. Summation of Research Questions from Discussion Groups
Reporters, **Brian Biles**
- 6:30 – 7:30 p.m. Reception
- 7:30 p.m. Dinner
Speakers, **Paul Grundy and Christine Bechtel**

Tuesday, July 28

- 7:00 - 8:00 a.m. Breakfast Available
- 8:00 – 9:00 a.m. *Financing and Payment Models for the PCMH*, **Robert Berenson**
Reactors, **Lori Heim and Mike Chernew**
Transforming Practice, **Charlie Homer and Richard Baron**
Reactors, **Terry McGeeney and Leif Solberg**

- 9:00 – 9:30 a.m. Move to Discussion Groups
- 9:30 – 10:30 a.m. Simultaneous Discussion Groups
Group Leaders: Landon, Gill, Rich, Antonelli
- 10:45 – 11:30 a.m. Summation of Research Questions from Discussion Groups
Reporter, **Brian Biles**
- 11:30 – 1:00 p.m. Lunch, Keynote Speaker, **Glenn Steele**
- 1:00 – 2:30 p.m. Panel Discussion – Where and How PCMH Fits In
Glenn Steele, Mai Pham, Lewis Sandy, Rich Antonelli and Donald Klitgaard
- 2:30 – 3:00 p.m. Break
- 3:00 – 4:30 p.m. Reaction to Policy-Relevant Research Questions and Panel Discussion
Paul Ginsburg, Carolyn Clancy, Gail Wilensky, and Mark Miller
- 4:30 – 4:45 p.m. Wrap Up and Next Steps
- 4:45 p.m. Adjourn