

Fact Sheet

Health Reform: What's in it to Promote the Medical Home?

AMCHP's Role

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to expand medical homes, provide and promote family-centered, community-based, coordinated care for children with special health care needs and facilitate the development of community-based systems of services for children and their families.

AMCHP's National Center for Health Reform Implementation provides state maternal and child health (MCH) leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems, and health outcomes for MCH populations.

Introduction

The medical home is an approach to providing primary care services to women, children and their families; that is providing team-based whole-person, comprehensive, ongoing, and coordinated patient-centered care. The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association have jointly defined the medical home as, "a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians." Over 35 state Medicaid and Children's Health Insurance (CHIP) programs have taken steps to promote the medical home model; state Title V MCH Programs are key partners in many of these efforts.

While widely supported by providers, purchasers of health care, families and other groups, many states and other entities differ on how to define and implement the medical home. As such, numerous demonstration projects and other related efforts that are funded by various federal funding sources including the Affordable Care Act are in development or underway.

Medical Home Provisions in the Patient Protection and Affordable Care Act (ACA)

ACA contains several provisions that can help state Title V MCH Programs and their partners promote and advance the medical home at the state and local level. The scope and impact of many of these provisions will unfold over the coming years as federal rules and regulations are promulgated and states and communities implement them. Highlights of key ACA provisions related to promoting the medical home are below.

Health Homes in Medicaid (Sec. 2703). Provides up to \$25 million in planning grants to states to develop a state plan amendment to provide health homes for Medicaid enrollees with chronic conditions. Health homes are provided by a designated provider (physician, clinical group practice, rural clinic, community health center, community mental health center,

pediatricians, gynecologists, obstetricians) or team (include physicians and other professionals such as nurse care coordinator, social worker, behavioral health) and must provide comprehensive case management, care coordination and health promotion, transitional care, patient and family support, referral to community services, and the use of health information technology (HIT) as appropriate. This funding is expected to be available Jan 1, 2011 and no federal appropriation is necessary – state Medicaid programs that are interested in a planning grant will submit a plan amendment to the Centers for Medicare and Medicaid Services and have to provide the 10 percent matching funds.

Center for Medicare and Medicaid Innovation (Sec. 3021). Establishes a Center for Medicare and Medicaid Innovation within the federal Centers for Medicare and Medicaid Services effective January 1, 2011 with a mandatory appropriation of \$10 billion over the next ten years for implementation. According to ACA, the new Center will “test innovative payment and service delivery models for Medicare, Medicaid and CHIP programs.” Models should promote payment and practice reform in primary care, including patient-centered medical home models for high-need individuals and medical homes that address women’s unique health care needs. Additional factors for consideration include whether the model places the individual, including family members and other informal caregivers at the center of the care team and provides for the maintenance of a close relationship between care coordinators, primary care, specialists and community-based organizations. The law specifies at least 18 reform models including: patient-centered medical homes; promotion of care coordination through salary-based payment; community-based health teams to support small-practice medical homes; use of health information technology to coordinate care for the chronically ill; and salary-based payment for physicians.

State Grants to Promote Community Health Teams that support the Patient-Centered Medical Home (Sec. 3502). Authorizes funding for community-based interdisciplinary teams to provide support services to primary care practices, including OB/GYN practices. The team may include specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral/mental health providers and physicians’ assistants. Health teams should collaborate with local primary care and health providers; coordinate disease prevention and

management, coordinate transition between health care providers and settings; provide case management for patients, including children; incorporate patients and caregivers in program design and oversight; provide quality-driven, cost-effective, culturally appropriate, and patient- and family-centered health care; establish a coordinated system of early identification and referral for children at risk for developmental or behavioral problems; and should provide support for transitional health care needs from adolescence to adulthood. The pending Senate Appropriations Bill includes \$40 million total for this and the following provision in FY 2011. There is no information yet as to what may be included in the House Appropriations Bill.

Community-based Collaborative Care Network Program (Sec. 10333). Authorizes funding to support consortiums of health care providers to coordinate and integrate health care services for low-income uninsured and underinsured populations.

Pediatric Accountable Care Organization Demonstration Project (Sec. 2706). Authorizes funds to participating states to recognize pediatric medical providers as an accountable care organization (ACO) for purposes of receiving incentive payments. States and the Secretary will establish an annual minimum savings level to be achieved by the ACO for services covered under Medicaid or CHIP in order to receive savings. A demonstration project established with the ACO should last three years. It appears funds for this provision have not yet been appropriated.

Community Health Center Expansion. Creates a Community Health Center Fund that provides \$11 billion in mandatory funding over five years for the Community Health Center program, the National Health Service Corps, and construction and renovation of community health centers. On October 8, 2010, HHS awarded \$727 million to 143 community health centers across the country to expand access to quality health care and address pressing construction and renovation needs. The National Association of Community Health Centers is promoting the potential for community health centers to provide medical homes to up to 20 million additional Americans.

How can State MCH Programs Maximize ACA to Promote Medical Homes?

State Title V MCH programs administer numerous public programs (e.g., children with special health care needs (CSHCN), school-based health centers, Early Intervention) that are critical, natural access points for building and strengthening integrated service delivery systems for women, children, including children with special health care needs (CSHCN), and their families. They have clear and important roles to play in core areas of the service delivery system including medical home, outreach and enrollment, and care coordination. State MCH programs and their partners can maximize the opportunities presented by ACA in promoting the medical home at the state and local level through numerous strategies that include the following:

- Partner with state Medicaid and CHIP programs, providers, families and consumers, and other key groups in promoting and advancing the importance of a medical home.
- Convene key stakeholders (e.g., state Medicaid and CHIP program directors, providers, families) to develop a shared vision and goals, and a plan to guide the development and strengthening of medical home efforts.
- Provide expertise on the unique needs of maternal and child health populations, particularly children with special health care needs, in the development and implementation of medical home demonstration projects and other related efforts.
- Engage families and consumers in the work of promoting and advancing the medical home.
- Provide technical assistance, expertise and support in medical home systems planning, development and evaluation.
- Assure that medical home efforts are linked and integrated with related efforts, systems and investments at the state level.

Sources and Selected Resources for Further Information

- **Association of Maternal and Child Health Programs.** Additional information covering all aspects of ACA that pertain to maternal and child health populations is available at: <http://www.amchp.org/Advocacy/health-reform/Pages/default.aspx>
- **Agency for Healthcare Research and Quality** is available at: <http://www.ahrq.gov/>
- **American Academy of Pediatrics.**
 - The **National Center for Medical Home Implementation**, AAP is available at: <http://www.medicalhomeinfo.org/>
 - *Children and the Medical Home.* Available at: <http://www.aap.org/advocacy/washing/MedicalHomeOnePager.pdf>
- **Maternal and Child Health Bureau, Health Resources and Services Administration, HHS.** Information on the Title V MCH Services Block Grant and other related programs and efforts is available at: <http://www.mchb.hrsa.gov/>
- **Medicaid Health Plans of America.** *Role of Medicaid Health Plans in Patient-Centered Medical Homes.* September 2010. Available at: http://www.mhpa.org/_upload/MHPA%20Medical%20Home%20White%20paper%20FINAL4.pdf
- **National Academy for State Health Policy** at www.nashp.org. Resources include the following:

- *Building Medical Homes in State Medicaid and CHIP Programs*. June 2009. Available at: <http://www.nashp.org/sites/default/files/MedHomesBrfingSumm.pdf>
- *Health Homes for Medicaid Enrollees with Chronic Conditions: A Conversation with CMS and States Regarding the ACA State Plan Option*. August 12, 2010 archived webinar available at: <http://www.nashp.org/archives/2081>.
- *Strategies States Can Use to Support the Infrastructure of a Medical Home*. May 2008. Available at: http://www.nashp.org/sites/default/files/shpbriefing_pcmhsupport.pdf
- **National Committee for Quality Assurance (NCQA)**. Patient-Centered Medical Home information is available at: <http://www.ncqa.org/tabid/631/default.aspx>
- **Patient Centered Primary Care Collaborative (PCPCC)**. The PCPCC was created in late 2006, when approached by several large national employers with the objective of reaching out to the American College of Physicians, the Academy of Family Physicians, and other primary care physician groups in order to: 1) facilitate improvements in patient-physician relations, and 2) create a more effective and efficient model of healthcare delivery. Available at: <http://www.pcpcc.net/>
- **The Commonwealth Fund**. *Innovation in Medicare and Medicaid will be Central to Health Reform's Success*. June 8, 2010. Accessible at: http://www.commonwealthfund.org/~media/Files/Publications/In%20the%20Literature/2010/Jun/1414_Guterman_center_Medicare_Medicaid_innovation_HA_062010_ITL_v2.pdf
- **U.S. Department of Health and Human Services**. The official Federal website on the Affordable Care Act from the U.S. Department of Health and Human services is available at: www.healthcare.gov

AMCHP Staff Contact Information

This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the Affordable Care Act and its impact on maternal and child health populations. For more information, please visit the AMCHP website at: www.amchp.org and/or contact the AMCHP staff listed below. All AMCHP staff can be reached via phone at: (202) 775-0436.

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