March 2016

Fact Sheet

Health Reform & the Medical Home Model

The AMCHP Role

AMCHP supports state maternal and child health (MCH) 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 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 health care services to women, children and their families that is team-based, focuses on the whole person, and is comprehensive, ongoing, coordinated and patient-centered. 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." Today, more than 40 states have taken steps to promote the medical home model. State Title V MCH programs are key partners in many of these efforts.

Although the medical home model is 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 sources, including the Affordable Care Act (ACA), are being developed or are underway.

Medical Home Provisions in the *Patient Protection and Affordable Care Act*

The 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. Many key provisions are described below.

Health Homes in Medicaid (Sec. 2703)
Authorizes 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, including children with mental and behavioral disorders. Health homes are directed by a designated provider (physician, clinical group practice, rural clinic, community health center, community

mental health center, pediatricians, gynecologists (GYNs), obstetricians (OBs), or by a team (physicians and allied health professionals such as nurse care coordinators and social workers). These homes must provide comprehensive case management, care coordination, health promotion, transitional care, patient and family support, community service referrals, and the use of health information technology as appropriate. No federal appropriation is necessary to receive these funds. State Medicaid programs that are interested in a health home planning grant can submit a plan amendment to the Centers for Medicare & Medicaid Services (CMS). States must be able to provide 10 percent matching funds. There is no deadline for submission. As of October 2015, 20 states have established health home programs through Section 2703 state plan amendments.

Center for Medicare & Medicaid Innovation (Sec. 3021)
Establishes a Center for Medicare and Medicaid Innovation within CMS that became effective January 1, 2011, with a mandatory appropriation of $10 billion over a 10-year implementation period (FY 2011–FY 2019). An additional $10 billion was appropriated for each subsequent 10-year period. According to the ACA, the Center will "test innovative payment and service delivery models for Medicare, Medicaid and [the] Children's Health Insurance Program (CHIP)." 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.

State Grants to Promote Community Health Teams for 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 physician assistants. Health teams must 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 provide support for transitional health care needs from adolescence to adulthood. To date, nine states are making payments to community-based teams to support primary care practices.

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 of the Department of Health and Human Services (HHS) will establish an annual minimum savings level that the ACO must achieve for services covered under Medicaid or CHIP in order to receive savings. A demonstration project established with the ACO should last three years. Although no appropriations have been made for pediatric ACOs, some have been formed under state initiatives, rather than through the federal demonstration project.

Community Health Center Expansion
This provision created a Community Health Center Fund that provided $11 billion in mandatory funding over five years (FY 2011–FY 2015) for the Community Health Center Program, the National Health Service Corps, and construction and renovation of community health centers. In May 2015, the Department of Health and Human Services (HHS) awarded an additional $101 million in ACA funding to 164 community health centers. It is anticipated that this additional funding will provide medical homes for up to 650,000 additional people.

The Title V Role in Promoting the Medical Home Model

State Title V MCH programs administer numerous public health programs. These include the Children with Special Health Care Needs Services Program, school-based health centers, and Early Intervention Services. These public programs are critical, natural access points for building and strengthening integrated service delivery systems for women and children including children and youth with special

health care needs (CYSHCN) and their families. State MCH programs and their partners can maximize the opportunities presented by the ACA to promote the medical home at the state and local level. Set out below are numerous effective strategies:

- Partner with state Medicaid and CHIP programs, providers, families, consumers and other key groups to promote and demonstrate the importance of medical homes.
- Convene key stakeholders (e.g., state Medicaid and CHIP program directors, providers and 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 MCH 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 model.
- Provide technical assistance, expertise and support in medical home systems planning, development and evaluation.
- Ensure that medical home efforts are linked and integrated with related efforts, systems and investments at the state level.

AMCHP has created a crosswalk to identify potential opportunities in the ACA that can support state Title V leaders in their planning efforts to address the Title V National Performance Measures (NPMs). AMCHP's NPM-ACA crosswalk is available here.

Resources

- **Agency for Healthcare Research and Quality:** Patient-Centered Medical Home Resource Center
- **American Academy of Pediatrics:** National Center for Medical Home Implementation
- **Health Resources and Services Administration, HHS:** Maternal and Child Health Bureau
- **Medicaid:** Health Home Information Resource Center
- **National Academy for State Health Policy:** Medical Homes & Patient-Centered Care Maps
- **National Committee for Quality Assurance:** Patient-Centered Medical Home Standards
- **Patient-Centered Primary Care Collaborative:** Defining the Medical Home

Acknowledgement

This project was supported through cooperative agreement #UC4MC28035 from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.

AMCHP Contact Information

This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the ACA and its impact on maternal and child health populations. For more information, please visit the National Center for Health Reform Implementation. All AMCHP staff can be reached via phone at (202) 775-0436.