

CMS Medical Home Demonstration: Key Data Issues

**National Committee on Vital and Health Statistics
Populations/Quality**

Patient-Centered Medical Home Hearing, May 19-20, 2008

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Outline and Perspective

- **Operating a Medicare medical home program**
 - Provider must meet and sustain qualifying criteria
 - Medicare pays for medical home services
 - Data from all participating providers
 - Many necessary data systems do not exist yet
- **Broad view of data**
 - Required for Medicare to operate the program
 - Data flows between parties: CMS, medical homes, other providers, patients/beneficiaries
 - Systems for managing data
- **NCQA's PPC-PCMH as a template**

Not on the Agenda

- **Not covered**
 - History of the medical home concept
 - Why medical homes are important
 - Design of the CMS medical home demonstration
- **Disclaimer**

Functions of a Medical Home

- **Maintain long-term relationship with a patient**
- **Deliver comprehensive care —acute, chronic, preventive, end of life, mental illness, substance abuse, life style**
- **Deliver high quality care, evidence based care**
- **Coordinate and integrate care— across all providers and care settings**
- **Ensure adequate access to care, especially for vulnerable populations**

What do we need data for?

- **Qualifying a medical home**
 - Medical home provider ↔ CMS
- **Operating a medical home**
 - MH provider ↔ Patient
 - MH provider ↔ Other providers (e.g., specialists)
- **Assessing the performance of a medical home**
 - MH provider ↔ CMS
 - Patient → CMS → MH Provider

Data/standards issues: Qualification

- **Initial Qualification**
 - Burden/participation trade-off: Self-certification is easy, documentation is difficult
 - Educational information from the agency to the provider
- **On-going qualification**
 - Periodic re-survey, re-documentation
 - Verification, audit

Data/standards issues: Measuring performance

- **Clinical quality of care**
 - Process of care measures: Physician Quality Reporting Initiative (PQRI)
 - Outcomes: New measures in PQRI
 - Require participating providers to participate in PQRI
- **Cost savings**
 - Demonstration: RCT design
 - On-going program: Efficiency measures, resource use reports
- **Practice structure**
 - Expand PQRI to include MH structural measures
 - Potential addition of an audit function to PQRI
 - Annual renewal of MH qualification: self-certification
- **Patient experience**
 - Expanded Ambulatory CAHPS (A-CAHPS)
 - Require A-CAHPS survey by participating providers

Data/standards issues: Operations

- **Qualification as a full medical home requires many sources of data and flows of information**
- **Some criteria require electronic information systems and decision support tools**
- **Data may never flow to the federal government**
- **Federal responsibility for setting data standards?**

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Data/standards issues: Operations—Access

- **Medical home “contract”**
- **Scheduling system**
 - Promote continuity of relationship
 - Triage urgency of appointment
 - Efficiently schedule needed tests and procedures
- **Language services for patients with limited English**
- **Off-hours access (examples)**
 - Interactive web site
 - Secure email consultation
 - 24 hour telephone access

Data/standards issues: Other Operational Data Systems

- **Patient registry and tracking longitudinally and across all care settings**
- **Care plans, care monitoring**
- **E-prescribing**
- **Clinical decision support**
- **Communication with other providers**
- **Test ordering and tracking**
- **Individual case reviews**
- **Interactive web site for patients: self management, appointments, consults**
- **Quality measurement, reporting, improvement**

Conclusions

- **Perspective: Operating a Medicare medical home program**
- **A medical home program requires many new operational databases and data systems**
- **Expand PQRI for evaluating performance**
- **Consider a federal role in setting standards for, or certifying, operational databases and systems**