Health Policy in Medicine: Inside the Beltway

Construction Zone: Rebuilding Primary Care into Medical Homes

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In August of 2009 I reported on the policy idea of the Patient Centered Medical Home: Assessing the Medical Home: Premium Investment or Sub-Prime Mortgage? In recent months I have seen involved in a variety of additional publications related to the reconstruction of primary care through public policy, especially medical home initiatives.

In "Prospects For Rebuilding Primary Care Using The Patient-Centered Medical Home" published in the May issue of *Health Affairs*, my co-authors Bruce Landon, Jim Gill, Rich Antonelli and I note that the patient-centered medical home has become policy shorthand for the reinvention of US primary care. We discuss various potential barriers to implementation of the medical home model including the challenge of developing new payment models, the need for up-front support for the people and infrastructure need for enhanced primary care practice, and dearth of proven methods to transform existing practices into successful medical homes.

This was followed by several publications in the June issue of the *Journal of General Internal Medicine* (JGIM). The article particularly noted by the Commonwealth Fund was "How to Buy a Medical Home? Policy Options and Practical Questions", co-authored with Bob Berenson. There we discuss in detail different payment options for patient-centered medical homes (PCMH's). These include enhanced fee-for-service payments for office visits to PCMHs; we note this will be administratively the most straightforward but fails to reward directly some key primary care functions (access, coordination, continuity, and comprehensiveness). Another option, new fee-for-service payments for additional PCMH activities, suffers from the difficult of clearly documenting those services as well as the high transaction costs of billing for emails and phone calls. The most widely discussed approach is standard fee-for-service reimbursement for office visits and per-member per-month (PMPM) payments for medical homes activities. This strategy requires certifying practices as medical homes, and carefully measuring and rewarding performance. Another approach is comprehensive capitation payments for primary care and medical home services but the advantages may be offset by consumers equating the PCMH with "gate-keeping."

In addition were two other medical home related articles in the June JGIM: "Using Evidence to Inform Policy: Developing a Policy-Relevant Research Agenda for the Patient-Centered Medical Home" also with Bruce Landon, Jim Gill, and Rich Antonelli, summarizes the July 2009 symposium on PCMH Medical Home Policy organized by a collaboration of the Society of General Internal Medicine, Society of Teachers of Family Medicine, and the Academic Pediatric Association. US Approaches to Physician Payment: The Deconstruction of Primary Care, also with Bob Berenson, addresses why the three dominant alternatives to compensating physicians (fee-for-service, capitation, and salary) fall short of what is needed to support enhanced primary care.

Most recently, colleagues Steve Pitts, Emily Carrier, Art Kellermann and I reported in the September *Health Affairs*, "Where Americans Get Acute Care: Increasingly, It's Not At Their Doctor's Office." In the article, we document the failure of US primary care to address problems of access for urgent problems and discuss policy options for correcting that problem. At the National Press Club event held in relation to this issue, I note that the recently passed Accountable Care Act passes some modest short term funding improvements for reimbursing both the practice and training of primary care clinicians. More important however is the authority given to the new Center for Medicare and Medicaid Innovation to test ways to reward the redevelopment of key primary care functions like access and coordination that are now so several lacking in many US communities. A fuller account can be found at this Health Affairs Issue Briefing.

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