March 16, 2010

Dear Policymakers,

The undersigned organizations write to you as members of the Patient-Centered Primary Care Collaborative (PCPCC). We represent a diverse group of stakeholders on the front lines of health care delivery, including business, consumers, insurers, and clinicians. Although we may not agree on all aspects of health care reform included in the bills being considered by Congress, we are united in our belief that primary care and the Patient-Centered Medical Home (PCMH) are the foundations of a high performing health care system.

The medical home model is a key construct to focus care coordination resources, advance the meaningful use of electronic health records, enhance access to the variety of services available to providers and patients and reduce health disparities. In collaboration with supporting practitioners, technologies and health team members, the medical home can provide information and services that improve patient care and population health. A guiding principle of the PCMH is that comprehensive, continuous, coordinated, and preventive care, managed by a highly trained physician (or in certain states, nurse practitioners and physicians assistants) in a transformed practice, can *prevent* complications that could result in a patient becoming high-need or high-cost. This certainly has been the case in many private sector PCMH demos (e.g., Geisinger Health System, Mid-Hudson Valley, MeritCare in North Dakota).

Accordingly, we believe that support for primary care and the expansion of pilot-testing and implementation of the Patient-Centered Medical Home under the Medicaid and Medicare programs must be included in a final health reform bill.

We are encouraged that the bills reported out of the House and the Senate have provisions to promote primary care and that would emphasize the patient-centered medical home model. As you consider health care reform legislation we note the following:

1) Additional funding for primary care is crucial. PCPCC supports the 10 percent bonus for primary care in the Senate bill but would propose that the legislation use the eligibility threshold of the House bill, which requires that at least 50 percent of the provider's Medicare billings be for primary care services, and the applicability provisions of the House bill as well, which apply the bonus to all Medicare claims submitted by eligible providers. We believe this would be a good down payment for improving primary care and attracting new primary care doctors. We recommend that this bonus be

made permanent and not restricted to a 5 year window. We also support the House provision to adjust Medicaid payments for primary care to at least 100 percent of Medicare rates.

2) Additional funding for training for primary care, including under Title VII and VIII of the Public Health Services Act, is also strongly needed. We recommend that the authorization level for the Title VII Primary Care Cluster be the $240 million called for in the House bill.
3) We are pleased the Senate bill's Center for Medicare and Medicaid Innovation references the medical home as one of the models the Center would be required to consider, but we recommend that the House's more specific authorization for two new Medicare pilots be added to the final bill.
4) In the Senate bill with respect to the Innovation Center, the provision states that the Secretary shall select models to be tested from models where the Secretary determines that there is evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures. With respect to medical homes, we believe the objective is practice transformation that includes all populations. A restriction to defined populations is not consistent with this vision.
5) The Medicare and Medicaid pilots should be broadly inclusive of patients who will benefit from preventive and coordinated care through PCMHs. In order to facilitate a true transformation of the delivery system and not be restricted to "high-cost" or "high-needs" patients.
6) While these pilots should not be restricted in terms of patient population, different payment models or approaches would recognize differences among the patient populations and the different needs of care or care coordination.
7) Ideally, models should include both private and public payers to maximize the impact of the pilot programs for a majority of patients in a practice.

Thank you for your recognition that primary care and the PCMH is key to creating a health care system that results in high quality and affordable care. We also thank you for the opportunity to share our recommendations on the role of primary care and PCMH in health care reform. We urge you to include these recommendations in the final health care reform legislation that will come before Congress in the coming weeks. Through these recommendations, the PCPCC believes primary care and PCMH pilot projects would have a greater chance of success in provider participation, lowering health care costs, and improving patient outcomes. We are happy to discuss this matter with you or your staffs in greater detail.

Sincerely,

Accordant
Alabama Power
Alere
Alexander Blount, EdD
Allan Goroll, MD
Allen Perkins, MD, MPH
American Academy of Family Physicians
American Academy of Pediatrics
American College of Clinical Pharmacy
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Physicians
American Osteopathic Association
Anton Kuzel, MD
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
athenahealth
Blue Cross Blue Shield of Michigan
BestPractice CPD
Brian Klepper, PhD
Cabarrus Family Medicine Residency Program
California Academy of Family Physicians
CareFirst BlueCross BlueShield
Carole Warde MD
Carolyn S. Magura
Central Jersey Physician Network
Christopher Snyder, III, MD
Collaborative Health Solutions LLC
Colorado Center for Chronic Care Innovation
Community Health Care Association of New York State
Cook, Hall & Hyde, Inc.
CSI Solutions
CSMS-IPA, Inc
Dan Dragalin, MD
DMAA: The Care Continuum Alliance
DocSite
Eisenhower Medical Center
Erika Barger
Family Voices-New Jersey
GlaxoSmithKline
HealthBanks, Inc
HealthSaaS.net
Henry W. Zaretsky & Associates, Inc
Hooper Holmes
Illinois Health Connect
Impact Education, LLC
Institute for Family-Centered Care
Interim Healthcare
JBS International, Inc.
Jeffrey Borkan, MD, PhD
John K. Testerman, MD, Ph.D.
Joseph E. Scherger, MD, MPH
Longitude Health, Inc.
Louisiana Health Care Quality Forum
Marillac Clinic
Maureen Strohm, MD
MEDecision, Inc
Medical Network One
Michael Mendoza, MD, MPH
National Business Group on Health
New Jersey Academy of Family Physicians
New Jersey Parent to Parent
New York Business Group on Health
Nurse Practitioners Roundtable
Peter de Schweinitz MD, MSPH
pmpm® Consulting Group Inc
Practice Transformation Institute
Sisters of Mercy Health System
SkipStone, Inc
Society of General Internal Medicine
SR Medical Center
St. Francis Medical Center
Statewide Parent Advocacy Network
Thomas C. Rosenthal MD,
TiffanyNoelle Martin Brown, PhD
Universal American
University of North Carolina Family Medicine Center
University of Utah Community Clinics
Wisconsin Academy of Family Physicians