

Medical Home Interventions: Evaluation and Evidence on Payment Models

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Alternatives to Traditional Fee-for-Service Payment Models
Panel**

Defining “Medical Home”

- There is no such thing as “the medical home”
 - Instead, multiple definitions of medical homes
 - Best not to assume that two people talking about “the medical home” are talking about the same thing
- First question to ask: *Do you mean medical home as a model of primary care practice, or as an intervention applied to primary care practices?*
- Some studies evaluate models, others evaluate interventions
- Changing how a primary care practice is paid is an intervention

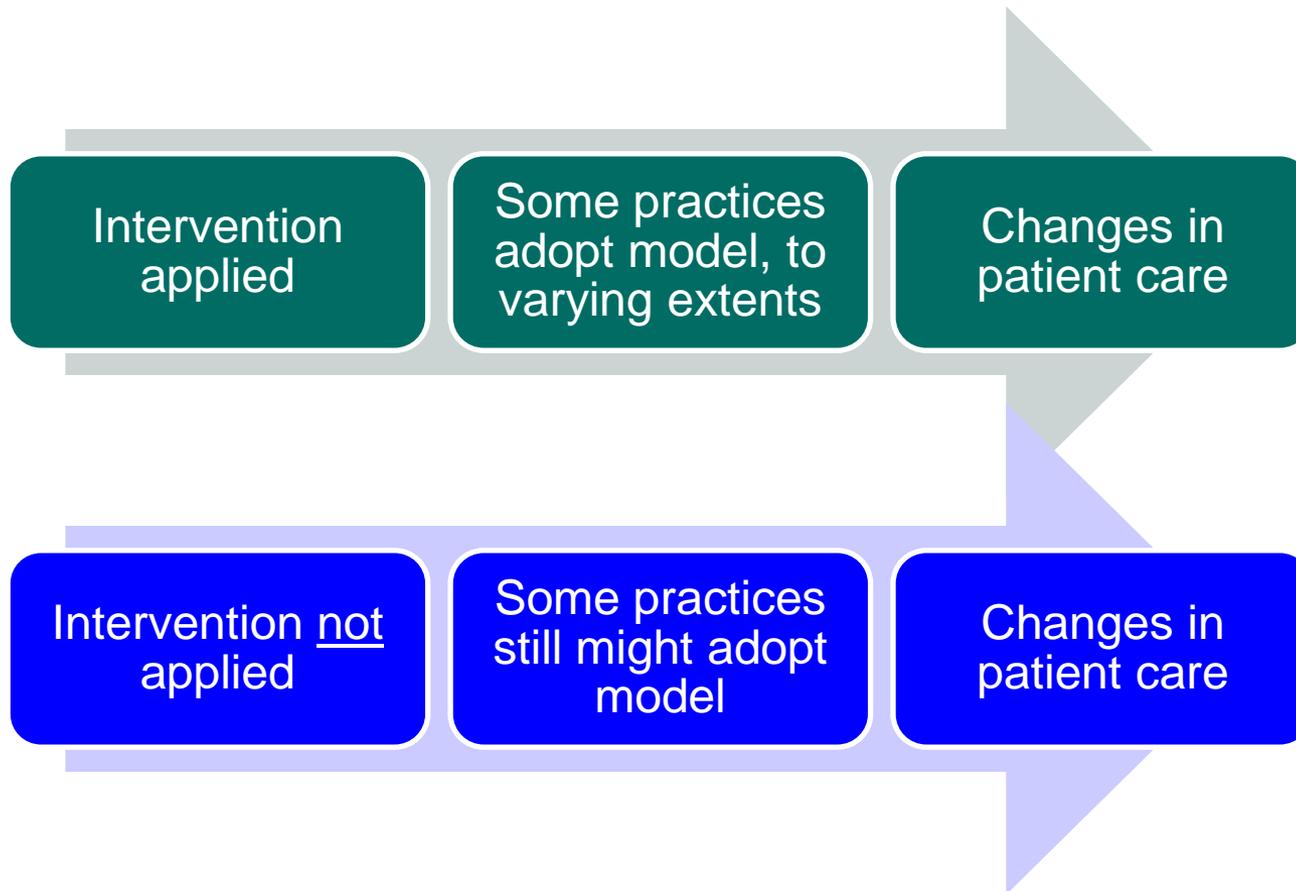
Key ingredients of medical home interventions

- **New resources for primary care practices**
 - Technical assistance, coaching
 - In-kind contributions
 - Enhanced payment, many possible forms:
 - Per member per-month supplemental payment
 - Shared savings
 - Fee-for-service rate “uplift”
- **New requirements for primary care practices**
 - Practice transformation / adopt new capabilities
 - Demonstrate “medical homeness”

Relationship between intervention, model, and patient care



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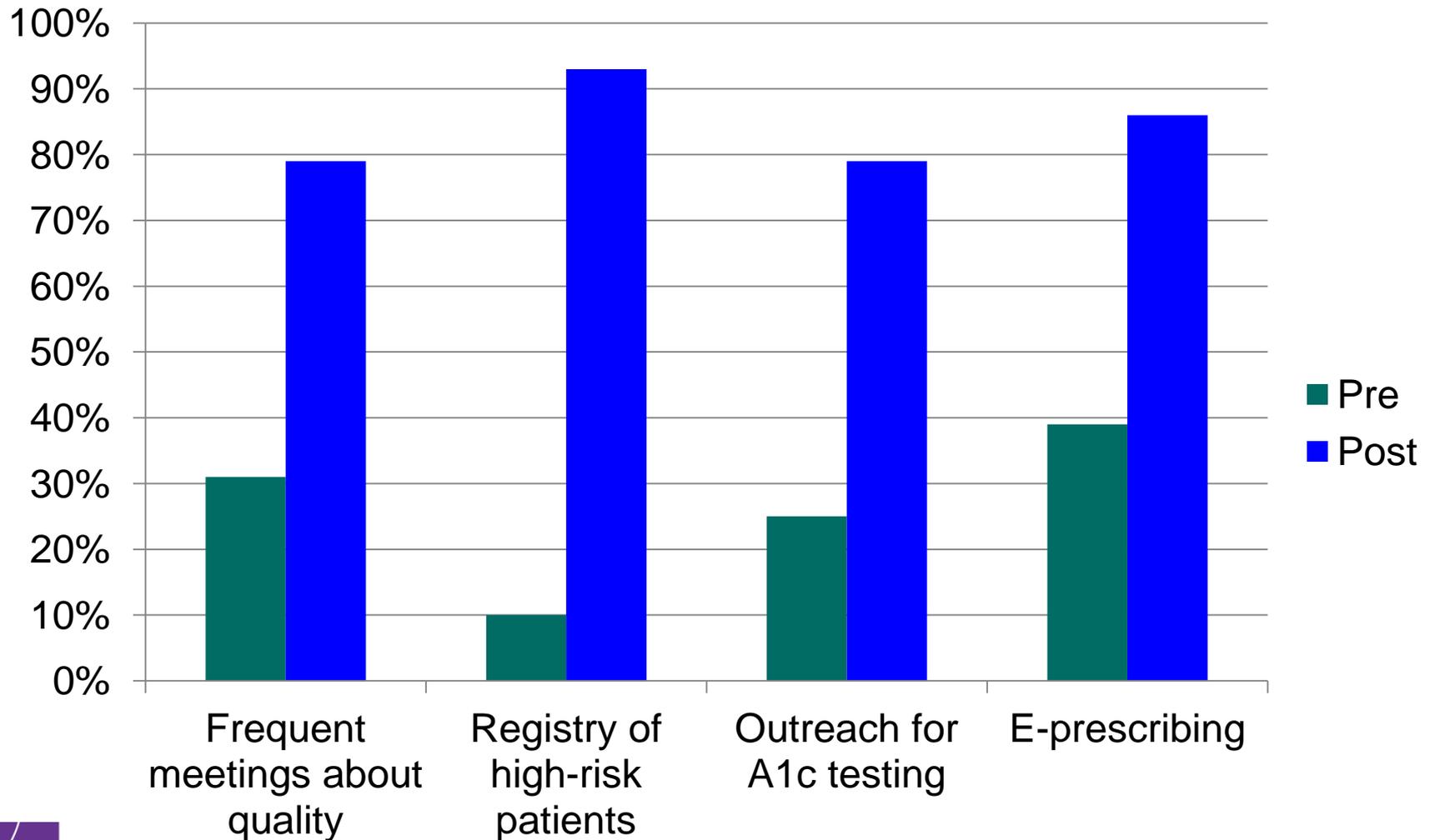


Example of a medical home intervention: Southeast region of the Pennsylvania Chronic Care Initiative

- 32 practices, 6 payers, 3-year intervention: June 2008 - 2011
- Inputs:
 - Technical assistance
 - Per member per-month bonus payments tied to NCQA recognition level
- Requirements:
 - Obtain NCQA medical home recognition (level 1 or higher) within first 12 months
 - Participate in learning collaborative activities and report registry-based performance data

Friedberg MW, Schneider EC, Rosenthal MB, Volpp KG, Werner RM. Association between participation in a multipayer medical home intervention and changes in quality, utilization, and costs of care. *JAMA* 2014;311(8):815-825.

Among pilot practices, there was structural transformation targeting quality



All changes significant at $P < 0.05$

Limited changes in patient care, relative to comparison practices

Domain	Findings
Quality	<ul style="list-style-type: none">• Statistically significant improvement on 1 process measure of diabetes care (nephropathy monitoring)• Trends towards improvement on 3 additional process measures of diabetes care
Utilization	<ul style="list-style-type: none">• No statistically significant differences
Costs	<ul style="list-style-type: none">• No statistically significant differences

Findings were robust to numerous sensitivity analyses:

- Alternative functional forms, attribution rules
- Patient, provider, and insurer subpopulations
 - Including analyses restricted to patients with diabetes: results were the same
 - And including analyses* restricted to patients in the top 10% of Charlson scores: results were the same

What can we take away from this evaluation?

- It is possible for a medical home intervention to have limited effects on patient care over a 3-year period
 - Findings similar to evaluations of other early medical home interventions*
 - So it's not a “sure thing”
- However, not all medical home pilots are alike, and implementers are refining their approaches
 - Ongoing medical home interventions have different components, including different payment models
 - These ongoing pilots may produce different results

*See: Werner RM, et al. *Med Care* 2013;51(6):487-493

Rosenthal MB, et al. *JAMA Intern Med* 2013;173(20):1907-1913

Fifield J, et al. *J Gen Intern Med* 2013;28(6):778-86

We can use evidence to refine medical home interventions

- Within 2-3 years, the results of another 20-30 pilots should be published, including 3 giant CMS pilots
- Heterogeneity creates opportunity
 - Different intervention “recipes” may lead to different outcomes
 - Evaluations will help us identify the key ingredients, including which payment models seem to work best
- But right now, we do not have an evidence base that identifies the best ways to reform payment in medical home interventions
 - In particular, no published evaluations of interventions that include shared savings

Thank you

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Evaluations of medical home models and interventions: some recent examples

Evaluations of models	Evaluations of interventions
Higgins et al, AJMC 2014	Friedberg et al, JAMA 2014
Wang et al, J Public Health Manag Prac 2014	Rosenthal et al, JAMA Intern Med 2013
David et al, HSR 2014	Werner et al, Med Care 2013
Kern et al, Ann Intern Med 2014	Fifield et al, JGIM 2013
Paustian et al, HSR 2014	Evidence reviews on interventions
Wholey et al, Minnesota Dept Health 2014	Jackson et al, Ann Intern Med 2013
Van Hasselt et al, HSR 2014	Peikes et al, AJMC 2012

Broadly speaking, the findings of these two types of evaluations are not the same. This is not surprising. Remember, they are not asking the same question.