

IDAHO MEDICAL HOME COLLABORATIVE

PURPOSE: Make recommendations to the Governor, through the Dept. of Insurance, on the development, promotion and implementation of patient centered medical home model of care statewide.

DELIVERABLE(S) and the COMPLETION DATE FOR EACH DELIVERABLE:

- 1) Create qualifications and eligibility criteria for PCMH practices—national recognition criteria (NCQA) adopted Spring 2011
- 2) Identify appropriate common payment formulas for providers—in process
- 3) Engage patients, employers and providers in the successful implementation of PCMH—representatives appointed on IMHC
- 4) Develop guidelines for care coordination and case management—under development
- 5) Establish procedures for electronic data exchange to evaluate quality, cost and utilization
- 6) Determine quality metrics for monitoring and reporting
- 7) Design and implement a demonstration pilot for private practices based on the medical home model

INTERIM MILESTONES:

- 1) IMHC recommends that practices seeking medical home status, are recognized by National Commission for Quality Assessment (NCQA)
- 2) Medical Home Definition for Idaho adopted Fall 2010
- 3) Payment Reform and Practice Transformation workgroups established Fall 2010

ANTICIPATED IMPLEMENTATION DATE:

- 1) Work of IMHC ongoing while private and safety net clinics transform practices through 2013
- 2) Initial PCMH pilot to launch target January 2012

LEAD ENTITY/INDIVIDUAL AND CONTACT INFORMATION: Idaho Department of Insurance is sponsoring the IMHC. Idaho Primary Care Association (IPCA) and Idaho Academy of Family Physicians (IAFP) are providing staff support. Lead staff: Moriah Nelson, Idaho Primary Care Association, 345-2335

PARTNERS AND PARTICIPANTS:

- 1) Four major payers in state—Medicaid, Blue Cross of Idaho, Regence, PacificSource Health Plans
- 2) State officials including Governor’s Office, Dept. of Insurance, DHW, Office of Rural Health
- 3) Physician Groups—IAFP, Idaho Academy of Pediatrics, American College of Physicians, and VA Medical Center
- 4) State Associations—Idaho Medical Association, Idaho Hospital Association, Idaho Primary Care Association
- 5) Elected Officials
- 6) Patient Rep, Employer Rep

FUNDING SOURCE(S): The IMHC is staffed through support from the Safety Net Medical Home Initiative, a four year grant from Qualis Health and from in-kind support from the IAFP, the IPCA, the State Department of Insurance, and beginning July, project staff from the Division of Medicaid. Additionally, many partners are offering their time and expertise.

BARRIERS:

- 1) Transforming current primary care practices to patient centered medical homes requires a very fundamental shift in philosophy, practice, service integration, etc. Practice transformation takes at least 24 months to be successfully accomplished.
- 2) Payment Reform—moving from the current fee for service model to payment for coordinated care requires major transition in how providers are paid, how insurers track patients, costs and outcomes.
- 3) Identifying resources to support practices to undertake medical home transformation (system changes, staff training, practice coaches, etc.) is challenging.
- 4) Health Information Technology –identifying resources to address costs and resources needed to purchase, implement and maintain electronic health records; participation in data exchange is challenging.

VISION: The Governor's Vision for Idaho's health care system is that "Idahoans will have the opportunity to access quality, effective and efficient healthcare that provides a coordinated delivery system with affordable and accessible health insurance options." *How does this project help to achieve that vision?*

Idaho Medical Home Collaborative brings together multiple stakeholders who agree that the current model of primary care delivery can be improved through practice transformation to the patient centered medical home model. Anticipated improvements in the overall health care delivery system stemming from the PCMH transformation include: Improved quality and integration of primary care, better health outcomes for Idahoans and reduced health care costs for individuals, payers, employers and the State.

IS THIS PROJECT MOST RELEVANT TO (CHECK ONE):

Health Insurance Affordability and Accessibility

Health Information Technology

Health Care Delivery

WEBSITE: NA