

## State Survey on the Patient Centered Medical Home Model

The National Academy for State Health Policy (NASHP) has launched a new initiative to look at ways states can adopt and implement the Patient-Centered Medical Home (PCMH) model in their Medicaid and SCHIP programs. The project will focus on translating the PCMH model into policies and strategies states can use in implementing those changes. The initiative is supported by a Commonwealth fund grant and is expected to be completed when funding expires in November.

As part of the project, NASHP will work with the Patient Centered Primary Care Collaborative (PCPCC) to establish an Advisory Taskforce to support state efforts. The first meeting of the Taskforce took place on February 1, 2008 via conference call.

The NASHP led efforts will eventually produce a series of four webcasts ranging in topics from general information on the PCMH to structural implementation at the state level, technical reports and papers to assist state Medicaid programs, and a one and a half-day summit in Washington, DC which will take place on July 29-30, 2008.

NASHP has already begun surveying state Medicaid Directors, Maternal and Child Health Directors, SCHIP Directors, Governors Health Policy Advisors, and Public Health Directors on how they view the Medical Home concept in their states. The surveys will also attempt to gauge the various underlying difficulties that states will have to overcome during the implementation phase.

The survey asks:

- Is your state implementing or planning any efforts to improve the medical homes available to Medicaid or SCHIP recipients OR operationalize one or more of the Patient Centered Primary Care Collaborative (PCPCC) medical home principles?<sup>1</sup> Include efforts to improve primary care delivered through fee-for-service, Primary Care Case Management (PCCM), or HMO programs.
- What are the greatest barriers to improving the medical homes available to Medicaid and SCHIP recipients?

Fifty states were surveyed – as of January 25, 2008 information has been collected from 25 states.

Survey findings as of January 25, 2008 were:

- Nineteen states have been identified as striving to improve medical home availability in their Medicaid/SCHIP programs (Colorado, Connecticut, Delaware, Illinois, Louisiana, Maine, Minnesota, Missouri, Nevada, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington, and West Virginia).

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<sup>1</sup> See <http://www.pcpcc.net/node/14> for more PCPCC details.

- Six states have been identified as having legislative authority or mandates to further this effort (Colorado, Louisiana, Missouri, Rhode Island, Washington, and West Virginia)
- Eight states mentioned including the establishment of medical homes in their Medicaid Transformation Grant applications. Their goal was enhancement of their health information technology capacity to support the establishment of medical homes for select Medicaid populations (Alabama, Arizona, Hawaii, Minnesota, Oregon, Rhode Island, West Virginia, and Wisconsin).
- Three states have dedicated state resources to support medical homes (Colorado, Louisiana, and Nebraska). Colorado and Nebraska each have a dedicated staff person, although Nebraska stated that this employee has many competing interests. Louisiana created the Health Care Redesign Fund to help fund development and implementation of Medicaid medical homes.
- Medical Homes Populations targeted:

**Medicaid Managed Care enrollees:** Arizona, Connecticut (PCCM under development), Delaware, Illinois (PCCM), Louisiana (PCCM), Oklahoma, Maine (PCCM), North Carolina (PCCM), Pennsylvania (PCCM), Rhode Island, Tennessee, Texas (PCCM)

**Medicaid:** Missouri (under development), West Virginia

**Medicaid children/SCHIP only:** Colorado, Hawaii (under development), Nebraska, Nevada, New Hampshire, Virginia, Washington

**Children with Special Health Care Needs (CSHCN):** Florida, Illinois, Iowa, Minnesota, New Mexico, Ohio, Utah

**High cost enrollees:** Maine, Vermont

**Chronic care patients:** Minnesota, Rhode Island

**Seniors:** Minnesota

**Aged, Blind, & Disabled populations (ABD):** Hawaii (under development), Washington (under development)

Joint Principles employed:<sup>2</sup>

**Provider directed practice:** most states.

**Care is coordinated/integrated:** many states are developing their IT capacity for data sharing, electronic health record use, care coordination, and quality feedback. Some have or are adopting clinical care guidelines, e.g., Illinois and Pennsylvania. Some have or are developing systems to recognize patient and family input (Illinois and Nebraska). Two states mentioned their managed care organizations are monitored externally for quality (Tennessee and Virginia).

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<sup>2</sup>Please see <http://www.pcpcc.net/node/14> for more details.

**Enhanced Access:** Two states mentioned that the Medicaid office provides toll-free access to advice from an R.N. 24/7 (Illinois and Texas). Two states provide an enhanced per member per month (PMPM) reimbursement for enhanced access (Pennsylvania and Rhode Island).

**Payment:** Several states have or are developing pay for performance (P4P) standards (Connecticut, Minnesota, Missouri (under development), Oklahoma (under development), Tennessee (some MCOs). Most others provide an enhanced PMPM fee or case management fee.

The American College of Physicians (ACP), an active member of the Patient Centered Primary Care Collaborative (PCPCC), helped formulate the “Joint Principles of the Patient Centered Medical Home.” The College supports this NASHP initiative and encourages ACP chapters to get involved by contacting your state health policy officials and asking them to support adoption of the PCMH model. **Listed below is contact information for the various state health policy officials.**

State Governors’ Contact Information

<http://www.nga.org/portal/site/nga/menuitem.dc47d9cab98a90f68a278110501010a0/?vgnextoid=1af5c274eee62010VgnVCM1000001a01010aRCRD>

State Governors’ Policy Directors

<http://www.nga.org/portal/site/nga/menuitem.6f6388442a5e6905f5f79af0501010a0/?vgnextoid=f5cc6eb58fda0010VgnVCM1000001a01010aRCRD>

National Association of State Medicaid Directors

[http://www.nasmd.org/about/NASMD\\_Member\\_List.rtf](http://www.nasmd.org/about/NASMD_Member_List.rtf)

SCHIP State Contact Information

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/StateSCHIPDirectors.pdf>.

If you have any questions on these or other topics, please contact Shuan Tomlinson at 800-338-2746 ext. 4547 or by email at [stomlinson@acponline.org](mailto:stomlinson@acponline.org).

To access recent and past state health policy reports go to the State Health Policy section on the Chapter Leadership Network (CLN) website or click on:

[http://www.acponline.org/cln/health\\_policy.htm](http://www.acponline.org/cln/health_policy.htm).

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