

Medical Home

NEWS

Bundles: The Risk of Underestimating Primary Care

By Thomas R. Graf, MD, Melissa McCain, and Cynthia Bailey

Bundled payment arrangements are quickly becoming a reality for many provider organizations. Health system leaders are responding to both government mandates and commercial payer initiatives with a variety of improvement programs designed to demonstrate required performance levels in quality, patient experience and cost. Achieving these targets will depend on the system's ability to impact both clinical outcomes and total cost of care across the continuum – a goal only possible with the full involvement and integration of primary care.

Primary care plays a critical role in the health system's ultimate success or failure with bundled payments -- and ultimately, the success of any medical homes initiative.

In most bundles, primary care providers (PCPs) manage the majority of the days of a 90-day episode - and the associated controllable costs - and are ideally positioned to improve the pre- and post- procedural care that impact complication and readmission rates, care outcomes and total cost of care. Improvement initiatives risk failure if they are too "hospital-centric" in their approach - focusing only on hospital-based specialties and inpatient programs, without recognizing the importance of fully engaging primary care in the effort.

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What is a Medical Home?

By Carol Marak

If you ask seniors and family caregivers what is a "medical home," what would they say? Research marketers and industry focus groups find that consumers think it has something to do with long term care vs. a high-quality primary care practice. To some extent, they are correct, but in reality, it is a team-based health care delivery model led by a health care provider. It's designed to deliver comprehensive and continuous medical care to patients with the goal of obtaining maximized outcomes.

I work with Aging Council members at Seniorcare.com; the professionals who dedicate a lot of their effort helping seniors receive the best care possible. They're exposed to the various misunderstandings that consumers have on all sorts of senior-related topics, but the ones about health care seems to carry the most confusion. Speaking to the aging experts, here are some of the false impressions consumers have about medical homes:

It's a Nursing Home

Shannon Martin of Aging Wisely believes many elders think a medical home means it is a nursing home. It's not common terminology outside the medical community.

Anthony Cirillo at The Aging Experience says that consumers confuse it with a nursing home. It is a wrong choice of words. It conveys no sense of what it is regarding how the model approaches health holistically (that is, when done right).

Rhonda Caudell, Endless Legacy, agrees that consumers would say a "nursing home" or it is a nursing home located on a floor or wing of a hospital.

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Catching Up With ...

Marc Boutin, JD is the chief executive officer of the National Health Council.

He was appointed to the position in 2015 after a dozen years serving in increasingly greater positions of responsibility within the organization. He has been a leading voice for greater patient involvement at every stage of the healthcare continuum. He talks here about the National Health Council, patient engagement and value-based healthcare delivery.

Marc Boutin, JD

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- Member of the Patient-Centered Outcomes Research Institute (PCORI) Patient Engagement Advisory Panel, FasterCures Benefit-Risk Advisory Council, and MDIC Patient-Centered Benefit-Risk Steering Committee, Washington, DC
- Founding member of the international Patient-Focused Medicine Development consortium, Brussels, Belgium
- Served on the governing board of the International Alliance of Patients' Organizations, London, UK, as a member and treasurer.
- Served as vice president of government relations for the American Cancer Society, Washington, DC, prior to joining the National Health Council
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Medical Home News: *First, can you tell us a little about the work of the National Health Council?*

Marc Boutin: Founded in 1920, the National Health Council (NHC) is the only organization that brings together all segments of the health community to provide a united voice for the more than 133 million people with chronic diseases and disabilities and their family caregivers. Made up of more than 100 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient advocacy organizations, which control its governance and policy-making process. Other members include professional and membership associations, nonprofit organizations with an interest in health, and representatives from the pharmaceutical, generic drug, insurance, medical device, and biotechnology industries.

We serve as an umbrella organization for patient advocacy organizations and work on a broad range of systemic health issues affecting people with chronic conditions. Our initiatives include influencing federal health care policy, advancing medical research and innovation, and enhancing patient access to quality care. We tackle each issue focusing on the needs of patients to ensure that all people with chronic diseases and disabilities receive the care they need to live longer and better lives.

Medical Home News: *You have extensive experience in patient engagement, both here in the U.S. and internationally. How does the U.S. healthcare system stack up against other industrialized countries in terms of patient-centered care and patient engagement?*

Marc Boutin: That was my intent. To the extent it succeeded, however, it certainly was not something I could have done alone. I told everyone they had three jobs -- (1) to conduct the business of CMS in a way that set an example of excellence; (2) to serve as the lead agency for implementation of the Affordable Care Act and to do so through a regulatory process that was respectful and capable; and (3) to have CMS become an improvement organization that learns and leads. I described what I saw as a new vision for CMS -- "to be a major force and trustworthy partner for the continual improvement of health and healthcare of all Americans." And based on quality management principles that we had practiced and taught at IHI, I proposed that we pursue that aim guided by five key operating values --- boundarylessness, speed and agility, unconditional teamwork, innovation, and customer focus. It was gratifying to see that the vast majority of CMS staff were ready to embrace to those principles.

The U.S. healthcare system is evolving rapidly as a result of new technology and the emergence of consumerism in the health ecosystem. The Affordable Care Act includes numerous provisions that support value, shared decision-making, and individual care plans. The creation and implementation of the Patient Centered Outcomes Research Institute has revolutionized the concept of patient engagement in research. The Patient Focused Drug Development Program at the FDA has demonstrated that while the perspective of researchers, academics, and doctors is important, it cannot be a substitute for the patient perspective. Payers are looking beyond population health to new delivery models that promote clinical outcomes relevant to patients and their family caregivers. We are moving from good intentions to meaningful patient engagement, which is a critical first step in achieving patient centricity.

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As a former Board member of the International Alliance of Patients' Organizations and a member of the Patient-Focused Medicine Development transatlantic collaboration between patient organizations and the biopharmaceutical industry, I am seeing the emergence of a global movement to incorporate the patient perspective in drug development. In some countries in Europe, we are seeing the movement spread to integrative health care delivery.

Medical Home News: *What kind of research is being implemented and discussed by the Patient-Centered Outcomes Research Institute (PCORI) in the area of patient engagement?*

Marc Boutin: The NHC championed for the creation of PCORI, and the patient community is involved in numerous ways at the Institute. For example, PCORI requires patient partners on all of its research projects, which was a first. PCORI also created the Patient Engagement Advisory Panel, of which I am a member. One of its chief accomplishments was creating a Patient Engagement Rubric, which provides all PCORI-funded researchers with a variety of methodologies for gathering input from patients, family caregivers, and patient organizations throughout the entire research process.

PCORI has already funded hundreds of research projects that address patient engagement. The NHC is a recent awardee, and we will be addressing methods for Increasing Patient-Community Capacity to Engage on Quality of Health Care Research and Programs. The patient community recognizes it needs to hone its capabilities to increase its currently limited ability to partner on quality-related, patient-centered outcomes, and comparative-effectiveness research.

This project will develop patient-specific training to increase the capacity of patients, advocacy organizations, and family caregivers to engage in patient-centered outcomes research where quality measures are a focus and where patient engagement is needed.

Medical Home News: *We are experimenting with a variety of value-based models of care – accountable care organizations, patient-centered medical homes, bundled payments, direct contracting, tiered networks, reference pricing – but you note that the patient perspective is rarely incorporated into their design. Can you briefly describe how your recently created National Health Council's Patient-Centered Value Model Rubric would help in this regard?*

Marc Boutin: Patient perspectives on value can differ significantly from that of physicians and payers, often integrating considerations beyond clinical outcomes and cost, such as a treatment's ability to help patients achieve personal goals. To have true utility, value models must incorporate these other influencing factors, and the only way to achieve this is by having robust processes in place to incorporate the patient voice. Such action is particularly important if physicians and payers look to value models to inform decisions that can affect the treatment options available to a patient.

The purpose of the NHC's Value Model Rubric (www.nationalhealthcouncil.org/value) is to help value-framework developers to meaningfully engage patients in the development of their value models and to promote patient centrality. To achieve true value in health, we need to move away from fee-for-service and beyond population health to models that align care with clinical outcomes that are relevant to patients, promote good health outcomes, and reduce overall costs. The NHC Value Model Rubric will help close the gap in our collective understanding about what outcomes are truly relevant to patients.

Medical Home News: *The recent proposed rule implementing MACRA contains incentives for providers who are more advanced in patient communication. What are the benefits and limits of financial incentives for providers in promoting patient engagement?*

Marc Boutin: The National Health Council has long advocated for shared decision-making between patients and their health care providers because patients have unique, individual, health and personal needs. However, the care they receive is often one-size-fits-all. What we advocate for is something we call the Chronic Care Trifecta. Under this approach, providers customize care based on three elements: a person's aspirations, life experiences, and preferred health outcomes. By ensuring that treatment plans respect all three elements, care is more relevant to an individual.

To achieve the Chronic Care Trifecta, we need to realign delivery system designs, quality measures, and payment models. Decades ago, our doctors were there when we were born, knew our family, and understood what was important to us. Our current system actively discourages care that is relevant to the individual while promoting noncompliance and non-adherence driving up costs to the system. We need to pay providers to build relationships with patients and their families, to engage in effective shared decision-making, and deliver care that helps patients achieve their goals in the context of their personal circumstances -- like doctors did decades ago. In emerging models being tested by the CMS Innovation Center we are seeing improved outcomes at reduced costs.

Medical Home News: *Finally, tell us something about yourself that few people would know.*

Marc Boutin: People within the health community are familiar with my long advocacy history working for various organizations in the U.S. that serve people with chronic conditions. What they probably don't know is that nearly every member of my immediate family has been diagnosed with a chronic condition, from the more common (cancer, heart disease, arthritis), to the more complex (multiple sclerosis, Parkinson's, lupus), to the rare (Pemphigus and Pemphigoid). I also have a sister who was born deaf. So for me, ensuring that people with chronic diseases and disabilities receive the care they deserve is a very personal goal.