

Medical Home

MACRA, as approved by Congress, emphasized the role of advanced primary care practices. This emphasis is apparent through the inclusion of the medical home as a preferred delivery model under both the MIPS and APM pathway. It is further emphasized through legislative language that exempts medical home practices from any risk under APMs and the guarantee of maximum scoring under MIPS. It is clear to the AAFP that Congress fully supported the medical home and intended for the medical home to be a model recognized as an Advanced APM, and for good reason. The delivery of high-performing team-based patient-centered primary care is at the heart of the medical home. A significant body of evidence points to the clear trend showing that the medical home drives reductions in health care costs or unnecessary utilization, such as emergency department (ED) visits, inpatient hospitalizations and hospital readmissions. Those with the most impressive cost and utilization outcomes are generally those who participate in multi-payer programs with specific incentives or performance measures linked to quality, utilization, patient engagement or cost savings, such as the CPC initiative.

Today, nearly 50 percent of family physicians practice in a medical home. CMS's failure to make a medical home model available as an Advanced APM would not only violate Congressional intent, but would undercut more than a decade of progressive transformation in primary care practices – not to mention demoralize tens of thousands of primary care physicians. We urge CMS to identify a medical home model that can be included as an Advanced APM.

- **Recognition of Medical Homes** – While the AAFP can support the inclusion of the four nationally recognized medical home programs outlined in the regulation, we strongly recommend expansion beyond these four organizations. The AAFP believes that a physician should not be required to pay a third-party accrediting body to receive recognition as an advanced primary care practice, such as a Patient-Centered Medical Home (PCMH). The PCMH recognition or certification of a practice by an accrediting body may not accurately capture actual advanced primary care functionality. The AAFP recommends that CMS broaden the definition of PCMH specifically to include programs that have a demonstrated track record of support by non-Medicare payers, state Medicaid programs, employers, or others in a region or state. The programs to be included should be clearly articulated by CMS in advance, along with transparent criteria and methodology for the addition of new PCMH programs.

The AAFP strongly urges CMS to consider the inclusion of PCMH recognition programs that accredit based on the advanced primary care functions reflected in the Joint Principles of the PCMH and the five key functions of the CPC Initiative.

The AAFP recommends that CMS establish a process to review and grant medical home recognition authority to any entity that meets the necessary criteria as a PCMH accreditor. This would be similar to processes currently used for hospital and laboratory accreditation. The AAFP, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association have joint Guidelines for Patient-Centered Medical Home Recognition and Accreditation Programs that build on the Joint Principles of the Patient-Centered Medical Home, which the four groups adopted in February 2007. CMS could use these guidelines in exercising such a deeming authority. The AAFP encourages the inclusion of state-based, payer sponsored, or regional PCMH recognition programs.

- **Financial Risk for Advanced APM Medical Homes** – The AAFP strongly recommends that CMS remove the Medical Home Model financial standard in its entirety from the proposed rule and reiterates our strong belief that medical homes should not be subject to any financial risk. The AAFP views this as a significant misinterpretation of the law which was designed to protect and foster medical homes.