



The Medical Home Model is On the Rise: Opportunities for Prevention & Increased Synergy Among Provider Organizations



As a huge proponent of prevention and wellness, I was elated to find that earlier this year, the Commonwealth Fund—a private foundation that aims to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency—launched a four-year, \$6 million initiative to help primary care safety net clinics become high-performing patient-centered medical homes. As a result, in May 2009, 68 health clinics in Colorado, Idaho, Massachusetts, Oregon, and Pennsylvania have agreed to transform the clinics into person-centered medical homes. In addition, five regional coordinating centers (RCCs) have been formed to oversee the clinic's

transformation efforts. The RCCs appoint an Executive Sponsor to engage local stakeholders who might influence health care policy to support transformation to a person-centered medical home. The RCCs are also expected to sustain practice changes in partner clinics in order to facilitate the spread of best practices to other networks and regional clinics after the grant period has ended.

Qualis Health was the recipient of the Commonwealth Fund's grant award and partnered with the MacColl Institute for Healthcare Innovation to assist in the implementation of the initiative. This initiative—part of an increasing focus in the U.S. health care system on person-centered medical homes—is revamping physician reimbursement supportive of preventive care delivered within collaborative care systems. The belief is that this focus on prevention and collaboration will ultimately reduce higher and long-term health care costs by reducing emergency room costs or long-term health consequences. This cannot be accomplished without collaboration among community safety net health care and community safety net behavioral health care professionals.

The five RCCs were selected to participate in the demonstration project, and each partnered with 12-15 preexisting safety net clinics in their state. These collaboratives will receive technical assistance on practice re-design topics such as enhanced access, care coordination, and patient experience. They will also receive funding to support a Medical Home Facilitator (who will lead clinic-based quality improvement projects) and other activities. To be eligible for participation, partner clinics had to provide comprehensive primary care services, including preventive care and immunizations, ambulatory care, and other common services. However, clinics did not need to provide on-site mental health or dental care in order to be considered comprehensive. The RCCs receive funding from Qualis Health's Commonwealth Fund grant.

The primary goal of the grant funds is to establish a medical home facilitator in each center, with other funding to support collaboration efforts related to the medical home transformation. Each RCC is able to distribute its funds at its own discretion; RCCs may use the funds internally, or they may opt to distribute the funds directly to individual partner clinics.

It is anticipated that at the end of the initial grant period all 68 health clinics will be unequivocally recognized as models of excellence. The participating centers will receive training and ongoing support

from Qualis Health to support the health centers' efforts to improve the coordination of information and care between primary and specialty care or community provider organizations; to use information technology to identify patients with unmet needs; to improve care for those with chronic conditions; and to systematically obtain feedback from patients for quality improvement. The model has shown promise as a way to provide high-quality, cost-effective health care to low-income and minority patients while simultaneously reducing racial and ethnic health disparities.

What is the Opportunity for Behavioral Health Provider Organizations?

There is funding available for partner behavioral health organizations to provide services to a physical health clinic under the existing Qualis funding areas. Synergy between behavioral health organizations and the health clinics in the selected areas will be necessary for the health clinics to succeed. It is recommended that a behavioral health provider organization interested in collaborating should contact the RCC in their area to identify the name of the health clinic in the provider's area that is participating. This is a great opportunity to prepare an unsolicited proposal to the health clinic to provide specific collaborative services and get paid for administrative time spent to collaborate, such as:

- A sub-contract for administrative case management services to coordinate care between the medical home facilitator and the safety-net behavioral health organization
- A specific liaison position to facilitate increased communication between the health clinics and the behavioral health professional's office
- Funding for co-located staff at the health clinic and the behavioral health professional sites (meeting and travel costs funded through the initiative and Medicaid or other payers billed for direct services)

Provider organizations do not currently receive compensation for administrative time spent coordinating services, traveling to alternate sites, and for meeting or communicating with other practitioners. However, funding from this project may reimburse these costs. Direct patient care costs that result from increased referrals under such a collaboration would be billable to payer sources.

It is important to note that funds may not be used for direct patient care, or for the development—or maintenance of—an electronic medical record (EMR) or other HIT application. However, funds awarded under this grant program may be used for the following:

- Salary support for a Medical Home Facilitator
- A stipend for a clinic quality improvement (QI) director or coach
- Meeting and travel expenses for partner clinics
- Learning collaboratives
- Other activities of the RCC and partner clinics

The last two funding allowances may provide an avenue for an RCC or health clinic to sub-contract some services to behavioral health provider organizations. Available funding for direct patient care must be used; however, a collaborative model could expand a behavioral health care's service arm into new target populations. Administrative time for collaboration could also be compensated by the RCCs.

This initiative is yet another example of the expansion of funding for medical homes that began with the Centers for Medicaid and Medicare under the Medicare Medical Home Demonstration Project. It is also another example of the required collaboration between multiple safety net provider organizations that are creating new funding opportunities in the behavioral health and human service fields.

The five regional coordinating centers are listed below:

Regional Coordinating Center	Address	Key Contact	Service Area Clinics
Colorado Community Health Network	600 Grant Street, Suite 800 Denver, Colorado 80203	Jessica Sanchez, RN, FNP, MS, Medical Home Facilitator Jessica@cchn.org	14 clinics in the cities of Alamosa, Boulder, Denver, Glenwood Springs, Lamar, Lakewood, and Thornton.
Idaho Primary Care Association	11087 W. River Street, Suite 160 Boise, Idaho 83702	Teri Barker, RN, BSN, MHA, Medical Home Facilitator tbarker@idahopca.org	13 clinics in the cities of Aberdeen, American Falls, Caldwell, Cottonwood, Homedale, Marsing, Melba, Nampa, Orofino, and Pocatello.
Massachusetts Executive Office of Health and Human Services & Massachusetts League of Community Health Centers	One Ashburton Place, 11th Floor Boston, Massachusetts 02108	Ashley Barrington, Quality Initiatives Manager abarrington@massleague.org	14 clinics in the cities of Allston, Dorchester, East Boston, Holyoke, Hyannis, Lawrence, Roxbury, Revere, Somerville, Waltham and Worthington.
Oregon Primary Care Association	110 SW Yamhill Street, Suite 300 Portland, Oregon 97204	Craig Hostetler, MHA, Executive Director chostetler@orpca.org	15 clinics in the cities of Baker City, Corvallis, Enterprise, Eugene, Gresham, Hillsboro, Hood River, Klamath Falls, Medford, Portland, and Scappoose.
Pittsburgh Regional Health Initiative	650 Smithfield Street, Center City Tower, Suite 2400 Pittsburgh, Pennsylvania 15222	Tina Hahn, Medical Home Facilitator thahn@prhi.org	12 clinics in the greater Pittsburgh area.

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Brown, Dee. (2009, August). *The Medical Home Model is On the Rise: Opportunities for Prevention & Increased Synergy Among Provider Organizations*. OPEN MINDS, *The Behavioral Health & Social Service Industry Analyst* 21:5, 9.

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