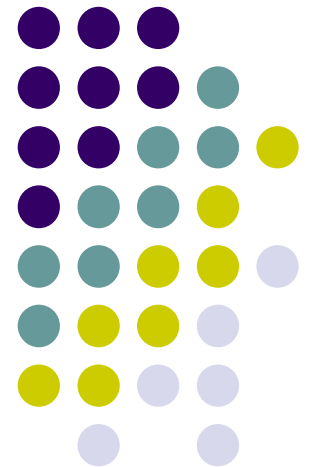


Medical Home A

Payment Systems and Organizational
Structures for the Medical Home

Work Session 1





Issue 1.1

What Organizations Should Be Eligible to Participate in Payment Systems Designed to Support Medical Homes and Improvements in Primary Care Delivery?

OPTION 1.1.6: Any type of physician organization (whether it is an individual practice, an IPA, a management services organization (MSO), or a new structure) that creates an organized system of care with accountability for patient outcomes and costs.

Key Themes

- Clear expectations
- Innovation opportunities
- Rewarding change
- Primary care at the center



Issue 1.2

What Kinds of Changes in Payment Systems Should Be Used to Encourage the Creation of Medical Homes and Improvements in Primary Care?

OPTION 1.2.8: Make a single, severity-adjusted comprehensive payment to a physician practice for outpatient care (completely replacing the current fee structure), with **rewards/shared savings** given to providers based on the extent to which reduced hospitalizations, etc. have been achieved for patients with ambulatory-sensitive conditions.

Key Themes

- Payer-neutral support for change
- Primary focus on outcomes, more than process
- Disruptive innovation is good

Issue 6.2



What Aspects of Payment Systems Are Most Important to Align Across Multiple Payers?

Key Themes

- Critical mass important
- Focus on consistent measures (6.2.4)

Issue 4.3



How Should Payment Systems Balance Consumer Choice and Continuity of Care?

OPTION 4.3.2: Reduce copayments and co-insurance for patients utilizing a primary care provider (or appropriate specialist) as a medical home.

Key Themes

- Lots of education needed (4.3.1)
- Can't penalize the consumer if provider is not ready (4.3.4)