Montana Patient Centered Medical Home Talking Points

- Montana's PCMH program has demonstrated Montana's commitment to investing in primary care delivery and demonstrating new payment models to support these practices.
- Participation by payers is voluntary, and three major insurance carriers and Medicaid have chosen to participate.
- Medicaid has 11,378 patients enrolled across five PCMH sites, including 1,700 recently added in partnership with the third party administrator, BCBS, for the HELP Plan.
- In Montana, PCMHs have already shown promising results: [1]
    - Montana has 62 qualified PCMHs and 7 additional PCMHs that have been provisionally qualified by the Commissioner of Insurance.
    - Rates of hypertension, diabetes, depression screening, and tobacco use were close to or better than national estimates and federal government targets for 2020.
    - 46% of PCMHs are integrating behavioral health services in their practices.
    - 81% of PCMHs have care coordinators, care managers, or patient navigators on staff. Many practices also have certified diabetes educators (43%), dieticians (31%), and clinical pharmacists (50%).
- Nationally, PCMH programs have resulted in savings due to reduced use of expensive services, like hospitalizations and emergency use: [2]
    - In Colorado, a commercial PCMH pilot reduced inpatient hospitalizations and emergency room use, resulting in savings of $2.50 - $4.50 for each $1.00 invested.
    - In New York, a commercial PCMH program reduced inpatient hospitalizations and emergency room use, resulting in cost savings of $75 per patient per month for PCMH patients, compared to non-PCMH patients.
    - Nationwide, NCQA certified PCMHs have been shown to reduce Medicare utilization, resulting in $1,099 lower average per-patient total Medicare spending.
- Providers practicing in PCMHs will receive special considerations under MACRA, the recently finalized Medicare payment reform law.
    - Under the Merit-Based Incentive Payment System, Medicare providers will see adjustments to their traditional fee for service payments depending on performance on a variety of metrics.
    - PCMH clinicians under MACRA will automatically receive the highest score for the clinical practice improvement metrics – one component of the Merit-Based Incentive Payment System.
- This foundation for reform is one of the reasons Montana was selected to participate in the CPC+ program.
- CPC+ will bring additional funding to selected primary care practices to help them reform how they deliver care, including by improving access, ensuring care management and care coordination, engaging patients and caregivers in their health care, and improving health community-wide, not just when people get sick.

- Practices must apply to participate in CPC+, and CMS will decide on these applications. We believe Montana practices who are participating in the PCMH program will be well positioned to participate in CPC+.
    - PCMH practices have already invested in technology to improve care delivery, and are delivering comprehensive care coordination services to their patients.
    - PCMH practices also have experience with receiving and managing PMPM care coordination payments, the same payment mechanism that will be used across payers under CPC+.
    - The CPC+ "Track 2" model requires a substantial investment in technology and delivery of comprehensive care for the highest need patients. Only the most advanced practices, such as PCMHs, will be likely to qualify for Track 2.
- Like the PCMH program, CPC+ will require practices to report on certain metrics to demonstrate the effect of these investments in primary care. Montana is committed to continuing to align PCMH reporting with other programs, including CPC+, to ease burden on providers. The Montana PCMH Program Stakeholder Council is currently aligning program quality metric reporting guidance with CMS's eCQMs or electronic Clinical Quality Measure Standards, which will likely be the standard for other programs as well.

Resources on PCMHs:

1 – Montana Commissioner of Securities and Insurance, *Montana Patient-Centered Medical Home Program 2016 Public Report,* July 2016. Available online at: http://csimt.gov/issues-reports/pcmh/pcmh-stakeholders/

2 - NCQA, *Latest Evidence: Benefits of the Patient-Centered Medical Home,* June 2015. Available online at: https://www.ncqa.org/Portals/0/Programs/Recognition/NCQA%20PCMH%20Evidence%20Report,%20June%202015.pdf