

and funding plan for building sustainable research capacity. The research funding would help to overcome the historic lack of dedicated research support for primary healthcare and would be used strategically for research training, career development and support, and for helping to answer the key questions involved in primary healthcare reform and renewal.

What Are the Next Steps?

The recommendations in the report have been strongly endorsed by the CFPC and its Section of Researchers as well as by the North American Primary Care Research Group (NAPCRG), the world's largest primary care research organization. Numerous Canadian professional organizations, provincial funders and policymakers, and national health data and research bodies are in favor of the recommendations. Implementation of the recommendations faces many obstacles, however. The coordinating body needs a host organization and a national body like CHSRF, perhaps in collaboration with CIHR, would be ideal. Once the national coordinating body has been formed, its task of identifying funding will be formidable. Nonetheless, there is reason for hope. Clinicians and decision-makers across the country need answers to pressing questions in the primary healthcare sector. Major investments in unproven innovations are taking place and the public has a right to know if these investments are worth the cost. A groundswell of support to build family medicine and primary healthcare research capacity is forming. CFPC and NAPCRG members can play a role in advocating for these changes and providing whatever support they can locally, provincially, nationally, and internationally. While nothing is so far assured, this is perhaps the best hope in the foreseeable future for moving forward the knowledge base of our discipline in Canada.

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MEDICAL HOME GAINS PROMINENCE WITH AAFP OVERSIGHT

The AAFP is continuing its work on building consensus on the importance of the primary care-based medical home. To that end, the Academy in November supported a voluntary designation program that will recognize physician practices as patient-centered medi-

cal homes, asked that legislation on Capitol Hill define "medical home" clearly, and successfully urged the Council of State Governments to implement and fund patient-centered medical home pilot projects.

Medical Home Recognition

The Academy, a charter member of the Patient-Centered Primary Care Collaborative (PCPCC), which represents some of the country's largest corporations, policymakers, consumers and 330,000 primary care physicians, worked with the PCPCC to announce plans for a new voluntary designation program. The program would be administered by the National Committee for Quality Assurance (NCQA), and would recognize physician practices as patient-centered medical homes, a development designed to promote comprehensive and coordinated care.

The NCQA developed the criteria for the recognition program in conjunction with the AAFP, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association. NCQA Executive Vice President Greg Pawlson, MD, MPH, described the criteria as a "roadmap for practices to follow." Program criteria are based on a series of requirements, including patient registries, care management programs, electronic prescribing and follow-ups on tests, among other measures.

Pawlson stressed, however, that the recognition program would not work without adequate payment for physicians. Public and private payers, he said, "have to step forward to recognize the value of the patient-centered medical home and to pay practices appropriately."

AAFP President Jim King, MD, of Selmer, Tenn., explained that physicians themselves cannot be recognized as medical homes; only a physician practice can earn the designation of "patient-centered medical home." That means a patient-centered medical home is a team effort, involving everyone in the practice, said King.

Defining the Medical Home

The Academy raised concerns about a bill that would provide patient-centered medical homes for some Medicaid recipients and others, saying that key provisions of the legislation should be changed.

Senate bill 2376 would create a medical home demonstration program for certain beneficiaries enrolled in Medicaid and the State Children's Health Insurance Program (SCHIP). Under the legislation, Medicaid and SCHIP beneficiaries without a regular source of care would be assigned to medical homes with primary care physicians who would be responsible for managing and coordinating their care. The legislation also would create local medical manage-

ment committees to establish standards and measures for patient-centered medical homes.

AAFP Board Chair Rick Kellerman, MD, of Wichita, Kansas, in a November 14 letter praised the legislation's "emphasis on primary care as the principal site of the patient-centered medical home," noting that the bill "requires the medical home to be physician-directed." He pointed out, however, that the success of the medical home depends on how it is defined.

The legislation gives the medical management committees the authority to define the patient-centered medical home, but it does not require them to base the definition on any national standard, creating the possibility that differing definitions of the medical home could emerge. Such an eventuality could require physicians to respond to "multiple sets of different requirements," Kellerman wrote.

"The 4 organizations with primary care physicians (ie, the AAFP, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association) have been concerned about the emergence of differing definitions of a medical home, many prompted by specific disease management companies or insurance plans for purposes unrelated to improved health care," Kellerman said. As noted earlier in this article, the AAFP and the 3 other organizations worked with the NCQA to develop a single set of standards for the recognition of physician practices as patient-centered medical homes.

"We would suggest that the legislation at least require the local medical management committees to automatically deem a physician practice to be a qualified medical home if it has achieved recognition by NCQA or other national standard setting organization," said Kellerman. "Our preference would be to avoid having the medical management committees reinventing the wheel by simply making the NCQA standards the minimally acceptable standards for a patient-centered medical home designation."

Similarly, the legislation also should require the medical management committees to base their performance standards for the medical home on the list determined by the Physician Consortium for Performance Improvement, those endorsed by the National Quality

Forum and those chosen for primary care implementation by the Ambulatory Care Quality Alliance.

"This process creates a single, reliable, evidence-based list of performance measures," Kellerman explained. Although "it is important to adapt the patient-centered medical home to local conditions, it is perhaps unrealistic and certainly unnecessary to ask the local medical management committees to undertake the expensive and time-consuming process of setting their own performance standards," he said.

State-Based Medical Home Projects

Academy efforts sparked a significant victory when the Council of State Governments (CSG) adopted a resolution urging its members to implement and fund patient-centered medical home pilot projects. The resolution, adopted at CSG's annual meeting in Oklahoma City, provides a strong impetus for states to adopt the medical home as part of their health care plans.

The resolution encourages CSG members to support the Joint Principles of the Patient-Centered Medical Home, developed by the AAFP and other medical groups, to improve health care quality and reduce costs. In addition, the resolution encourages states to "implement and fund pilot programs to demonstrate the quality, safety, value and effectiveness of the patient-centered medical home."

The resolution will be sent to governors and state legislative leaders, creating an opportunity for AAFP chapters to open a dialog with these officials about the importance of the patient-centered medical home model in reforming health care at the state level.

AAFP members and staff members in the Government Relations Division worked on the resolution during the past year, presenting CSG members with information and data about the effectiveness of the patient-centered medical home and helping to guide the resolution through the CSG committee process.

In addition, the AAFP is putting together a resource kit on patient-centered medical homes and the CSG resolution that state chapters can present to lawmakers and outside organizations.

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