



**Proposed HPC PCMH Certification Criteria  
March 25, 2014**

The Massachusetts Medical Society (MMS) agrees with the definition of a patient-centered medical home (PCMH) as care that is accessible, comprehensive, continuous, coordinated, family-centered, compassionate, culturally-competent, and in which the primary care physician shares responsibility for the patient's health and well-being with other participants involved in providing care. In response to the HPC's proposed PCMH Certification Criteria and Certification Pathway, the MMS would like to address some areas of consideration as well as opportunities for clarification:

**NCQA's PCMH certification should be recognized by HPC**

The MMS supports a process whereby physician practices and other providers already certified by the National Committee for Quality Assurance (NCQA)—or those in the process of applying—would be deemed certified by HPC. The MMS concurs with NCQA's written testimony, which discusses ways to collaborate on the development of a state-based program to avoid undermining the efforts of practices that have achieved NCQA PCMH recognition.

Because these practices have already attained rigorous, nationally recognized, and fee-based voluntary recognition, a deeming process would be consistent with Chapter 224 of the Acts of 2012, Section 14, Clause (b), which directs the state not to prohibit "a primary care provider, behavioral health provider, or specialty care provider from being certified as a patient-centered medical home; provided, that such providers meet the standards set by the commission in accordance with this section or are recognized by the National Committee for Quality Assurance as a patient-centered medical home."

**HPC's guidelines need flexibility**

HPC's proposed guidelines need flexibility for practices of all sizes, specialties, and locations throughout the Commonwealth. Some practices may not be able to achieve all of the required elements for each proposed level of certification. Furthermore, while some stakeholders support additional requirements to the most basic level of HPC's PCMH certification, adding these criteria could limit the diversity of approaches that providers can use to provide patient-centered, coordinated care. For example, a small pediatric office might meet most of the basic criteria, but might not have an electronic health record system that is capable of monitoring practice patterns and variations in care delivery. The failure to meet this single criterion would prevent that practice from becoming certified under the proposed requirements. Therefore, the MMS supports a more flexible approach for granting HPC certification to encourage broad participation in innovative, patient-centered health care delivery models.

We support the concept of simplifying the state PCMH certification process, making it less resource-intensive. We would support criteria that are results-oriented, focused on improving patient health, improving patient experience and appropriately reducing overall cost. We echo what Atrius has noted, and strongly encourage the HPC to convene a work group (much like the approach that has been used for the

Provider Registration), comprised of organizations with experience in implementing medical homes, to work with the HPC staff to review each of the criteria. We would support criteria that are focused on adding value, measuring results, and correctly determining the right level of certification.

### **Enhanced payments**

Enhanced payments are an incentive for encouraging providers to become certified PCMHs. To increase participation by practices of all sizes, HPC should also consider offering enhanced payments to practices that are making progress toward PCMH certification.

### **HPC should harmonize the PCMH certification process with payer-based models**

Finally, the proposed HPC PCMH certification process may not align with current payer-based PCMH models. Any PCMH certification process should reduce administrative burden by harmonizing the common core elements of the various payer-based PCMH models found among both public and private payers.

### **Broadened Certification Pilot**

In order to recognize more practices that are ready for PMHC certification, we strongly encourage HPC to broaden the first round of certification beyond the 50 practices envisioned. While some practices need resources for further development of PCMHs, there are practices currently ready for certification that would benefit from this process. In addition, criteria should be developed with input from physicians, for practices interested in participating in this process, rather than having the payers identify the practices.

Many questions remain on the specifics of the proposed PCMH Certification Pathway. Such questions include:

- Whether the HPC has the necessary capacity to conduct on-site certification visits and complete the certification process in a timely fashion.
- How the selection of practices will unfold, who the participating payers will be, and the scope of the proposed program.
- Whether practices will be able to self-select and participate without being chosen by participating payers beyond the proposed demonstration period.
- How many practices HPC believes will be able to participate in the program, and how many practices have the potential to attain certification at each of the three proposed levels of PCMH certification as outlined by the HPC.

Answers to these questions will help the healthcare community to understand the proposed PCMH Certification Pathway, its expected impact on the Massachusetts health care delivery system, and the associated changes in health care costs and quality.

Thank you for the opportunity to provide feedback for this important program.

The Massachusetts Medical Society, with more than 24,000 physicians and student members, is dedicated to educating and advocating for the patients and physicians of Massachusetts. The Society, under the auspices of NEJM Group, publishes the New England Journal of Medicine, a leading global medical journal and web site, and NEJM Journal Watch alerts and publications covering 13 specialties. The Society is also a leader in continuing medical education for health care professionals throughout Massachusetts, conducting a variety of medical education programs for physicians and health care professionals. Founded in 1781, MMS is the oldest continuously operating medical society in the country.

