-- Patient-Centered Medical Home --
A Doctor of Chiropractic’s Guide to Successful Integration
Patient-Centered Medical Home Tool Kit

A Doctor of Chiropractic’s (DCs) guide to successful PCMH integration in local and regional markets

The Foundation for Chiropractic Progress presents this comprehensive tool kit as a guide for DCs to integrate themselves into local and regional medical homes that are established or getting underway through the United States.

These materials were developed to help DCs leverage the recently published white paper, “The Role of Chiropractic Care in the Patient-Centered Medical Home.”

The tools empower DCs to take advantage of this emerging model for healthcare delivery and successfully market their own practices.

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I. Introduction – What is a Patient-Centered Medical Home and why should a DC become involved?

The Patient-Centered Medical Home (PCMH), a model that serves to provide all-inclusive, improved primary care, is becoming a dominant model for healthcare delivery in your community – and throughout the US. The PCMH is a successful model of delivery because it seeks to provide the most important fundamental aspects of primary care: care coordination, collaboration and communication. The clinician allowed to function in this capacity must be capable of performing these related activities. As described by the Agency for Healthcare Research and Quality, “Its components include patient-centered care with an orientation toward the whole person, comprehensive care, care coordinated across all the elements of the health system, superb access to care, and a systems-based approach to quality and safety. Ultimately, these components are intended to improve patient outcomes—including better patient experience with care, improved quality of care (leading to better health), and reduced costs.”

The National Committee on Quality Assurance (NCQA) characterizes primary care as the following:

“Primary care is a foundation of the health care system. The NCQA PCMH standards reflect elements that make primary care successful. Primary care clinicians are often the first point of contact for an individual; thus, patient access to care is an important issue. Clinicians must have a broad knowledge of many health care conditions and often follow their patients over years; thus, the quality of the clinician/patient relationship and the clinician’s ability to track care over time are also important. Many primary care clinicians need to refer patients to specialists, making communication among providers important—and often challenging.”

Our understanding of healthcare today is much broader and more in depth than ever before. Traditionally, primary care has been viewed as a practice focus germane to a particular profession, namely the allopathic physician. Today, however, a number of healthcare professions are not only prepared to, but have been practicing well within the NCQA’s description of primary care capabilities. The challenge we now face, through healthcare delivery’s new transformation, is to distinguish between the core capabilities needed by primary care clinicians and the variety of core competencies they practice that may bring additional value to the marketplace. DCs bring both to this new marketplace.

The mission of the PCMH is to streamline care, avoid redundancies, enhance clinical effectiveness and cost-effectiveness, and utilize the services of licensed healthcare practitioners in ways that best serve patients and extend the range of Primary Care Clinicians. The DC aligns flawlessly with this model and if integration is arranged, will significantly enhance one’s referrals, reputation, income and overall provided care.

Initiating involvement with a local PCMH is one way to begin strengthening relationships between the chiropractic and medical communities. In this primary care setting, PCMHs are incented to seek better care, and both professions will have the opportunity to demonstrate their value, while working toward one shared mission – improved healthcare delivery. But your involvement should not stop there. DCs can provide care coordination, collaboration and communication like other PCMH directors. And for those who choose to exercise the opportunities directing PCMH holds, the marketplace will reward you for your efforts.

To support your journey toward integration, the Foundation for Chiropractic Progress, a not-for-profit organization that educates and informs the public of the benefits associated with chiropractic care, has developed a white paper, “The Role of Chiropractic Care in the Patient-Centered Medical Home.” This paper documents the value of integrating a DC within the model as both a member of the PCMH team and as a leading primary care clinician for a PCMH. The white paper also provides a collection of evidence-based literature that establishes the clinical and financial efficacy of chiropractic. In addition, it suggests that a strong relationship between DCs and other primary care clinicians will improve overall patient care and help to save money by decreasing unnecessary emergency room visits and hospitalizations.
The combination of the Foundation’s white paper and this tool kit can help to jump start your involvement in this new model, and may be your “ticket” to positioning your practice for success.

There are two options for DCs to become positioned within the PCMH model. Both options serve as a call to action for DCs and other health professionals to work together in order to successfully care for patients.

**Option 1:** The DC will become a team player within the PCMH model. As a team player, the DC will provide a support role to the medical home through referral or co-management of the patient.

**Option 2:** The DC will assume a leadership role within the PCMH. As the leader, the DC will function as the center of the medical home. Numerous legislative policies have been implemented that recognize the leadership role that DCs can play in delivering high-quality, efficient health care.

This tool kit generally focuses on the role of the DC as a member of the PCMH team. Which option you select will depend on several factors, including:

- **Geographic Area:** DCs can address the healthcare needs of all populations but there may be a unique opportunity for underserved or rural populations for several reasons. First, chiropractic patients in rural areas may be more likely than those in more urban locations to present with non-musculoskeletal complaints.\(^1\) Second, there is a high level of satisfaction with chiropractic care and a strong DC–patient relationship, especially in these areas. Third, chiropractic patients are more likely to use a DC as a first point of contact with the health system.\(^2\)

- **Legislative Activity:** At least two states include DCs in the definition of primary care providers. In a recent PCMH law passed by the Iowa legislature and signed by the Governor, DCs are included in the definition of Primary Care Provider. In Illinois, the term Primary Care Physician includes DCs as part of the definition.

- **Current PCMH Activity in Your Area:** The activity on your state may dictate whether you become a leader or team player of the medical home. Many states already have medical home activity, and it may be financially feasible to become a part of the medical home, rather than starting your own medical home.

The Foundation encourages you to take advantage of these opportunities and become an intricate member of a PCMH care team in your community. Please read and follow the recommended steps within this tool kit in the presented order and begin the pathway to your future in the new healthcare delivery system.

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II. Identify programs in the community that offer incentives related to the total cost of care -- Is a PCMH program already in place?

   A. Utilize the Patient Centered Primary Care Collaborative (PCPCC) website -- [www.pcpcc.net](http://www.pcpcc.net).

The purpose of the PCPCC is to develop and advance the PCMH. The PCPCC's Center for Multi-Stakeholder Demonstrations (CMD) convenes and supports demonstration projects and pilot programs designed to field the PCMH in communities, regions, and states. Currently, some 27 multi-stakeholder pilots are underway in 18 states. This website displays a map with all established PCMHs and lists all individual pilots and demonstration programs in place.

The PCPCC's “Pilots & Demonstrations” section -- [http://www.pcpcc.net/pcpcc-pilot-projects](http://www.pcpcc.net/pcpcc-pilot-projects) -- provides a map and individual breakdown of every PCMH pilot program and demonstration project established nationwide. Updates are provided regularly. Examples illustrated below in tables 1 and 2.

**Important Tip:** Before contacting those individuals associated with a local PCMH, familiarize yourself with the program. First, understand who has designed, administered and assisted with the program, and then based on that knowledge, decide who will be best to contact.

**Table 1:**

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**Table 2:**

Consider becoming a PCPCC member to receive up-to-date educational materials on the PCMH through public conferences, webinars, policy papers, guides and tool kits. To learn more about membership, visit the PCPCC website ([www.pcpcc.net](http://www.pcpcc.net)).
B. Assess whether there are local groups that may be interested in engaging in constructive dialogue around PCMH -- Contact an MD in your area, if you already have an existing relationship, leverage it. If not, locate an appropriate individual within your community.

American Medical Association (AMA) – www.ama-assn.org/

The AMA’s mission is to “Promote the art and science of medicine and the betterment of public health.” The AMA unites physicians nationwide to work on the most important professional and public health issues.

Utilize the AMA’s “DoctorFinder” at: https://extapps.ama-assn.org/doctorfinder/, to help identify local physicians.

“DoctorFinder” provides you with basic professional information on virtually every licensed physician in the United States. This includes more than 814,000 doctors.


The USA.gov website provides visitors with an A-Z index of U.S. Government Departments and Agencies. Use this list to your advantage; identify key groups and individuals that can help you integrate chiropractic into a local PCMH.

Additional Tip: Once groups are identified, utilize the Foundation’s white paper as a starting point for productive conversations. The following list provides examples of governmental agencies that are pro-active in the medical home initiative:

- VA
- Tri-Care
- CMS (Medicaid & Medicare)
- Re: Medicare – A local PCMH can be established at varying levels, be sure to research who has initiated the program and who is participating in order to get a clear understanding as to whom to speak with.
III. Learn more about the medical home and identify primary care practices that presently operate as medical homes.


The NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving healthcare quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the healthcare system, helping to elevate the issue of healthcare quality to the top of the national agenda. NCQA’s programs and services reflect a straightforward formula for improvement: Measure. Analyze. Improve. Repeat. NCQA makes this process possible in healthcare by developing quality standards and performance measures for a broad range of healthcare entities.

NCQA’s PCMH 2011 is an innovative program for improving primary care. In a set of standards that describe clear and specific criteria, the program gives practices information about organizing care around patients, working in teams, and coordinating and tracking care over time. The NCQA PCMH standards strengthen and add to the issues addressed by NCQA’s original program. Recognition by the NCQA is used by some payers in stratifying the payment to PCMHs in which they contract.

According to the National Committee on Quality Assurance (NCQA), an organization that credentials medical homes, a primary care clinician is an MD, DO, NP or PA. They are currently reviewing the role of the DC. Nonetheless, begin to prepare your practice by following the guidelines set forth by the NCQA to prepare your practice to be able to take the lead within your PCMH setting.

The following resourceful PCMH components are available on the NCQA website:

Program Information:
- PCMH 2011 Content and Scoring Summary
- PCMH 2011 Overview
- Pricing and Fee Schedule for PCMH 2011
- Additional Medical Home Resources
- PCMH 2011 Recognition Process
- PCMH & PPC-PCMH FAQs
- Upgrades & Renewal Requirements to PCMH 2011
- Corrections, Clarifications and Policy Changes

Order PCMH 2011 Publications:
- Request a Free PDF of Standards and Guidelines
- Request application materials for PCMH 2011
- Purchase Survey Tool
- PCMH 2011 vs. PPC-PCMH 2008 Crosswalk


Utilize the NCQA’s Clinician Directory to identify clinicians in your local area that are involved with a PCMH.
IV. Prepare your practice as a medical home and/or reach out to other primary care practices and explore collaboration opportunities

A. Introductory letter -- Letter by the DC to the local medical home project leaders

Dear Colleagues:

In your role with the local Patient-Centered Medical Home (PCMH), I would like to explore the opportunity for partnership, as I believe it will benefit you in more ways than one. By partnering with a Doctor of Chiropractic (DC), I can not only help to accomplish and enhance the main principles of PCMH but also increase your bottom line through amplified reward eligibility.

Specifically, there is strong evidence that supports chiropractic services for patients experiencing back pain, neck pain and headaches. Chiropractic care has proven to produce outcomes that are as good or better, with lower costs and higher patient satisfaction, than other healthcare delivery models.

To better articulate the role of chiropractic care in this coordinated and patient-centered model, the chiropractic profession has developed the enclosed white paper, “The Role of Chiropractic Care in the Patient-Centered Medical Home,” authored by prominent medical doctors John Hollingsworth, MD, MS and assistant professor, University of Michigan Health System; and Tom Evans, MD and president, Iowa Healthcare Collaborative; and Doctors of Chiropractic Steven Kraus, DC, DIBCN, CCSP, FASA, FICC, CEO and founder, Future Health; and Mark Zeigler, DC and president, Northwestern Health Sciences University.

As your practice endeavors to leverage the advanced medical home model, you will find that chiropractic care can contribute significantly to delivering efficient and effective care for patients. Helping to enhance the core principles of this team-based primary care model, DCs are well-aligned with provider incentives for achieving quality goals that help to generate cost savings -- by improved outcomes and the avoidance of unnecessary tests and procedures -- and keep healthcare focused upon prevention strategies and management of patients with chronic diseases.

DCs focus on prevention and seamless coordinated care. They utilize electronic health records and support robust data mining capabilities that are crucial in supporting optimal patient care, performance measurement, patient education and communication. An effective PCMH should aim to integrate chiropractic services into its care delivery process to advance an already enhanced model of care.

I would be pleased to personally discuss the key points addressed in this document, and work with you and your colleagues to improve care throughout a patient’s lifetime and drive maximal health outcomes. Chiropractic care can enhance quality improvement mechanisms within the practice, and will present an opportunity to track data on quality measures – a critical component to the coordination of care and for reporting results.

I look forward to our continued dialogue surrounding the medical home model, and toward exploring ways that we can make this a reality for our community.

Best Regards,

XXX XXXX

Additional Tip: Send this letter (customized to your local market), along with the Foundation’s white paper, to the primary care providers that you have identified within your community that are involved with a PCMH. Be sure to follow-up and confirm they have received the information. Arrange a meeting or extended phone call to further discuss chiropractic involvement. Remember to focus on evidence that supports these three items during the discussion: increased quality of care, decreased cost and enhanced patient-provider relationship.
B. Utilize the white paper sponsored by the Foundation for Chiropractic Progress

NEW RELEASE...

The Role of Chiropractic Care in the Patient-Centered Medical Home

The Foundation for Chiropractic Progress has recently released its hallmark paper that documents the value of chiropractic care in the next phase of healthcare delivery. Prepared by the leading consulting firm, Discern, this document details the many opportunities for a DC to be a fundamental figure within the medical home model. By integrating chiropractic care, medical home care teams are able to effectively care for patients, and therefore meet the criteria and goals of the patient-centered medical home - - improved overall health outcomes - - affordable healthcare, better access and increased patient satisfaction.

Click here (http://www.f4cp.com/files/cp-medicalhome.pdf) to attain your copy, which can serve as an educational piece and/or a starting point for securing your position as a DC within the medical home.

C. Supportive articles on quality, cost and outcomes

HealthAmerica and Preferred Primary Care Physicians launch pilot program to deliver accessible, patient-centered and coordinated primary care.

HealthAmerica and Preferred Primary Care Physicians (Preferred) in Pittsburgh, Pennsylvania, have launched a new pilot program with the goal of providing more coordinated and patient-centered primary care and improved communications among patients, their physicians and their care team. Preferred consists of 32 board-certified physicians and five physician extenders specializing in internal medicine and family practice. Preferred has 14 practice locations in the South Hills and three locations in Uniontown in Fayette County. In addition, Preferred offers state-of-the-art outpatient centers for cardiac testing, sleep disorders, and physical therapy. Click Here to Learn More.

Patient-Centered Medical Homes Improve Access and Quality of Care.

Amerigroup Corporation (NYSE: AGP) is working with hundreds of physicians in six states on a patient-centered medical home (PCMH) pilot program that is helping doctors improve access and quality of care for their patients. According to the latest Patient Centered Primary Care Collaborative (PCPCC) report, Amerigroup currently ranks 8th nationally for the number of providers participating in the PCMH pilot program, and is the only plan in the top ten that is solely dedicated to serving public beneficiaries. Click Here to Learn More.
V. Positioning chiropractic on a national level: Continued initiatives of the Foundation for Chiropractic Progress

The Foundation for Chiropractic Progress will not only be present at the following industry events, but will also have Guy D’ Andrea, president, Discern Consulting and lead consultant to the F4CP white paper, personally introduce and communicate the document to multiple national healthcare organizations. This introduction to the industry will support efforts of the DC when contacting physicians at the local level. To view a list of upcoming meetings, please visit: http://www.f4cp.com/employers/studies.php.

2012 Conferences
IBI/NBCH Health and Productivity Forum
National Business Coalition on Health
February 13 - 15, 2012
San Francisco, CA
The Fairmont San Francisco

IHC Forum East 2012
Institute for HealthCare Consumerism
April 11 - 12, 2012
Atlanta, GA
Cobb Galleria Center

IHC Forum West 2012
Institute for HealthCare Consumerism
September 6 - 7, 2012
Las Vegas, NV
The Red Rock Resort

NBCH 2011 17th Annual Conference
National Business Coalition on Health
November 12-14, 2012
Washington, D.C.
JW Marriott

Industry Conferences 2011
AHIP Fall Forum 2011
AHIP
November 14-16, 2011
Chicago, IL
Renaissance Hotel
Speaker: Bruce Sherman, M.D.

NBCH 2011 16th Annual Conference
NBCH
November 7-9, 2011
Phoenix, AZ
Speaker: Guy D’ Andrea, M.B.A

CDHC Solutions Forum East
CDHC
September 15-16, 2011
Denver, CO
Cobb Galleria Center
Speaker: Niteesh Choudhry, M.D., PhD

CDHC Solutions Forum East
CDHC
May 11-12, 2011
Atlanta, GA
Cobb Galleria Center
Speaker: Niteesh Choudhry, M.D., PhD

IBI/NBCH Health and Productivity Forum
National Business Coalition on Health
February 28 - March 2, 2011
San Francisco, CA
The Fairmont San Francisco

2011 Employer Health, Human Capital and Wellness Congress
World Congress
February 1-3, 2011
Alexandria, VA
Hilton Alexandria Mark Center
Speaker: Mark Zeigler, D.C., President, Northwestern Health Sciences University
VI. Chiropractic Integration: PCMH and Accountable Care Organizations (ACOs)

The PCMH is an enhanced primary care delivery model that strives to achieve better access, coordination of care, prevention, quality, and safety within the primary care practice, and to create a strong partnership between the patient and primary care clinician. Similar to ACOs, the medical home model is referenced several times in the current Affordable Care Act as a way to improve health outcomes through care coordination.

The ACO is also based around a strong primary care core. But ACOs are comprised of many "medical homes"—in other words, many primary care providers and/or practices that work together. The difference is that ACOs would be accountable for the cost and quality of care both within and outside of the primary care relationship. ACOs must include specialists and hospitals in order to be able to control costs and improve health outcomes across the entire care continuum.

Where an ACO exists, those individuals involved will seek to have robust primary care resources. Many of the directions illustrated for the integration of chiropractic into a PCMH can be applicable to ACOs.

A. An update on chiropractic and ACOs

Recently, the Centers for Medicare & Medicaid Services (CMS) released their final rule regarding the CMS Shared Savings/Accountable Care Organization (ACO) Program (Complete Final Rule available here). In 2011, the Chiropractic Summit Government Relations Committee drafted a comments template for use by states in response to the proposed rule. The major argument proposed was that DCs should be eligible to participate in ACOs and be able to share in any savings and bonuses achieved by the ACO.

In CMS’ final rule, CMS indicated that nothing would, “preclude Medicare enrolled chiropractors from participating in ACOs, or from sharing in the savings that an ACO may realize in part because of the quality and cost-effective services they may be able to provide.”

In addition to recognizing that DCs should be able to fully participate in ACOs, CMS also noted the strong response of the chiropractic profession in response to the Proposed Rule. CMS stated, “We received many comments from chiropractors and chiropractor associations recommending that the definition of ACO professional for purposes of the Shared Savings Program should be expanded to include chiropractors. Commenters cited the quality and cost efficiency of chiropractic services, and many also cited other statutory definitions of "physician" as precedents for including chiropractors within the definition of "physician" under the Shared Savings Program.”

This marks major progress within the profession, as chiropractic went from being a potential part of the ACO team to now “sharing in the savings that an ACO may realize.”

CMS made a number of other changes to the program in an effort to increase participation in ACOs. We are still working through the complete rule, and more will be reported at a later date.
VII. Frequently Asked Questions (FAQ)

Q: Is a meaningful use certification needed for PCMH participation?

A: Federal meaningful use certification is not a requirement to be a medical home. However, medical homes are expected to make use of health IT systems to help identify, track, and manage patients needing care and support.

Q: Presently we operate in a PPO system, this sounds like HMO revisited with a different name, is it?

A: The medical home does stress the importance of primary care, and can include some fixed payments that are similar to capitation models. However, the PCMH is intended to be a "bottom up" model in which primary care providers work with patients to make important care decisions, instead of a "top down" model in which managed care organizations implements specific controls and oversight.

Q: Will DCs rely on PCPs to share fees?

A: That is for negotiation between the DC and the PCP. Initially, the PCP may simply be a source of referrals for the DC. However, DCs may also want to explore models in which they share with the PCP some risk for patient outcomes, and share in some of the financial gains if overall costs are reduced.

Q: What clinical outcomes do you see as the measurable outcomes to determine quality for the three conditions mentioned?

A: A key outcome would be reduced hospitalization rate. Most PCMH programs track this rate, and avoidable hospitalizations are seen as a major source of cost savings in the PCMH model.

Q: Can an independent provider participate in PCMH if they do not belong within and ACO?

A: Yes - that is up to negotiation between the provider and the PCMH. However, because they are partially at risk for the cost of care, PCMH practices will need to develop referral networks of other health professionals who they can work with and trust to manage their patients.

Q: What was the website to find doctors and clinics already enrolled?

A: The NCQA web site provides a state-by-state listing of primary care practices that have achieved PCMH recognition.

Q: What services do they consider to be a part of the "prevention" portion of the care model? Could chiropractic be a part of this?

A: That is up for negotiation between the DC and the PCP.

Q: Will there be a limit to the conditions that a PCP can refer to a DC? For example, could a patient be referred to a DC for allergies, asthma, reflux, etc?

A: There is no formal limit; the DC and the PCP can decide together what conditions will be referred. However, DCs may want to focus their initial outreach to PCPs around those conditions for which the cost and quality evidence is strongest: back pain, neck pain, and headaches.

Q: Looks like PCPs will have "gatekeeper" status and could intentionally avoid referrals to DCs thinking they will net the savings. What keeps this from occurring?

A: PCPs will be accountable for patients’ total cost of care - not just the cost of care provided by the PCP. For example, if a PCP refuses to refer a patient for back pain, and then that patient ends up getting back
surgery, those additional costs will count against the PCP. It is in the PCPs interest to refer patients to providers that can generate the best results at the lowest cost.

Q: I have spoken with some local MDs and DOs that have a hospital-based family practice to determine whether they would be interested in incorporating chiropractic into their models. I have been informed that each of their physicians had to complete a certification or accreditation process in order to be enrolled in the PCMH program in North Carolina. Would this apply to DCs?

A: Generally, it is true that many state PCMH programs do require the primary care practice to go through a certification process (e.g., NCQA). These requirements typically don't apply to the individual doctor, but rather to the practice.

Either way, such requirements would not be an impediment to PCMHs working with DCs. Any PCMH practice is going to make outside referrals to a variety of providers, most of which will not be PCMH-certified. The key issues are - when should a patient be referred, and to whom should we refer them? And then how do we manage them after that? PCMH practices have pretty wide latitudes to answer those questions as they deem fit.

Q: What specific opportunities relative to the PCMH are available to me in my local market?

A: Within the tool kit is sufficient centralized materials to provide a DC with general guidance applicable to all markets. In the case of localizing materials, the Foundation encourages chiropractic organizations in a specific area to work together and research local PCMHs and appropriate contacts. It is also encouraged that the organizations then share the information with their local chiropractic community.