Whereas, The Patient-Centered Medical Home (PCMH) practice model has been implemented throughout the health care delivery system for several years; and

Whereas, Third-party payers are benefiting from the hard work of physicians; and

Whereas, The ongoing costs to physicians to sustain PCMH are significant; therefore be it

RESOLVED, That our American Medical Association amend Policy, H-160.918, “The Patient-Centered Medical Home,” by addition as follows:

Our AMA:
1. will urge the Centers for Medicare and Medicaid Services (CMS) to work with our AMA and national medical specialty societies to design incentives to enhance care coordination among providers who provide medical care for patients outside the medical home;
2. will urge CMS to assist physician practices seeking to qualify for and sustain medical home status with financial and other resources;
3. will advocate that Medicare incentive payments associated with the medical home model be paid for through system-wide savings--such as reductions in hospital admissions and readmissions (Part A), more effective use of pharmacologic therapies (Part D), and elimination of government subsidies for Medicare Advantage plans (Part C)--and not be subject to a budget neutrality offset in the Medicare physician payment schedule; and
4. will advocate that all health plans and CMS use a single standard to determine whether a physician practice qualifies to be a patient-centered medical home. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA work with and encourage the Centers for Medicare and Medicaid Services to subsidize the cost of sustaining Patient-Centered Medical Home designated practices for practicing physicians. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 09/29/17
RELEVANT AMA POLICY

The Patient-Centered Medical Home H-160.918
Our AMA:
1. will urge the Centers for Medicare and Medicaid Services (CMS) to work with our AMA and national medical specialty societies to design incentives to enhance care coordination among providers who provide medical care for patients outside the medical home;
2. will urge CMS to assist physician practices seeking to qualify for medical home status with financial and other resources;
3. will advocate that Medicare incentive payments associated with the medical home model be paid for through system-wide savings—such as reductions in hospital admissions and readmissions (Part A), more effective use of pharmacologic therapies (Part D), and elimination of government subsidies for Medicare Advantage plans (Part C)—and not be subject to a budget neutrality offset in the Medicare physician payment schedule; and
4. will advocate that all health plans and CMS use a single standard to determine whether a physician practice qualifies to be a patient-centered medical home.

Citation: (CMS Rep. 8, A-09)

See also: Principles of the Patient-Centered Medical Home H-160.919