Maine Patient Centered Medical Home Pilot Evaluation Overview Dirigo Health Agency Board of Trustees March 8, 2010

The Maine Patient-Centered Medical Home (PCMH) Pilot began in January 2010 after a planning process of nearly two years. It is an innovative effort to work with Maine primary care practices to improve their delivery of patient-centered care, while working with payers to provide a new payment model to these practices that will support their efforts to deliver more effective, efficient, and accessible care. The 3-year Pilot, convened by the Maine Quality Forum, *Quality Counts*, and the Maine Health Management Coalition, is working with 26 primary care practices from across the State of Maine that collectively provide care to over 170,000 patients. The ultimate goal of the Pilot is to sustain and revitalize primary care to improve health outcomes for all Maine people and to reduce overall healthcare costs, mainly through development of a patient-centric team-based model which includes open access, care coordination, attention to quality and safety, and payment that reflects the value of this approach.

The Pilot has selected 22 adult and 4 pediatric diverse primary care practices from across the state to participate. This diversity is defined by size (e.g. small, medium and larger practices); practice type (e.g. privately owned, hospital owned, Federally Qualified Health Centers, teaching programs); and geography (practices are located throughout the state in urban and rural areas). The Maine PCMH Pilot has involved significant engagement of the state's largest purchasers and payers (i.e. the Maine Health Management Coalition representing the largest employers in the state, Anthem, Medicaid). And finally, the Pilot is placing a strong emphasis on patient/consumer involvement in its design and implementation. This patient-centered focus takes several forms, ranging from including consumers in the planning and governance of the Pilot, to requiring participating practices to include patients and families in their local practice transformation efforts.

Evaluation Hypotheses

- 1. The quality of healthcare will be better in the PCMH model.
- 2. The rate of growth in healthcare costs will be lower in the PCMH model than in "usual care" practices.

Evaluation Approach

The Maine PCMH Pilot seeks to conduct a comprehensive evaluation to address the following:

1. Do PCMH-practices deliver care that achieves better clinical outcomes when compared to "usual care"? (i.e. do they help patients reach better outcomes for chronic illness such as diabetes, and improve the delivery of preventive care? Do

- they better meet the needs of patients and families, resulting in greater patient satisfaction with their care?)
- 2. Do PCMH practices deliver care that is more cost efficient when compared to usual care?
- 3. How, and to what degree, do participating practices change their practice operations in order to deliver more patient-centered and accessible care, and what lessons can they provide for other practices around the state?

Evaluation Design

- 22 adult practices (IM, FP)
- Pre- and post- intervention comparison design with two comparison groups
 - 20 practices which applied and met criteria for the pilot but which were not selected
 - o 20 practices matched to pilot practices which did not apply ("usual care")

Measures

- Quality
 - o Endorsed (NCQA, NQF) measures drawn from both clinical and administrative (claims) data
- Cost and Efficiency
 - o Total costs
 - o Primary care costs
 - o Specialty care costs
 - o ER visits total
 - o ER visits avoidable
 - o Imaging costs
 - o Resource use (cost per episode for selected conditions including for example diabetes, low back pain)

Evaluation Team

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