Focus Must Be on 'Whole' Patient

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also emphasizes evidence-based medicine and clinical decision support, enhanced access for patients, and additional payment for the personal physician for providing care coordination and improving quality.

A voluntary recognition program that has been created by the National Committee for Quality Assurance (NCQA) aims to operationalize the model; physicians who meet the program's standards can qualify for additional payment from certain health plans. The standards measure a practice on access and communication, patient tracking and registry functions, care management, referral tracking, and electronic prescribing, among others.

AAFP leaders defend the medical home model and specialists' role in it. The patient-centered medical home was very purposefully defined to include a "personal physician"—not a primary care physician, said Dr. Terry McGeeney, the president and CEO of TransforMED, a subsidiary of the AAFP that helps primary care practices transition to the medical home model.

Although most practices using the medical home model will be led by primary care physicians, not all will be. The personal physician could be a neurologist, an infectious disease specialist, or an oncologist, he said.

But the key, Dr. McGeeney said, is that the physician must provide a medical home for the whole patient, and not focus on a certain disease or organ system. That means that a neurologist, for example, must keep track not only of the neurologic care, but also the patient's cholesterol levels and mammogram results. They don't have to perform these services themselves, but they have to coordinate and track them, he said. In the medical home, the personal physician is the "quarterback" for the patient's care and there's no "free pass" on those responsibilities for specialists, he said.

Specialists who want to provide a medical home may even have an advantage, according to Dr. McGeeney, who pointed out that specialty practices tend to have more resources to invest in practice transformation. That said, specialists often have not been trained to provide the types and level of care required of medical homes.

Where specialists may fit in more easily, Dr. McGeeney said, is in the "medical home neighborhood," which includes all the physicians caring for a patient, as well as the emergency department, the hospital, and the pharmacy.

TransforMED is encouraging medical home practices to have letters of agreement with specialists regarding care coordination. As part of the agreement, the primary care physician promises to send all of the patient's information to the specialist and to communicate with them about tests and results. These agreements aren't legally binding on either party, but they force everyone to have a conversation about coordination of care, he said.

Without financial recognition of communication between physicians, the work doesn't get high priority.

DR. KAUFMAN

There is likely a role for neurologists in the medical home model, said Dr. Joel M. Kaufman, vice chair of the Medical Economics and Management Committee for the AAN. But he said he suspects that few will choose to meet NCQA criteria for the patient-centered medical home because there are components that would be difficult for neurologists to meet, even though they provide principal care for patients with chronic illnesses over time.

More likely, the role for neurologists will be to work with primary care physicians to improve care, he said. For example, close communication between the neurology practice and the primary care practice is critical when a multiple sclerosis patient develops a medical issue, such as a urinary tract infection. For care to be effective, it's important for both physicians to know whether the infection is related to a multiple sclerosis exacerbation. Unfortunately, there's currently no financial recognition of that type of communication and so it has the potential to fall through the cracks, said Dr. Kaufman, who is also a clinical associate professor of neurology at Brown University in Providence, R.I. "If there's not some financial recognition of that, the work doesn't get the high priority."

Dr. Elaine Jones, a general neurologist in private practice in Bristol, R.I., said that neurologists probably will not participate in medical home networks because they would be paid less to take care of complicated MS or Parkinson's disease patients than the primary physician who would be paid more to schedule mammograms for the same patients. "Not all the doctors who participate in the network are going to be eligible for the medical home bonus. Whoever is identified as the primary doctor for a patient is going to get the money.

Few neurologists would qualify to be a primary physician in the patient-centered medical home model.

DR. JONES

"Very few neurologists would qualify" to be a primary physician in the patient-centered medical home model even if they wanted to, she said, because of the difficulties in meeting the requirements of caring for patients who develop nonneurologic conditions, such as if a patient with multiple sclerosis develops heart disease or diabetes.

The AAN has advocated that the patient-centered medical home should focus on the needs of patients with chronic conditions identified by the Medicare Special Needs Plan Chronic Condition Panel rather than on patients who have nonchronic conditions. For neurology, the chronic conditions identified by the panel include dementia, stroke and stroke-related neurologic deficit, amyotrophic lateral sclerosis, epilepsy, extensive paralysis, Huntington's disease, multiple sclerosis, Parkinson's disease, polyneuropathy, polymyositis, and spinal stenosis.

Programs that target those chronic disease patients and decrease costs over their lifetime will "have the biggest impact on health care dollars," said Dr. Jones, who also is cochair of the AAN's Government Relations Committee.

Another issue is what to do about specialty practices that act as a medical home for only a portion of their patients. In a recent article in the New England Journal of Medicine, researchers looked at single-specialty practices in cardiology, endocrinology, and pulmonology to find out to what extent those specialty practices function as medical homes.

They found that a large percentage of the practices provided both primary care and specialty care, but generally for a subset of patients. For example, 81% of the 373 practices surveyed said they served as primary care physicians for 10% or fewer of their patients. Only 2.7% of the practices said they act as primary care physicians for more than 50% of their patients (N. Engl. J. Med. 2010;362:1555-8).

Dr. Michael S. Barr, the American College of Physicians' vice president for practice advocacy and improvement, said the medical home model is set up so that some subspecialists would have the opportunity to qualify.

Down the line, subspecialists are also likely to play a role as part of a medical home neighborhood. That concept is still being defined, but the idea is to improve communication among physicians on patient hand-offs and find a way to reimburse physicians for some of the interactions that currently go unrecognized, Dr. Barr said.

For example, a conversation between an orthopedic surgeon and an internist about managing a patient's back pain could save the health care system a significant amount of money on unnecessary procedures. Right now these conversations are done on a collegial basis, but in the future, the medical home neighborhood model might allow payment to both physicians for this type of early collaboration, he said. ■

Managing Editor Jeff Evans contributed to this report.

Oct. 5 Is the Deadline for UnitedHealth Settlement Claims

BY MARY ELLEN SCHNEIDER

If you provided covered out-of-network services to patients insured by UnitedHealth Group between March 1994 and November 2009, you may be eligible to receive payments as part of a settlement reached last year.

Notices with instructions for filing claims were mailed in May.

The $350 million settlement comes after a nearly decade-long legal battle between UnitedHealth Group (UHG) and several plaintiffs, including the AMA, the Medical Society of the State of New York, and the Missouri State Medical Association. The groups alleged that UHG conspired to systematically underpay physicians for out-of-network medical services by using an industry database of charges to justify lower reimbursements.

Last year, UHG reached a settlement with New York State Attorney General Andrew Cuomo to discontinue use of the database and the company committed $50 million to fund the development of a new, independent database that will determine the rates paid for out-of-network care.

The company also agreed to pay $350 million to reimburse health plan members and out-of-network providers who were underpaid as a result of the flawed database calculations.

Physicians and patients have until July 27, 2010, to opt out of the settlement. Claims for payments from the settlement fund are due by Oct. 5, 2010.

To be eligible to receive part of the settlement, physicians must have provided covered out-of-network services or supplies between March 15, 1994, and Nov. 18, 2009 to patients covered by a health plan that was either administered or insured by UnitedHealthcare, Oxford Health Plans, Metropolitan Life Insurance Companies, American Airlines, or one of their affiliates. Physicians also must have been given an assignment by the patient to bill the health plan.

Physicians billed via an assignment if they received a payment directly from the health plan, if they completed box 13 on the HCFA/CMS 1500 form, or if they marked yes in the benefits assignment indicator on an electronic health care claim, according to the AMA.

Physicians who are owed money by a patient for a covered out-of-network service or supply cannot file a claim through the settlement; however, they can contact the Settlement Claims Administrator to find out if any of their patients have submitted claims to the settlement fund. ■

For more information, contact the Berdon Claims Administration LLC at 800-443-1073 or unitedhealthcare@berdonclaimsllc.com.