



An NJAFP White Paper

Perspectives on The Patient Centered Medical Home Equals Access to Quality Health Care

A Personal Medical Home For All New Jerseyans

The NJAFP strongly believes that as New Jersey prepares to address the next round of providing health care coverage for all persons, it is important to recognize that everyone needs a usual source of care - a medical home - as well as health insurance. The medical home -- in which patients receive fully integrated, whole-person care within the context of a sustained and supportive patient-physician relationship -- is one of the tenets of the Future of Family Medicine report for the American Academy of Family Physicians (www.futurefamilymed.org). It is the focal point through which all individuals -- regardless of age, sex, race or socioeconomic status can receive a basket of acute, chronic and preventive medical care services. A medical home is defined as care which is family-centered, accessible, comprehensive, continuous, coordinated, compassionate, community-based, culturally competent, and is provided in an environment of trust and mutual responsibility.

- **MEDICAL HOME EQUALS ACCESS TO QUALITY HEALTH CARE:** Efforts to increase access typically focus on providing health insurance or securing a place that will care for the uninsured. Strong evidence suggests that having a usual source of care – or a medical home – produces better health outcomes, reduces disparities, and reduces costs. For adults and children, a combination of health insurance and a medical home has additive effects for quality, and insurance changes that disrupt continuity relationships can lead to higher costs and poorer quality for up to a year. The medical home is only effective, however, when physicians are compensated for the care coordination services performed on behalf of their patients – which is key to the Patient Centered Medical Home model.
- **PROPOSAL FOR STATE PROGRAMS:** The State can incorporate the benefit of the “medical home” concept by requiring beneficiaries of all state programs to identify a family physician or other primary care physician as their “medical home.” The state should not limit this effort to its health care programs. At a minimum, the state can help identify medical homes for those enrolled in the SHBP, Medicaid, FamilyCare, Senior Gold, PAAD, public assistance programs, and across departments where similar programs are offered. The state can also require hospitals, community health centers, and FQHCs to help patients identify a medical home at the time of discharge, visit to a CHC or FQHC and or at the conclusion of an emergency room visit.

Expansion of FamilyCare, Medicaid Reforms and Charity Care for Physicians

The NJAFP recognizes that the most critical issues currently facing the primary care safety net are the rising number of people who are uninsured and the preservation of Medicaid and Family Care.

- **FAMILY CARE EXPANSION:** Over the years the NJAFP has worked closely with Senator Vitale to reinstate enrollment of families in FamilyCare and strongly supported opening the program up to non-eligible families through a buy-in system. The NJAFP strongly encourages the Family Care Program to require all enrollees to identify a medical home as part of their participation in the program. Family Care is administered through the state's Medicaid program, so increasing physician participation as discussed below is key to any additional expansions of Family Care or other state programs to achieve Healthcare for All in New Jersey.
- **INCREASE MEDICAID PHYSICIAN PARTICIPATION:** As with Family Care, the NJAFP would also suggest that all Medicaid clients be required to identify a medical home as part of their participation in the program. We often hear about difficulties accessing certain medical specialties for Medicaid enrollees, however, the problem exists for primary care physicians, as well. Many primary care physicians have decided to discontinue participation in the program or limit participation to existing patients only. Family physicians want to continue providing care to Medicaid enrollees, but the administrative barriers within Medicaid Managed Care make it difficult to work within this system at the current payment levels – especially considering the complicated cases within this population and the extensive coordination of care required as a result. Continuing to pay participating physicians at current rates (New Jersey continually ranks as one of the lowest paying states) will drive access problems with all specialties. A better balance of physician payment and reduced administrative hassle for participating in the Medicaid Program is urgently needed.
- **CHARITY CARE DISTRIBUTION FOR PHYSICIANS:** While access to acute care is guaranteed to all patients presenting at a New Jersey hospital or health center, this care is often delayed by the uninsured patient whose care becomes more complex and costly. The trend is to direct care to more appropriate clinic or physician office settings. The NJAFP encourages its members to continue the voluntary delivery of medical care without charges or at reduced charges to the uninsured. However, with the increasing number of uninsured patients in private physician offices, the NJAFP strongly supports providing payment through the Charity Care Subsidy to private primary care physicians for caring for uninsured in their practices – this, of course, is cost effective, as this care is provided at significantly lower costs than the care received in hospitals or emergency rooms.

Encourage Family Physicians to Maintain Practice Areas

Family physicians may not be leaving New Jersey just yet; but many continue to adjust the scope of their primary care services due to practice environments and policies of managed care companies discouraging coverage for certain services provided by family physicians. The NJAFP strongly believes that coverage for a full scope of primary care services - as provided in their training - offered by family physicians will be necessary as we move forward for Health Care for All in New Jersey.