



*Advocating for Physicians and the Health of all Nebraskans*

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## **Core Principles for the Nebraska Patient-Centered Medical Home**

We the primary care physicians of Nebraska have determined that the Patient-Centered Medical Home is the best method of providing care to the citizens of Nebraska. The evidence for this type of patient care is abundant and consistent. We believe it is our mission to provide this form of care to our patients and it is the insurer's duty to provide the margin necessary to support this form of care.

### The Mission:

The Patient-Centered Medical Home has four key characteristics that have been shown to improve patient care:

1. **Access:** Patients do better when they have timely access to their personal primary care physician. This includes access for urgent appointments and the provision of non face-to-face care.
2. **Continuity:** Patients do better when they have a continuous relationship with a personal primary care physician.
3. **Comprehensiveness:** Patients do better when they have the majority of their health care needs met in one locally accessible clinic.
4. **Coordination:** Patients do better when their care is coordinated and monitored in a proactive manner. This includes disease registries, medication reconciliation, and coordination with family and caregivers.

We believe that payment supporting the Patient-Centered Medical Home should be determined based on a clinic's ability to meet the above criteria.

### The Margin:

In order to sustain the Patient-Centered Medical Home, primary care physicians must be provided a margin that supports it. A strictly fee for service payment model is not compatible with the Patient-Centered Medical Home. An appropriate payment model would include a blended payment model that includes:

1. A monthly care coordination payment for the physician work that falls outside of a face-to-face visit and for health information technology. Care coordination payments should be risk adjusted to ensure that there are not inherent incentives to avoid taking care of more complex and costly patients.
2. A visit-based fee-for-service component that recognizes visit-based services that are currently paid under the present fee-for-service payment system and maintains an incentive for the physician to see the patient in an office visit when appropriate.
3. A performance-based component that recognizes achievement of quality, efficiency, and patient satisfaction goals.

The payment model needs to provide the margin that is sufficient to attract physicians into primary care. Without this margin, Nebraska will not have the primary care workforce necessary to provide high quality care for its citizens