

**CMS Response to Public Comments Received Regarding Planned Information Collection
for the Evaluation of the Multi-payer Advanced Primary Care Practice Demonstration
(Document Identifier: CMS-10479)**

The Centers for Medicare & Medicaid Services (CMS) received one comment from the public in response to a summary of proposed information collection published in the *Federal Register* on April 29, 2013 regarding the evaluation of the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration (Document Identifier: CMS-10479). The commenter was a coalition of consumer organizations that described specific patient-centered principles, strategies, policies, and practices that they believe are important features of the medical home model, and recommended considering addressing these areas in the evaluation of the MAPCP Demonstration.

Below we summarize this commenter's feedback about important components of the medical home model and our responses. We note in these responses that the information collection that prompted the April 29, 2013 *Federal Register* notice consists of focus groups to be conducted in late 2013 and 2014; subsequent information collections (e.g., beneficiary survey) covering other types of data that will be collected as part of this evaluation are expected to be described in future OMB information collection requests and their accompanying *Federal Register* notices. The commenter's feedback has not only been useful to MAPCP evaluators in revising the focus group protocols, but will also help inform future information collections involving the survey of practices participating in the MAPCP Demonstration and site visit interviews conducted in future years. Our responses to the commenter's feedback are as follows:

1. Advanced primary care must assure ready access to care and consultation with patients and family caregivers outside of regular business hours.

Response: The focus groups planned as part of the evaluation of the MAPCP Demonstration will examine patient and caregiver experiences with efforts to assure ready access to care for Medicare and Medicaid beneficiaries, dual eligibles, and other special populations. The current focus group protocols (referenced in the attached tables) include general questions to focus group participants about whether and what steps are being taken to improve access, including scheduling appointments and methods for contacting providers and other practice staff. We have added a few questions and/or probes to our focus group protocols to obtain more specific responses from focus group participants on this topic. In addition, future administration of a beneficiary survey as part of the MAPCP Demonstration evaluation will address patient experiences with access to care.

2. Focus groups should assess whether there is effective communication with Medicare and Medicaid beneficiaries.

Response: The focus group protocols will examine patient and caregiver experiences with efforts to improve communication with Medicare and Medicaid beneficiaries, dual eligibles, and other special populations. The current focus group protocols (referenced in the attached tables) include general questions to focus group participants about whether and what steps are being taken to improve communication. We have added a few questions and/or probes to

our focus group protocols to obtain more specific responses from focus group participants on this topic. In addition, future administration of a beneficiary survey will address patient-provider communications.

- 3. Care coordination should be focused on, with specific emphasis on the use of multidisciplinary care teams to coordinate care obtained from physicians, hospitals, home care agencies, nursing homes, and community resources. Also, specific mechanisms that support transitions across care settings, including discharge from hospital to home, should be focused on, with appropriate involvement of the patient's primary care provider.**

Response: The focus group protocols will examine patient and caregiver experiences with efforts to improve care coordination for Medicare and Medicaid beneficiaries, dual eligibles, and other special populations. The current protocols already include general questions about what steps are being taken (if any) to improve care coordination and care transitions, including questions about whether the practices are using care coordinators, hiring additional staff to help with care coordination and transitions, and whether/how health information technology (HIT) is being used to facilitate care coordination and transitions. Also, future administration of a beneficiary survey will address additional aspects of care coordination.

- 4. The commenter recommends that focus group questions seek to elicit feedback on whether and how family caregivers are being appropriately involved in the care team, especially where cognitive challenges prevent the patient from fully managing or engaging in their own care.**

Response: The current protocols examine strategies that primary care practices are using to improve caregiver engagement. We have also added questions and probes to the caregiver protocol to further address this subject (see attached Table 2).

- 5. The commenter commends CMS for emphasizing the importance of community resources, including the solicitation's identification of integration and coordination with community resources and allowing payment for community-based resources that support primary care. The commenter recommends that focus groups seek to elicit feedback on whether patients are receiving the community-based resources they want and need when they need them.**

Response: The current protocols include questions about timely care team referrals to community resources. Future administration of a beneficiary survey also will address use of community resources.

- 6. The commenter strongly supports aligning health information technology requirements with the HITECH meaningful use (MU) definition. They encourage CMS to use focus groups to elicit feedback from patients and their family caregivers about whether practices are effectively using HIT, both according to the Meaningful Use criteria, but also going beyond Meaningful Use.**

Response: The current protocols include general questions about HIT. We have added questions and probes about online access to medical records, caregiver use of HIT, and patient and caregiver experiences with HIT. Future administration of a beneficiary survey

also will address patient experiences with HIT. In addition, future site visits will address effective HIT utilization by practices including meeting meaningful use requirements and beyond.

- 7. Patient-centered medical homes have the potential to ensure that the most vulnerable populations are receiving high quality, coordinated care and reduce disparities. The commenter recommended that focus groups include a diverse range of participants—representing Medicare and Medicaid beneficiaries of different racial and ethnic groups, with different language needs, various types of chronic conditions and health needs, and disability status—and ask the right questions to identify some important indicators of whether these patients are getting the care they need.**

Response: Focus groups participants will be screened to ensure a diverse sample is selected. Two focus groups per state will include participants from special populations that are included or are a main focus of states' MAPCP initiative, such as patients with multiple chronic conditions.

The current protocols include general questions about any strategies, policies, or practices used to meet the needs of vulnerable populations, including: Medicare and Medicaid dual eligibles; children; racial and ethnic subgroups; people living in rural or inner-city areas; and persons with chronic illness, mental illness, or disabilities. Future administration of a beneficiary survey will also address experiences of patients from vulnerable populations.

- 8. The commenter believes the most effective strategy to achieve truly patient-centered advanced primary care is to engage patients and their family caregivers collaboratively not only in their own care, but also at the practice level and system level—in practice redesign, planning, governance, quality improvement, and evaluation. They note that focus groups may not be the most effective way to tell CMS whether practices are engaging patients and families at the practice and system levels, but Medicare and Medicaid beneficiaries can provide key insights into whether patient-centered medical homes are systematically and routinely engaging patients and their family caregivers at the clinical level and in their own self-management.**

Response: The current protocols already include general questions about strategies, policies, or practices used to engage patients and caregivers at the provider, practice, and system levels. Future administration of a beneficiary survey also will address patient engagement at the provider, practice, and system levels.