

# From the desk of CMS

## The CMS Medical Home Demonstration

Section 204 of the Tax Relief and Health Care Act of 2006 (TRHCA) mandates a 3-year demonstration in up to eight sites (states or portions of states) to provide a monthly care management fee to participating physician practices for the provision of targeted, accessible, continuous, and coordinated family-centered care by a “personal physician” to qualified Medicare beneficiaries.

Eligible physicians must be board-certified MDs or DOs whose practices are in the areas of family practice, internal medicine, geriatrics, general practice, and certain specialties and subspecialties. Specific exclusions are practices in the areas of radiology, pathology, anesthesiology, dermatology, ophthalmology, emergency medicine, chiropractic, psychiatry, and surgery.

Eligible beneficiaries must have multiple chronic or prolonged illnesses that require regular medical monitoring, advising, or treatment. The qualifying chronic conditions are listed on the demonstration Web site ([www.cmsmedicalhome.com](http://www.cmsmedicalhome.com)).

The demonstration design provides for a two-tier medical home model with increasing levels of capability:

- Tier 1 or “typical” medical home, which uses health assessment and integrated care plan, tracks tests, provides follow-up, reviews all medications, and tracks referrals
- Tier 2 or “enhanced” medical, which includes in its services all of those from Tier 1 plus two additional capabilities (electronic medical records and coordination of care including follow-up of inpatient and outpatient care)

Practices will qualify for medical home status

based on responses to a modified Physicians Practice Connections/Patient-Centered Medical Home survey instrument and supporting documentation. The monthly care management fee will depend on practice tier and patient’s length and duration of chronic disease and will range from \$27.12 to \$100.35 per member.

CMS anticipates announcing the eight demonstration sites this winter. Physician recruitment will be conducted in the spring of 2009. Implementation is expected in January 2010.

## Prevention and Disparities Work

Medicare’s Quality Improvement Organization (QIO) contractors are launching initiatives across the country to improve beneficiaries’ access and use of preventive services. As part of their prevention efforts, QIOs are focusing on three main areas:

- Increasing the rates of breast and colon cancer screening and flu and pneumonia vaccines (see “Breast and Colorectal Cancer Screening Utilization Among Medicare Beneficiaries” on page 17 of this issue)
- Slowing the progression of kidney disease to kidney failure
- Reducing gaps in the quality of care for minority patients with diabetes by empowering patients to control their disease through self-management training

### *Cancer Screenings and Immunizations*

Quality Improvement Organizations are working with physician practices in every US state and territory to improve screening and immunization rates. They are partnering now with practices in their areas to work on ways to increase these rates through the use of electronic health records (EHRs).

### *Slowing Kidney Disease*

Quality Improvement Organizations are working in 10 states—FL, GA, MO, MT, NV, NY, RI, TX, and UT—to keep kidney disease from progressing to kidney failure. The QIOs in these states are focusing on three clinical areas: early detection of kidney disease in diabetic beneficiaries, medication treatment (with angiotensin-converting enzyme in-

hibitors and angiotensin-receptor blockers) to slow the progression of kidney failure, and adequate patient counseling before beginning hemodialysis (especially about vascular access options).

### “Every Diabetic Counts”

Quality Improvement Organizations are working in five states—GA, DC, MD, NY, and the US Virgin Islands—to train diabetic beneficiaries to manage their diabetes successfully. The “Every Diabetic Counts” initiative focuses on bringing diabetes training to African-American and Latino seniors in their local communities in culturally sensitive ways. The training programs began as early as December 2008—beneficiaries and primary care physicians in these states are encouraged to learn more about how the program could benefit them by calling 1-877-QIO-6465.

## CMS Rates Nursing Home Quality

For the first time in its history, CMS has developed quality ratings for each of the nation’s 16,000 nursing homes. Facilities were rated from a low of one star to a high of five stars based on quality of care measures. The ratings are publicly available on the agency’s *Nursing Home Compare* Web site at [www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare).

This new tool gives physicians detailed information to help them work with patients and their families to find the right facility to meet each individual’s medical needs. Physicians are in a unique position to help families understand the importance of the various quality measures and which indicators may be especially important.

Consulting with a panel of experts from academia, patient advocacy, and nursing home provider groups, CMS developed the rating system based on a nursing home’s performance in three critical areas: how a facility performed on its health inspection surveys over time, how the nursing home scored on a set of quality measures, and what staffing levels the nursing home maintains.

Each nursing home has been given a score for the three areas listed and a composite or total score. A five-star designation means the facility ranks “much above average,” four stars indicate “above average,” three means “about average,” two is a “below average,” and

one star indicates “much below average.” Ratings are dynamic and will be updated quarterly.

“Because conditions within a nursing home can change, this system is not intended to be the only tool families use in selecting the right nursing facility for a loved one,” said Kerry Weems, CMS acting administrator. “Nursing homes can make dramatic improvements between review periods, just as a once highly rated home could see its level of care deteriorate.”

In this first round of assessments, about 10% of the nation’s nursing homes received a full five-star rating whereas 20% scored at the low end with one star. The remaining 70% of facilities were distributed fairly evenly among the two-, three-, and four-star rankings.

“Choosing a nursing home is one of the most difficult and sometimes confusing decisions families have to make,” noted Thomas Hamilton, director of the CMS Survey and Certification Group, who helped develop the new system. “We hope these ratings will aid the process.

“However,” he said, “families must still gather other information before making a placement decision by consulting with their physician, talking to the state’s nursing home ombudsman, the state’s survey and certification office, and, perhaps most important, visiting the nursing home for themselves.”

Today’s addition of the star quality system is just the latest in a series of improvements to the *Nursing Home Compare* Web site. In November 2007 CMS took another historic step in publishing a list of the nation’s nursing homes with consistently poor performance records. Nursing homes selected as a “Special Focus Facility” are subjected to increased scrutiny and oversight including being inspected twice as often as better performing homes. Homes with this designation are clearly marked on the *Nursing Home Compare* Web site.

Medicare has also created a Web site specifically for caregivers to access different resources to answer questions they may have. At *Ask Medicare*, [www.medicare.gov/](http://www.medicare.gov/), caregivers, physicians and families can find out about care options, including in-home services, nursing homes, and alternatives to nursing homes. Information about how to subscribe to the CMS e-newsletter for caregivers is also available on the site.

“About three million Americans depend on nursing homes at some point during each year to provide life-saving care,” Weems said. “This new information will give physicians, patients, and families a powerful new tool in making the right choice.”

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