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CMS Medical Home Feedback Report Qualify & Cost

With funding from the **Centers for Medicare & Medicaid Services (CMS)**, **RTI International**, a **nonprofit research organization**, conducted a research study to analyze patterns of care, health outcomes, and costs of care for Medicare fee-for-service (FFS) beneficiaries receiving healthcare services from clinical practices that are **National Committee for Quality Assurance (NCQA)-recognized medical homes**. In particular, they were interested in determining if there are particular attributes of medical homes that are more favorably related to better outcomes of care. The information from these analyses will be used by CMS to help design Medicare and Medicaid medical home demonstrations.

In January 2011, SETMA was invited to participate the Medical Home Study conducted by RTI International (RTI) with funding from the Centers for Medicare and Medicaid Services (CMS). The study compared patterns of care between clinical practices that have received National Committee for Quality Assurance (NCQA) recognition as a medical home and clinical practices with similar characteristics that have not received NCQA medical home recognition. To thank SETMA for participating, RIT prepared the attached report summarizing information for SETMA's three clinics (SETMA I – Calder; SETMA II – College; Mark A. Wilson Clinic – Dowlen; providing comparative information with two groups: a bench mark group of non-Medical Home practices and the NCQA recognized Medical Home group.

RTI used Medicare fee-for-service (FFS) billing data as the information source. For practices with multiple practice sites, a report was produced for each practice site.

Three data categories are presented:

1. **Clinical quality of care measures** - Summary information about selected quality of care measures, such as LDL-C, HbA1c, and influenza vaccination.
2. **Coordination and continuity of care measures** - Summary information for selected utilization measures, such as emergency room (ER) visits and hospitalizations for ambulatory care sensitive conditions, percentage of your Medicare FFS patients that had a follow-up visit within 2 weeks of a hospital discharge, percentage readmitted within 30 days of a hospital discharge, and rates of medical and surgical specialty use.
3. **Medicare payments** - Summary information on the share of care that you provide your Medicare FFS patients, total Medicare payments per beneficiary, and average Medicare provider payments by type of service.