FAQ SHEET:

1. How do we find clinics in our area that are PCMH or DPC?

---A list of Colorado PCMH clinics can be obtained from the <https://www.coloradoafp.org/cpcc/> or the CAFP (Colorado Academy of Family Physicians) at (303)696-6655.

---A list of DPC clinics in Colorado are found at <http://www.dpcare.org/dpc-practice-locations>.

1. How does a practice become a PCMH or DPC?

---The Patient-Centered Medical Home is "a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety**.**[www.pcpcc.org](http://www.pcpcc.org)

A practice must pass a rigorous recognition program sanctioned by one of 5 national organizations. NCQA (National Committee of Quality Assurance) is the most common qualifying organization.

--Direct Primary Care  (DPC) is an alternative payment model for primary care. DPC offers pre-paid services that covers a full range of comprehensive primary services, including routine care, regular checkups, preventive care, and care coordination in exchange for a flat, recurring retainer fee that is typically billed to patients on a monthly basis. https://www.coloradoafp.org/cpcc/

A practice must set up proper legal contracts and abide by State regulations defining a DPC.

1. How does a Company coordinate DPC with a Group Health Plan?

---The assigned agent presents the option to the Group after analysis of their current plan and/or employee needs. The agent may determine better care alternatives with potential savings by offering less benefit rich plans.

1. Who notifies the employee about participation in a medical home or DPC?

--- The Human Resource Department, the Agent or both. The Group is often educated during an initial Enrollment Meeting.

1. How would we find if these clinics are accepting new patients?

---DPC and PCMH clinics will work with each employer to determine available capacity and access to both new and established patients. Most clinics are always open to new patients.

1. How accessible are they to my employees?

*---*Studies show that PCMH and other value-based models decrease access time from 26 days to 1 day through Same Day Access

--- PCMHs and many DPCs employ triage and email systems, as well as, virtual visits for patients to access their respected providers. Some DPC practices offer cell phone availability to their providers.

---On-call systems are in place for urgent and emergency access.

1. How would participants be treated in these practices?

---The main principle of both the PCMH and DPC models is personalized, patient-centered care. The tenets of these practices are accessible, comprehensive and coordinated care. At its core, this is a partnership between the patient and his or her physician. The physician, with the assistance of his/her practice team, helps the patient navigate the complex and confusing health care system by coordinating and facilitating services with other qualified medical professionals.

1. How much would it cost for me to participate?

---DPC fees range from $50-$100 per month per member.

---PCMH clinics work with the employer's insurance and have a copay system in place similar to what you have now. At present, PCMH do not receive additional fees for the added service and value.

1. How does specialty referral work?

---DPC and PCMH clinics often have integrated services within their practice i.e. Chiropractic care, Behavioral Health, Nutrition, Wellness, and Care Management.

---Providers work with patients to refer to an appropriate specialist who is in-network on the insurance plan, when indicated.

1. What are you doing to manage specialty care costs (we know this is more expensive than primary care)?

*---* Inappropriate referrals and referrals to the wrong specialty generate most of the waste. Determining the right time to refer and to the right specialist decreases total costs.

--duplication of tests and labs are prevented by sending pertinent records to the specialist prior to their visit.

--the physician continues to participate on the patient's care team to advise the patient in shared decision making – what is the best treatment plan for them.

1. What kind of formulary would be included?

*--*-This is based upon the specific Health Plan's formulary.

1. What kind of restrictions could be expected?

*-*--There are no additional restrictions applied by PCMH practices

---For DPC, there would need to be a contract set up with facilities to offer non-primary care services at a lower cost i.e. Labs, Imaging, Diagnostic Services.

* + Uncovered non-primary care services may have to be submitted to insurance i.e. high deductible plan, HSA plans, or out of pocket cost for a discounted cash rate
1. How much would it save the company that year? Examples

---PCMH results in lower cost per member in both commercial and public insurance plans in 21 of 23 studies. Examples:

* + The Michigan BCBS pilot was the largest study in America. Michigan BCBS practices that are PCMH clinics showed a cost reduction of $26.27 per member per month.
	+ Blue Cross Blue Shield of Rhode Island showed a 17-33% reduction in cost with PCMH practices
	+ Boeing calculated that they had a 20% reduction in cost by participating with PCMH clinics of Blue Shield Regence

--DPC has been shown to reduce costs:

* + Nextera reduced health care cost for a major CO employer by 14.4%, saving $155.30 PMPM
	+ Qliance (Seattle-based) reduced health care costs by 19.6% in a 2 year study
1. Are the target performance metrics similar to existing contracts with other health plans?

---Yes. The PCMH is required to measure performance that meets health plan metrics.

1. What is the average cost i.e. premium for each employee and the employer? Any examples?

--- The Human Resource Department and Agent would clarify this with the plans offered

1. Why should we pay more for a primary care when premiums keep going up?

---Strong Primary care is a proven model in every country that has a healthy health care system. Studies show that the more primacy care providers in an area results in healthier populations. Healthier employees reduce high cost services, hospitalizations, and Emergency Department visits. It would translate to higher productivity due to reduced absenteeism.

1. What are you doing to keep costs under control?

--- PCMH reduces cost by providing comprehensive, coordinated, accessible, efficient and effective care that reduces Emergency Department visits, hospitalizations by identifying and managing high-risk patients.

--- DPC reduces costs by providing accessible care, reducing Emergency Department visits, and obtaining discounted diagnostic services and helping patients judiciously navigate Specialty Care for conditions outside the scope of Primary Care.

1. How are cost savings tracked? How do you keep costs under control?

---The Human Resource Department of any Company can track these. In addition, most health plans can track cost savings.

---Proposals are currently underway for a state-wide claims data base, however, this is evolving. The complexity of establishing a real time all-claims database demands resources, time, and money. No DPC or PCMH clinic has the resources to do this. However, health plans and Human Resource Department have tracking systems for their specific population.