



From the CareFirst BlueCross BlueShield family of health care plans.



## CareFirst's Patient-Centered Medical Home and You



At CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice), collectively CareFirst, we understand that everyone's health needs are different and that the care you need changes as your health changes. We also understand that you want quality, affordable care.

By choosing a primary care provider (PCP) who participates in CareFirst's Patient-Centered Medical Home (PCMH) program you become part of a new, comprehensive effort to help improve your care and strengthen your relationship with your PCP. And, since the program strives to ensure patients get the right care in the right setting at the right time, it is designed to help slow rising health care costs over time.

## Strengthening Physician-Patient Relationships & Coordinating Care

CareFirst's PCMH program promotes information sharing between patients and their PCPs so that both have a complete picture of existing and potential health risks for the purpose of producing better health outcomes.

By signing the [Unified Consent](#) form in the CareFirst PCMH program, you agree to participate with your treating PCP in a comprehensive approach to medical care.

Once you consent to participate in PCMH, you are able to benefit from coordinated, more personal care from a provider who knows you and your needs. A team of allied health professionals (physicians, nurses, pharmacists and others) will work toward keeping you healthy by managing your care.

### **By participating in the PCMH Program, your provider has agreed to:**

- take specific steps to coordinate and manage your care, including developing individual care plans when deemed necessary;
- use information regarding your care history made available by CareFirst for the sole purpose of monitoring and guiding your care to promote better health outcomes; and
- use online connectivity with CareFirst to more effectively manage your care and improve efficiency.

### **Importantly, consenting to participate in the PCMH program does not:**

- result in any change to your CareFirst premium;
- reduce your benefits in any way or affect the rules of your coverage plan with CareFirst;
- require any additional member cost-sharing\*; or
- place any obligation on you to select or use a specific primary care provider.

*\* If you are currently enrolled in a high deductible health plan, certain charges may apply until your deductible is met.*



# Improving Quality is at the Core of PCMH

At the heart of the PCMH program is a focus on improving the quality of care delivered to CareFirst members. Participating providers' performance will be assessed against five broad categories of quality measures.

CareFirst's program is designed to support your PCP as the "quarterback" of your care. CareFirst is requiring participating providers to take additional steps to monitor and coordinate patient care while measurably improving care quality and delivering care efficiently.

**1. Engagement with patients**  
These are measures related to the timeliness, thoroughness and follow-up of care for patients whose health status requires development of a care plan.

**2. Appropriate use of services**  
These are nationally accepted measures that gauge the degree to which participating providers – by delivering appropriate care to patients – limit the need for hospitalizations and emergency room visits for conditions such as diabetes, hypertension, asthma, bronchitis, upper respiratory infections and others.

**3. Delivery of preventive care services**  
These are nationally accepted measures focusing on how consistently physicians deliver screenings (and provide appropriate follow-up care) on a variety of conditions such as breast cancer, colon cancer, coronary artery disease, childhood immunizations and more.

**4. Patient access to primary care services**  
These are measures of patient access to care including the extent of physician office hours, patient wait times, the availability of e-scheduling and others.

**5. Capabilities to deliver enhanced care**  
These are measures concerning a number of components, including a key national certification as a "medical home," as well as a practice's use of electronic medical records, e-prescribing and other tools that can aid in providing quality, coordinated care.



# Quality Profile Scorecard

Based on the results obtained in the five quality categories, an overall composite score will be calculated for each PCMH each performance year.



Points	Metrics
	<b>1. Degree of PCP Engagement</b>
4.5	Schedule Appointments
12.0	Patients Receive Appointments
4.5	Care Plan Clear
4.5	Care Coordination Accomplished
4.5	Active Follow-ups
30.0	ENGAGEMENT COMPOSITE
	<b>2. Appropriate Use of Services</b>
8.0	Preventable Admissions (AHRQ)
(Admissions)	Potentially Preventable Readmissions
	Rate of Use of Specialty Medical Home
	ADMISSIONS COMPOSITE
4.0	POTENTIALLY PREVENTABLE EMERGENCY ROOM USE
(Potentially Avoidable ER)	
8.0	Colonoscopy
(Ambulatory Diagnosis, Imaging, and Antibiotics)	CT Scans
	MRI
	Patients with Low Back Pain (HEDIS)
	Patients with Viral Upper Respiratory Infections
	Patients with Pharyngitis
	DIAGNOSTIC, IMAGING AND ANTIBIOTICS COMPOSITE
	<b>3. Effectiveness of Care/Preventive Screenings</b>
10.0	Diabetes
(Chronic Care Measures)	Asthma
	Congestive Heart Failure
	Coronary Artery Disease
	Coronary Artery Disease - Myocardial Infarction
	Major Depressive Disorder
	CHRONIC CARE MAINTENANCE COMPOSITE
10.0	Colon Cancer Screening
(Population Health Measures)	Chlamydia Screening
	Cervical Cancer Screening
	Breast Cancer Screening
	Childhood Immunizations
	POPULATION HEALTH MAINTENANCE COMPOSITE
	<b>4. Patient Access</b>
5.0	Use of E-Scheduling
5.0	Use of E-Visits
5.0	Extended Office Hours
5.0	Patient Office Experience, such as wait times
20.0	ACCESS COMPOSITE
	<b>5. Structural Capabilities</b>
2.5	Use of E-Prescribing
2.5	Electronic Medical Records Meaningful Use
2.5	Use of E-mail
2.5	External Certification
10.0	STRUCTURAL COMPOSITE
100.0	Overall Practice Composite

It is important to understand that all PCPs who are in the PCMH program have been fully credentialed and are in good standing with CareFirst. There is no known quality issue with any of the PCPs in the PCMH Program.

## Questions & Answers

### Do I have to participate in the PCMH program?

No. Participation in the program is entirely voluntary. There is no penalty for declining to participate.

### Can I discontinue my participation after I have agreed to participate?

Yes. A CareFirst member who has consented to participate in the PCMH program can revoke that consent at any time through a written notification to the PCP and CareFirst. And, each year, you will be presented with the opportunity to continue participation or to decline to do so.

### What happens if I change providers or my provider ceases his/her participation in the PCMH program?

A CareFirst member's participation in PCMH follows the providers'. In the event that you change providers or your provider ceases to continue to participate, call Member Services at the number on the back of your ID card to assist you with locating another participating PCMH provider.

## Learn More

Our website has the latest news and information that will help you get the most out of the CareFirst PCMH program. Visit [www.carefirst.com/memberpcmh](http://www.carefirst.com/memberpcmh) for:

- Videos
- Frequently asked questions
- Consent form
- and more

Across the region and nationally there are a number of efforts with similar objectives that are frequently referred to as “Patient-Centered Medical Home” programs. CareFirst’s PCMH program is consistent with these programs that share a goal of more fully utilizing primary care providers\* and teams of health professionals to improve health care quality while reducing health care costs. You can learn more about these efforts from a number of organizations.

**The Maryland Health Care Commission** is developing a statewide Patient-Centered Medical Home pilot program (in which CareFirst is also participating). You can learn more about that effort by visiting [www.mhcc.maryland.gov/pcmh/](http://www.mhcc.maryland.gov/pcmh/).

**The Patient-Centered Primary Care Collaborative (PCPCC)** is a coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, clinicians and many others who have joined together to develop and advance the patient centered medical home. You can learn more about the PCPCC by visiting [www.pcpcc.net](http://www.pcpcc.net).

*\* The doctors and other medical providers are independent providers making their own medical determinations and are not employed by CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.*



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