

# **Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration**

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*The National Medicaid Congress*

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# Fragmentation and Lack of Coordination

- Many patients lack primary care providers
- Lack of PCP resources / organization can contribute to...
  - fragmented and untimely care
  - unnecessary reliance on ERs for primary care
  - avoidable hospital admissions
  - avoidable hospital re-admissions
- Underuse of community resources can contribute to ...
  - inadequate support for patient self-management
  - failure to prevent disease or progression
  - poor health outcomes / potentially avoidable expenditure

# The Advanced Primary Care Practice

*Variety of 'models' but with many common features:*

- Every patient has an identifiable PCP
- Practices have resources to play more central role
  - payment for time spent managing complex needs and not just visits
  - links to community resources to facilitate self-management
  - information on patterns of care and evidence-based guidelines for providers and patients
- Practices reorganize the way care is delivered
  - expanded availability of PCP to patient
  - greater use of multi-disciplinary teams
  - linkage with other providers

*The demonstration will not impose any one 'model'.*

# Multi-payer Advanced Primary Care Practice Demonstration (MAPCP)

- Announced by Secretary Sebelius in September 2009
- Approved by OMB in May 2010
- Solicitation sent to Governors and state Medicaid Directors and application posted June 2, 2010.

# MAPCP Demonstration Design

- Three year demonstration open to States
- Medicare will join Medicaid and private insurers in State health reform initiatives aimed at improving delivery of primary care
- A multi-payer effort
  - Aligns economic incentives
  - Reduces administrative burdens
  - Provides resources that can be shared across practices

# MAPCP Goals

- Goals include...
  - Improvement in safety, timeliness, effectiveness, and efficiency
  - Reduction of unjustified variation in utilization and expenditure
  - Increased patient participation in decision making
  - Increased access to evidence-based care in underserved areas
  - Contribute to 'bending the curve' in health expenditures

# Demonstration Eligibility Requirements

- State agency
- Program operational prior to Medicare participation
- Multi-payer participation, including Medicaid & private
- Evidence of physician support & participation
- Focus on APCP elements

# Demonstration Eligibility Requirements

- Community-based support
- Coordination with state wellness/disease prevention efforts
- Budget neutrality
- Implementation arrangements
- Monitoring & evaluation
- Limitation on participation in other Medicare demonstrations

# Timeline

- Solicitation published June 3, 2010
- Letters of intent due June 17, 2010
  - “Open door” Q & C call: June 9, 2010
  - State-wide data to be sent to applicants
- Final applications due August 3, 2010
  - Applications to be reviewed by technical expert panel
  - Must meet basic eligibility criteria
  - Select 6 most highly ranked, qualified applications (*may select more or less than 6*)
- Cooperative agreements announced fall 2010

# MAPCP Information Links

- Web site

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1230016>

- Solicitation
- Fact Sheets
- Qs & As
- Information on all “open door” calls
- Sign up for automatic notification of all updates

- Questions about demonstration:

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