

December 8, 2011

Dr. Richard Baron
Centers of Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

RE: Comprehensive Primary Care Initiative

Dear Dr. Baron,

As members of Maryland's Primary Care Coalition and as leaders of Maryland's primary care physician academies and colleges, we are pleased to express our robust support of Maryland's candidacy for participation in the Comprehensive Primary Care Initiative.

Maryland's primary care physicians stand ready to deliver the type of care that the CPCI will demand. We have experienced a kindling phenomenon from both the CareFirst Primary Care Medical Home program and the Maryland Multi-Payer Program (MMPP) Patient-Centered Medical Home. At last count, roughly 3,500 physicians state-wide are in either. We will briefly describe these initiatives and others below.

All of the major commercial payers (Aetna, Cigna, CareFirst, United, Coventry) as well as Medicaid, Medicaid MCOs and Medicare Advantage participate in the MMPP. At present, 250,000 Marylanders and 339 primary care practitioners are enrolled in the MMPP. The Maryland Learning Collaborative (MLC) supports individual practice transformation to the patient-centered model of care. Through the MLC, practitioners and their office staff are provided educational activities that promote teamwork, prepare for change, and enhance leadership and communication. Early successes of the MLC include development of Practice Redesign Teams, designation of Practice Champions, and training of practice-embedded Care Managers. Using regional meetings, teleconferences, webinars and other media, the MLC has promoted peer-peer learning, individual practice transformation, and patient advocacy.

Both the CareFirst and multi-payer program provide financial incentives that promote practice redesign to improve access, quality, efficiency, and cost containment. The programs' focus on providing preventative care, especially in the pediatric population, will reward the State with both a healthier adult population and cost avoidance in future years to come. Each program requires quality standards of participating practices. External recognition (by the National Committee for Quality Assurance) for performing to patient-centered care standards is a requirement of the MMPP and is strongly encouraged in CareFirst's program.

Widespread primary care practice EMR adoption in Maryland is enhanced by participation in these programs. Maryland's CRISP (Chesapeake Regional Information System for our Patients) supports EMR adoption by providing expertise and linkage to state-designated management service organizations that sell and provide support of EMR systems to practices.

An added incentive for practices migrating to an electronic medical record, our State's unique commercial payer incentive program for the adoption of electronic medical records by primary care physicians further makes Maryland fertile ground for the CPCI, which stresses the role of technology in providing comprehensive primary care.

Care coordination of patients across inpatient and outpatient venues, as well as the spectrum of wellness to illness, and enhanced access to care, all have become a focus of Maryland's primary care physicians. Further fueling this change in practice design and philosophy is Maryland's unique payment strategy for hospitals. More emphasis is being laid on reducing preventable readmissions of all patients – and Maryland's hospitals are reaching out to collaborate with community physicians in this endeavor. Maryland hospitals will succeed in reducing preventable readmissions only with the collaboration and engagement of primary care physicians who are similarly aligned in coordinating safe care transitions of vulnerable patients. Imagine their motivation in providing the means to fuel this collaboration.

What's missing in Maryland? The chance for Maryland's primary care physicians to prove their value to the population that stands to benefit the most from their newfound focus on care coordination and patient engagement: Medicare beneficiaries.

We are ready to prove that value now. Our State is a laboratory that reflects national diversity – rural, urban, and suburban populations, a fast-growing Spanish-speaking population, racial disparities in care, and the whole socioeconomic spectrum that demonstrates every imaginable barrier to care. But the light has been turned on in Maryland: we are ready to take on this challenge.

Thank you for considering all of these reasons Maryland, an innovative and forward-thinking State, is poised for the opportunity that CPCI will provide.

Sincerely,



Gene Ransom, Chief Executive Officer
MedChi, The Maryland State Medical Society



Eric Levey, M.D., President
Maryland Chapter of the American Academy of Pediatrics



Eugene J. Newmier, D.O., President
Maryland Academy of Family Physicians



R. Dobbin Chow, M.D., Governor
Maryland Chapter of the American College of Physicians



Carmela Coyle
President and Chief Executive Officer
Maryland Hospital Association

Miguel McInnis, Chief Executive Officer
Mid-Atlantic Association of Community Health Centers



Director, Maryland Learning Collaborative for
Multi-Payer Program for Patient Centered Medicine