



MARYLAND ACADEMY OF FAMILY PHYSICIANS

ABLE, RESPONSIVE FAMILY PHYSICIANS SERVING THEIR COMMUNITIES

October 14, 2011

Joshua Sharfstein, MD
Secretary
Maryland Department of Health and Mental Hygiene
201 W. Preston St., 5th Floor
Baltimore, MD 21201

Dear Secretary Sharfstein,

On behalf of the Board of Directors of the Maryland Academy of Family Physicians, we applaud Governor O'Malley's proactive stance in establishing a Health Benefit Exchange in order to increase access to affordable, quality care for all Marylanders. ***Representing our membership, Maryland's family docs in the trenches, we offer our perspective regarding the Exchange, its promise and its potential.***

Maryland is poised to engage all of its primary care clinicians in re-designing delivery of care to individuals and populations. The CareFirst Primary Care Medical Home program and MHCC's Patient-Centered Medical Home pilot have caught the attention of this group of clinicians. We are starting to see a movement toward better-coordinated care, with more emphasis on preventative services. ***This developing change in health care delivery in Maryland has been made possible because these initiatives have, within their scope, restructured health care payment.*** Numerous experiments around the country have demonstrated that primary care-based initiatives such as these hold the promise to control costs and improve health outcomes for the populations they serve.

We propose that Maryland adopt a similar strategy in its design of the Health Benefit Exchange. While preserving the model of bronze/silver/gold/platinum tiers of coverage, Maryland could promote the patient-centered medical home model further. The proposed navigators could educate employers, patients and providers of care regarding a potentially more cost- and outcomes-effective form of coverage that was offered by all payers. ***This form of***

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coverage would reward the utilization of primary care services and promote patient engagement and self-management of chronic conditions.

For the sake of example, let's call this form of coverage the BestCare benefits package. Proposed features of BestCare, which could be incorporated into Maryland's Essential Health Benefit package, would enhance the participation of patients, employers and providers of care. These features would include:

1. A primary care physician for every patient
2. No out-of-pocket cost for smoking cessation help, to include medication
3. No out-of-pocket cost for preventative dental care
4. Incentives for patients to obtain preventative services from primary care physicians and dentists
5. Incentives for patients with chronic diseases to collaborate with their primary care physicians and adhere to evidence-based care plans
6. Enhanced financial incentives for employers to provide/promote BestCare
7. Enhanced financial incentives for physicians to participate in the plan, especially if they perform to evidence-based standards of medical care
8. No out-of-pocket costs for generic medications for chronic diseases, such as diabetes, asthma, cardiac disease, COPD, hypertension, etc.
9. Mental health and substance abuse benefits.

How could the state and payers afford to offer BestCare? While Maryland awaits the future benefit of cost avoidance with BestCare, we have to consider where the funds are today that would support this ambitious initiative. Clearly this is an investment whose ultimate reward (in terms of cost avoidance and improved health outcomes) may well be three to five years in the future. In the meantime, the investment in BestCare could be partially offset by structuring incentives and disincentives:

1. Significant co-pays for urgent care and emergency room use

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2. Significant co-pays for specialty care use, except for preventative, screening services, like colonoscopy
3. Increased cost sharing for non-generic medications
4. Higher costs to consumers and employers, through a surcharge or user fee, for choosing plans with benefit packages other than BestCare
5. In underserved areas, the state should apply for federal funding for deployment of community health centers that serve not only as BestCare hubs but also as training centers for clinicians to learn the patient-centered medical home model.

Maryland's primary care community is at a crossroads: we stand to improve our numbers, our capacity and our effectiveness. This will occur only if payers, government and patients recognize our value. Despite the recent CareFirst program and MHCC pilot, the vast majority of us are still caught in an exclusively volume-based mill that rewards us for producing CPT codes, not better outcomes. Let us demonstrate the value we can bring to the table by allowing a primary care-based model such as BestCare to occur. We are willing to step up to the plate to improve the health of our patients, the citizens of Maryland.

Sincerely,

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