

**Access HealthColumbus
Coordinated Medical Home Network Preliminary Feasibility Study
Key Informant Interview Protocol**

- 1) Describe your understanding of the existing primary care “safety net” delivery system for vulnerable people in Franklin County.
 - Is it an organized system that providers and consumers understand and can easily navigate?
 - Does it provide timely, well-organized care?
 - Is there enough capacity to meet vulnerable patients’ needs?
 - Does it promote preventive health services, and continuous coordinated chronic disease care?
 - What do you think are the largest gaps in this “system”?

- 2) Among the variety of issues that currently face the Franklin County community (employment, education, homelessness, etc.) do you consider expanded access to medical home services to be important enough to develop a community-wide solution? If [yes/no], why?

Presented below is a medical home model that is being used, as part of this research study, to estimate the potential demand for and cost of establishing coordinated medical home capacity across different income-based categories of vulnerable people. In this model, the “medical home” concept includes access to:

- Primary care services, including
 - Internists, family practitioners, pediatricians, OB/GYN doctors, and nurse practitioners
 - Oral health services
 - Vision health services
 - Mental and behavioral health services (integrated with existing services)
 - Case management services (managing utilization of medical services for high cost/high-use patients)
- Affordable prescription drugs
- Care coordination services
 - Facilitating access to health care for vulnerable people
 - Coordinating medical services across health care organizations in the community

Coordinated Medical Home Model Population	Annual Household Income			
	Up to 100% FPL	Up to 200% FPL	Up to 300% FPL	Up to 400% FPL
Single person = \$10,400	Single person = \$20,800	Single person = \$31,200	Single person = \$41,600	
2-person family = \$14,000	2-person family = \$28,000	2-person family = \$42,000	2-person family = \$56,000	
3-person family = \$17,600	3-person family = \$35,200	3-person family = \$52,800	3-person family = \$70,400	
4-person family = \$21,200	4-person family = \$42,400	4-person family = \$63,600	4-person family = \$84,800	
5-person family = \$24,800	5-person family = \$49,600	5-person family = \$74,400	5-person family = \$99,200	

3) With respect to the model above:

- What do you consider to be the necessary, or essential, healthcare components of a “medical home” system for vulnerable people in Franklin County?
- Based on household income only, how would you define a “vulnerable person” in Franklin County?

4) If tomorrow, the Franklin County community collectively decided to expand access to coordinated medical home services to vulnerable people (at any of the income levels outlined above), the next question for the community to consider would be how to finance it ...

- Of the following listed funding sources, which one(s) do you consider to be most feasible, the most appropriate, or the most probable for the Franklin County community to consider? Why is that?
- Which funding mechanism(s) do you consider to be the least feasible, the most inappropriate, or the least probable? Why?
- Are there other funding mechanisms you would consider, not listed here?

Funding sources:

- 1) Local tax levy
- 2) Percent of net revenue from local health systems
- 3) Dedication of Medicare and Medicaid DSH funds from local health systems
- 4) Employer contributions – minimum employer spending requirement
- 5) State and federal funding: savings from Medicaid Managed Care Plans
- 6) State and federal funding: Medicaid 1115 waiver
- 7) State funding: Tobacco Settlement Funds
- 8) Foundation funding
- 9) Community charities
- 10) Pharmacy manufacturers
- 11) Cost sharing with consumers

- 5) If the Franklin County community collectively decided to expand access to coordinated medical home services, and the source of funding for that expansion were decided and approved ...
- What entity should be charged with overseeing the administration and distribution of those funds in a way that is transparent to the public?
 - Is it an existing entity? If yes, who?
 - Should a new entity be established? If yes, should it be a public entity or private entity? How should it be structured?
- 6) If the Franklin County community collectively decided to expand access to coordinated medical home services, the source of funding were secured, and the entity charged with the distribution of funds were in place ...
- (From the list below¹), how should the funds be distributed to the providers of primary care coordinated medical home services?
 - Are there other payment systems you consider feasible, not listed below?
 - 1) Fee-for-service: a provider is paid a fee for each specific service rendered
 - 2) Episode-of-care payment: a provider is paid a fee for all services rendered during a single episode of care or portion of care.
 - 3) Capitation: a regular, periodic fee is paid to cover some or all services rendered by all providers for all conditions affecting a particular patient
 - 4) Pay-for-performance (P for P): initiatives to encourage and support improved quality of care; incorporates valid quality measures and incentives to providers for achieving quality improvement. Pay-for-performance initiatives also support better care coordination for patients with chronic illnesses.
- 7) If the Franklin County community collectively decided to fund expanded access to coordinated medical home services, how would you – as a member of the community, as a stakeholder, or as a casual observer – define and measure the impact of that investment?
- What outcomes would you expect?
 - What measurements, instruments, or methodologies should be integral to the process, in order to measure whether those outcomes were achieved?
 - At what stages of implementation should these measurements occur?
 - How long should they continue?
 - Will the type of measurement(s) change over time?

¹ List adapted from a report entitled *Creating payment systems to accelerate value-driven health care: issues and options for policy reform*, Harold D. Miller (author), Pittsburgh Regional Health Initiative, September 2007.

- 8) What do you perceive to be the individual (patient-based) quality-of-life benefits of improved health for vulnerable persons?
- 9) What do you perceive to be the individual (patient-based) economic benefits of improved health for vulnerable persons?
- 10) What do you perceive to be the economic benefits to the Franklin County community of improved health of vulnerable persons?