

**Medical Home Reimbursement Project  
Potential Payment Strategy Evaluation Criteria**

**Goal:** Payers and providers will need to decide where to focus their efforts in transforming payment in support of a medical home model of primary care. Evaluation criteria *may* help sort through the array of payment options, enabling a closer analysis of the options that seem most promising.

**Discussion Questions:**

- Is there value in deciding on a set of criteria?
- Do any of the following suggestions have meaning or usefulness?
- What other criteria might work better?
- Should some criteria be weighted more heavily than other criteria?
- Do the criteria change depending on the stage of development of a practice & the change we are attempting to encourage? For example, would we evaluate payment options for a practice at a pre-medical home stage in the same way we would evaluate payment options for a practice at an advanced stage of “medical homeness”?
- What is the best way to apply the criteria (i.e., to use the criteria for focusing efforts for further analysis)?
- If the end goal were to fill out a chart something like the “Linking” chart on page 2, would using evaluation criteria to distinguish payment options help?

**Criteria-to-Consider:** The following criteria provide a **starting point for discussion**. Some of the criteria capture similar concepts; this is intentional because different ways of capturing a concept may have greater or lesser appeal. If we decide there is value in using evaluation criteria to help focus our efforts, the final list should be short and very practical (in contrast to the more visionary nature of goals / guiding principles for payment transformation). For example:

<b>Category</b>	<b>Criterion</b>
<b>Feasibility / Timing</b>	<ol style="list-style-type: none"> <li>1. Is the payment strategy operationally feasible to implement in the short-term (e.g., next 2 years) for both providers and payers?</li> <li>2. Is the payment strategy operationally feasible to implement in the long-term (e.g., next 5 years &amp; beyond) for both providers and payers?</li> <li>3. (What else?)</li> </ol>
<b>Critical Mass</b>	<ol style="list-style-type: none"> <li>1. Is a critical mass of payers willing to implement the strategy simultaneously?</li> <li>2. Is a critical mass of providers able to accept the strategy?</li> <li>3. (What else?)</li> </ol>
<b>Robustness</b>	<ol style="list-style-type: none"> <li>1. Can the strategy apply equally well to different initiatives within the medical home model?</li> <li>2. Would the strategy serve as a bridge to future, broader payment transformation?</li> <li>3. Is the strategy equally applicable to providers at different stages of development?</li> <li>4. Is the strategy consistent with other strategies that may be simultaneously implemented (for practices at different stages of development)?</li> <li>5. Is the strategy consistent with moving to other strategies as a given practice matures?</li> <li>6. (What else?)</li> </ol>
<b>Effectiveness</b>	<ol style="list-style-type: none"> <li>1. Is there evidence that the strategy leads to the desired change?</li> <li>2. (What else?)</li> </ol>
<b>Financial Sustainability</b>	<ol style="list-style-type: none"> <li>1. Does the strategy require new money from payers?</li> <li>2. If implemented, can the strategy be sustained financially?</li> <li>3. (What else?)</li> </ol>
<b>Other</b>	What?

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**Linking Medical Home Characteristics to Payment Approaches**

<b>Stage of Development →</b>	<b>Pre Medical Home</b>	<b>Basic Medical Home</b>	<b>Evolving Medical Home</b>	<b>Fully Maturated Medical Home</b>
<b>How do we recognize a practice that is at this stage?</b>	Measurable Characteristics are...	Measurable Characteristics are...	Measurable Characteristics are...	Measurable Characteristics are...
<b>What reimbursement approach(es) is (are) appropriate for a practice at this stage?</b>				
<b>What reimbursement approach(es) will motivate (enable) a practice at this stage to move to the next stage?</b>				