ATTACHMENT 1

November 2012 Highlights & Follow-Up
Outcomes & Evaluation Center Cabinet Call

Center Goal: Demonstrate the value of primary care and the patient centered medical home (PCMH), using appropriate data analysis and evaluation methods.

Summary
On November 21st, 10 key stakeholders, from the following organizations, called in to discuss the newly formed Outcomes & Evaluation Center and to provide feedback on how the Center will operationalize its drafted strategic objectives in order to meet its Center goal.

Participating Organizations
American Academy of Pediatrics
Commonwealth Fund
Ernst & Young
Georgetown University School of Medicine
Joint Commission
NCQA
Patient-Centered Primary Care Collaborative
TransforMED

Focus
PCPCC hosted this standing monthly call for its leadership cabinet of the Outcomes & Evaluation Center. The group discussed:

1. PCPCC Updates
2. Standing Center Strategic Objectives: Progress Report & Future Work
3. Three Big Ideas
4. Increase Visibility of the Center’s Work

PCPCC Updates
Important dates to note include the Center’s Leadership Retreat in Washington, DC on January 10, 2013 from 10:00am-3:00pm ET. Please RSVP to Tara Hacker, at thacker@pcpcc.net, by December 21, 2012. The purpose of the leadership retreat is convene the cabinet for its first in-person meeting in order to review, refine, and operationalize the Center’s draft strategic objectives for the Center. This retreat will be held in lieu of the regularly scheduled monthly cabinet call for January. The Center will host an “Open Forum Call” on February 20, 2013 that will allow general members a chance to participate in the Center’s calls on a quarterly basis.

Standing Center Strategic Objectives: Progress Report & Future Work
Develop resources/strategies to obtain, aggregate, track, and analyze information from a variety of sources on medical home cost, quality, and population health outcomes. The PCPCC is currently gathering data on public and private medical home activity within ACOs and state exchanges as a means for updating its current medical home demonstration map. Cabinet members will provide links to outside organizations researching these topics.
Disseminate outcome data specific/relevant to the Centers, general members, and the public through a variety of resources/strategies. The PCPCC participated in a Phytel webinar on the 2012 Benefits of Implementing the Medical Home report.

**Advance the refinement of measures to promote PCMH continuous improvement.** The PCPCC Board will be reviewing a plan for a data mapping project, which may include a focus on measurement alignment. This is likely to require the creation of a taskforce to manage this project.

**Increase Visibility of Center’s Work**
The Care Delivery & Integration Center is working with Ed Webb of American College of Clinical Pharmacy and his colleagues to schedule a future webinar on the new IOM report on team-based care and how practices are utilizing patients and families as advisors in PCMH practice transformation. Cabinet members will be discussing other webinar ideas and speakers for 2013 during future meetings.

**Three Big Ideas**
The PCPCC Board is reviewing three “big ideas” that will drive core organizational activities in the short and long-term. These include (1) Employer/Provider key stakeholder meeting to re/engage employers, payers, and purchasers with primary care medical homes and value-based purchasing; (2) medical home mapper and measure alignment to develop a real-time map of accredited primary care medical homes and to consider whether to push for measurement alignment of medical home accreditation, meaningful use, and maintenance of certification to be used for public reporting in collaboration with Consumer Reports; and (3) Public Engagement and Outreach to assess what the public understands and values about the primary care medical home and to develop a targeted public engagement campaign in specific markets.

Cabinet members stressed the importance of making the medical home map targeted towards consumers and discussed how/whether to include information as it pertains to certification, electronic health records, etc. The map has the potential to be used to as a ranking tool for consumers to utilize when making health care decisions. It was also mentioned that this map should be used to create demand of medical homes among employers and purchasers and to influence health benefit design. Logistically, it is important that this map be designed to minimize technological maintenance (e.g., the Joint Commission embarked on a similar project and was forced to abandon the project due to the need for daily updating of the map), and consider what level of designation to use (e.g., at level of clinician, site, organization, etc.)

**Next Steps**
The Cabinet will hold its next monthly call on December 19 to set the agenda for its Leadership Retreat in January.

**Contact**
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