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July 31, 2014

The Honorable Jay Bradford
Insurance Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Dear Commissioner Bradford:

The American Osteopathic Association (AOA), the American College of Osteopathic Family Physicians (ACOFP), the American College of Osteopathic Internists (ACOI), the Arkansas Osteopathic Medical Association (AOMA) and the Arkansas Society of the ACOFP (ARSACOF) are writing to encourage you to amend the proposed Rule 108 which provides standards for Patient-Centered Medical Homes (PCMH). While this rule would establish rules for the operation of PCMH in Arkansas, it is unclear whether non-physician clinicians would be eligible to lead comprehensive healthcare teams providing care under the PCMH model. We strongly agree with the “Joint Principles of the Patient-Centered Medical Home” (Joint Principles) published by the Patient Centered Primary Care Collaborative and developed by the several national medical organizations with a focus on providing primary care, including the AOA.¹ The Joint Principles recognize the value of interprofessional healthcare teams, but unequivocally support the physician as the leader of that team, coordinating the needs of complex care and providing continuous and comprehensive care for each patient. Allowing non-physicians to lead teams of healthcare providers providing comprehensive care through the PCMH model could potentially place the safety of Arkansas patients at risk.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs, is the accrediting agency for osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities. The ACOFP is a national organization that represents over 20,000 osteopathic family physicians, students and residents across

¹ American Academy of Family Physicians, et al. Joint Principles of the Patient-Centered Medical Home. February 2007.

the country. The ACOI is a national organization that represents nearly 5,500 osteopathic internists and residents across the country. AOMA is a professional organization that represents the more than 325 DOs who reside in Arkansas. ARSACFOP is a professional organization that represents osteopathic family physicians in Arkansas.

The AOA, ACOFP, ACOI, AOMA and the ARSACOFPP support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we support the intent of this proposal to establish rules for the operation of PCMH in the state, and appropriate payment for care provided under this model, the current definition of “Primary Care Provider” in Proposed Rule 108 section (4)(12) is general and fails to refer to physicians or primary care specialists. This ambiguity leaves it up to the carrier to decide the definition of primary care provider for the purposes of the PCMH which could lead to non-physician clinicians inappropriately leading comprehensive patient care, which is beyond their education and training. This could also create incongruity in state regulation of medical practice whereby the scope of practice for nurse practitioners and other healthcare professionals may greatly expand without appropriate oversight and supervision. The definition of “Primary care provider” under the proposed rule should instead be amended to specifically define this healthcare professional as a physician.

The Joint Principles clearly state that the physician should lead the care provided under the PCMH model.² In fact, the first two principles are: “Personal Physician,” recognizing the need for each patient to have an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care, and “Physician Directed Medical Practice,” supporting the concept of a physician led team of healthcare professionals at the practice level who collectively take responsibility for the ongoing care of patients.

Additionally, section (5)(a) of Proposed Rule 108 specifies that the Health Carrier must reasonably follow the standards or guidelines for a national or state standardized PCMH model as approved by the Commissioner. The national standard, as established by the Joint Principles, clearly maintains that physicians must be in the role of “Primary Care Provider” and leader of the comprehensive care team. This mirrors the PCMH standards in Arkansas as defined in the Arkansas Medicaid Provider Manual which states that PCMH is: “A team-based care delivery model led by Primary Care Physicians (PCPs) who comprehensively manage beneficiaries’ health needs with an emphasis on health care value.”³⁴ In fact, in section 171.630 of the manual it states that “Licensed nurse practitioners or licensed physician assistants employed by a Medicaid-enrolled RHC provider may not function as PCP substitutes.”⁵

The AOA, ACOFP, ACOI, AOMA and the ARSACOFPP request that Section 4, Paragraph 12 be amended (in approximate wording) to the following:

“Primary Care Provider” means a participating ~~health care provider practicing within their licensed scope of practice~~ physician licensed by the Arkansas State Medical Board and designated by the

² *Id.*

³ <http://www.paymentinitiative.org/referenceMaterials/Documents/PCMH%20Manual%202014.pdf>

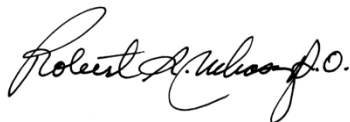
⁴ <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/pcmh.aspx#manual>, Arkansas Medicaid Patient-Centered Medical Home Provider Manual, Section 1

⁵ *Id.*


Health Carrier to supervise, coordinate or provide initial care or continuing care to a covered person, who may be required by the Health Carrier to initiate a referral for a specialty care and maintain supervision of health care services rendered to the covered person.

Potentially allowing non-physician clinicians to serve as a "Primary Care Provider" within the PCMH model would run counter to existing state policy and national PCMH principles, and may deteriorate the quality of care provided to Arkansas patients through this model. **We urge you to protect the safety of Arkansas' patients and the integrity of the PCMH model by defining "Primary Care Provider" as a physician.** Should you need any additional information, please feel free to contact Nicholas A. Schilligo, MS, AOA Director of State Government Affairs, at nshelligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



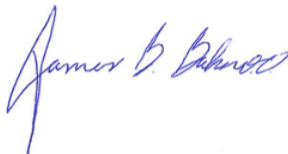
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