

PROPOSED PROGRAM REQUIREMENTS

COMMUNITY-BASED PHYSICIANS

A. Introduction

Community-based physicians for MyCare Vermont refers to physicians in private or group practice who treat one or more MyCare Vermont Participants but are not directly employed by the MyCare Vermont Organizations. Doctors are eligible to become community-based physicians in MyCare Vermont if they are licensed in the State of Vermont specializing in family or internal medicine. If they so desire, the Participant may select a nurse practitioner to serve as their community-based physician.

Becoming a Participant in MyCare Vermont should not require the individual to give up their community-based physician and their well-established network of care providers, including supportive home care and personal care providers. Many individuals have long-standing relationships with these providers that have developed over years.

Long-term relationships with individuals will allow providers to gain important personal and medical knowledge about chronically ill consumers. This knowledge has been shown to increase the effectiveness of care and to make the care more individualized, or consumer-focused. Preserving these relationships is important.

In addition, due to the rural nature of the state and the desire to expand MyCare Vermont to Vermont's rural towns, the only practical solution is to engage community-based physicians. This will have the added benefit of providing a support team to assist physicians with providing care.

It is a challenge to develop community-based physician services. The medical director is a vital link to the community-based physician. She/he can help the physicians to better understand each other's practices and suggest strategies for the community-based physicians to work most effectively. The medical director has more "clout" with the physicians and can help problem-solve difficult relationships.

The medical director should be someone who is respected in the medical community, has experience or expertise with the target population, and, if possible, has a caseload of individuals who are eligible for MyCare Vermont. If a medical director is not included on the planning team during the pre-feasibility phase, then he/she will certainly need to be included when the Organization begins exploring relationships with potential providers.

B. Guidelines to Develop Individualized Community-Based Physicians

At a minimum a MyCare Vermont Organization shall incorporate the following concepts when developing contracts, policies and/or procedures concerning community-based physicians.

- ◆ MyCare Vermont is based on the belief that both high quality health and supportive care are necessary for the target population to maintain the highest level of health and quality of life and to remain engaged in the community as long as possible. The MyCare Vermont Team has the responsibility for integrating care across these two networks. Community-based physicians shall agree to delivering care as a member of the MyCare Vermont Team.
- ◆ Allow flexibility for Participants to select a specialist as their community-based physician. The specialist would have to agree to do certain things, and if they decline, the Participant must choose another person (specialist or not) as their community-based physician if they want to enroll in MyCare Vermont. Responsibilities the specialist would need to agree to include attending ICT meetings, interacting with the ICT, meeting all community-based physician and MyCare Vermont requirements, and providing acute and well care.
- ◆ Require accessibility of community-based physicians. Accessibility includes physical, technology, and Centralized Comprehensive Record. Each is discussed separately below.
 - MyCare Vermont Organizations will be required to ensure that all services provided are accessible and in compliance with the ADA.
 - A physician that wanted to be a community-based physician for MyCare Vermont would be required to have web-based access.
 - In a model using community-based providers, the community-based physician would be required to use an electronic centralized health record provided by the MyCare Vermont Organization.
- ◆ Community-based physicians are required to cooperate with systems developed by the MyCare Vermont Organization for regular monitoring.
- ◆ The Interdisciplinary Care Team will be composed of the Participant, the social worker, the nurse practitioner and community-based physician.
- ◆ The community-based physician shall participate in a daily meeting and the care planning meetings for their Participants, either in person or by conference call.
- ◆ The MyCare Vermont Organization will provide a central location where the other members of the Interdisciplinary Care Team can meet if the meeting does not happen in the physician's office.
- ◆ The MyCare Vermont Organization will develop a reimbursement schedule for community-based physicians that will provide reimbursement for acute and primary care. In addition, a monthly capitation payment will be developed to encourage maintaining the Participant at home, prescribing cost-effective care, and participation by the physician in managing the care with a team.

- ♦ The community-based physician will be responsible for on-call arrangements for Participants. It is the community-based physician's responsibility to educate Participants and on-call doctors of the requirements of MyCare Vermont.