

Testimony of
Phyllis Dendle
Director of Government Relations

Before:
Senate Committee on Health
The Honorable Josh Green, M.D., Chair
The Honorable Clarence K Nishihara, Vice Chair

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair

February 6, 2012
3:00 pm
Conference Room 229

SB 2472 RELATING TO PATIENT CENTERED MEDICAL HOMES

Chairs Green and Chun Oakland, and committee members, thank you for this opportunity to provide testimony on SB 2472. This bill appropriates funding for patient-centered medical homes as certified by the governor's office.

Kaiser Permanente Hawaii supports the intent of this bill.

Kaiser Permanente has, by our design, engaged in the activities described in this legislation for many years. We are real believers in the integrated approach to providing care centered on the patient and in making the patient an active participant in their own care. So we support the legislature's efforts to encourage health care providers to practice in this way.

The National Committee on Quality Assurance (NCQA) developed a comprehensive program for recognizing patient-centered medical homes as a means of encouraging improvement in primary care. The requirements are substantial and cover the items in the bill. NCQA has three levels of recognition based on the number of points scored on the standards measured.

By October 2011 Kaiser Permanente Hawaii had received the highest level of recognition from NCQA for all 16 of our primary care clinics in Hawaii. We are pleased to be able to assure both our patients and the community of the quality of service that comes from being a patient-centered medical home. We encourage the use of this model to improve medical care throughout Hawaii.

Thank you for your consideration.



To: Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Committee on Health
Senator Josh Green, M.D., Chair

Date: February 6, 2012, Conference Room 229, 3:00 p.m.

Re: **SB2472 – RELATING PATIENT-CENTERED MEDICAL HOMES**

Chair Chun Oakland, Chair Green and Committee Members:

My name is Barbara Kim Stanton, State Director of AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 150,000 members in Hawaii. We are committed to championing access to affordable, quality health care for all generations, providing the tools needed to save for retirement, and serving as a reliable information source on issues critical to Americans age 50+.

AARP **supports** SB2472 which defines and establishes patient-centered medical homes (medical homes) and their duties, and appropriates funds.

Medical homes embody a "whole-person" approach to improving care through enhanced access, coordination, and support for patient-centered management.

A 2008 AARP study found that about 20% of people with chronic conditions reported that their providers did not communicate well with each other and that their health suffered because of the lack of a clear communication delivery system. An important element of healthcare reform is to improve the delivery system and a medical home is a key element toward this goal.

We believe that a medical home will lead to higher-quality, more cost-effective care through better coordination of services and support for patients that is culturally appropriate, interactive and respectful.

A medical home should include voluntary patient selection of a primary provider or medical practice and maintain an individual's ability to change primary providers or medical homes. Medical homes should have the following attributes:

- Ease of patient access and communication, including during non-business hours;
- Periodic assessment of a patient's clinical needs grounded in evidence-based protocols when available, and assessment of social and support needs and resources of both patient and family caregivers as needed;
- Care management, preferably employing an interdisciplinary team approach, especially for patients with multiple chronic conditions;
- Education and training for patients and their family caregivers in support of patient self-management; and

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- Capacity to use data to identify patients with specified conditions and risk factors, compile patient registries, track referrals and test results, and follow-up with other providers, including community resources. Preferred approaches rely on health information technology, such as interoperable electronic medical records and electronic prescribing.

Thank you for the opportunity to testify.