



The Patient-Centered Medical Home

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Topics

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The Case for Health Care Reform

- Poor access to care, especially for the uninsured
- Escalating costs & volume of services
- No link between cost and quality
- Excessive administrative costs
- Dysfunctional payment system
- United States is lagging internationally

What is the Patient-Centered Medical Home?

- ...a vision of health care as it should be
- ...a framework for organizing systems of care at both the micro (practice) and macro (society) level
- ...a model to test, improve, and validate

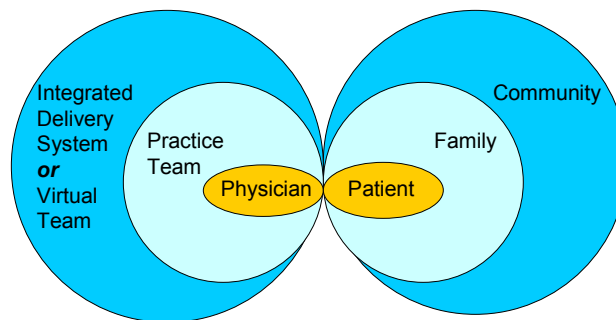


The Joint Principles of the PCMH

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access to care
- Payment to support the PCMH

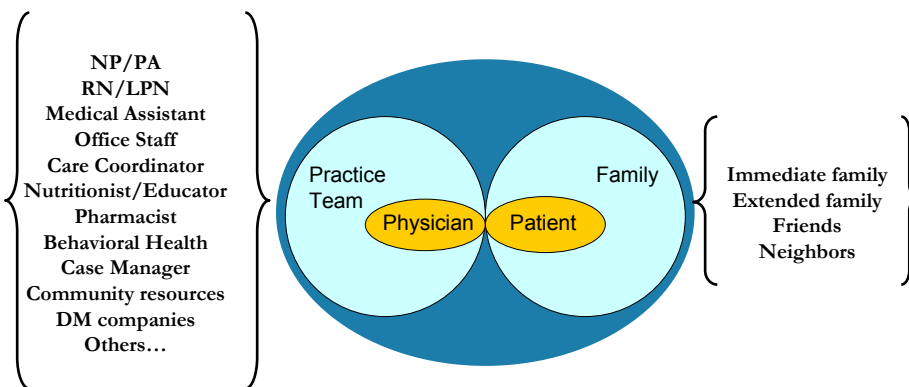
Team-based care:
 NP/PA
 RN/LPN
 Medical Assistant
 Office Staff
 Care Coordinator
 Nutritionist/Educator
 Pharmacist
 Behavioral Health
 Case Manager
 Community resources
 DM companies
 Others...

Patient-Centered, Physician-Guided Care



Adapted from:
 Defining Primary Care: An Interim Report, Institute of Medicine 1994

Core of Team-Based Care



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Professional Societies Endorsing Principles

- American Academy of Hospice & Palliative Medicine
- American Academy of Neurology
- American Academy of Pediatrics
- American Academy of Family Physicians
- American College of Cardiology
- American College of Chest Physicians
- American College of Osteopathic Family Physicians
- American College of Osteopathic Internists
- American College of Physicians
- American Geriatrics Society
- American Medical Directors Association
- American Osteopathic Association
- American Society of Clinical Oncology
- American Society of Addiction Medicine
- Society for Adolescent Medicine
- Society of Critical Care Medicine
- Society of General Internal Medicine

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Four Critical Questions

1. How do you know a PCMH when you see one?
2. What does it cost?
3. Will it improve quality and reduce cost?
4. Will patients be satisfied?

Potential Health System Impact

What will happen if it works?

1. Primary care will stabilize – possibly grow
 - a) More medical students & residents choose 1^o care
2. Care coordination & referrals will be based on...
 - a) Service responsiveness
 - b) Partnership/Collaboration
 - c) Performance
3. Patients will receive better care
 - a) Less variability
 - b) Improved relationship between cost & quality

Specialty Care Connections

- PCMH is **NOT** a gatekeeper system
- Jointly develop/identify referral guidelines
- Emphasis on transitions in care & continuity
- Some subspecialists may want to qualify as PCMH

Expanding Interest in the PCMH

- Patient-Centered Primary Care Collaborative
 - 100+ organizations; represent 50+ million people
 - www.pcpcc.net
- Articles in NEJM, Health Affairs, Annals of Internal Medicine
- Trade & Lay Press
- Legislation
- New entrepreneurs

Demonstration Projects of PCMH

- Multi-payer/multi-player commercial plans
- Medicaid transformation
- Medicare Advantage
- Medicare FFS

Assessing Impact of Demos

- Clinical measures (AQA/NQF)
- Cost of care measures
- Satisfaction metrics
 - Patients
 - Clinicians
 - Staff

Practice Implications

- Need to understand challenges of transformation
- Initial capital and restructuring costs
- Ongoing support & maintenance
- Reporting on quality, cost and satisfaction
- Implementation of HIT coincident with PCMH

The Future

- Multi-payer demonstration projects 2008
- More demonstration projects 2009
- Medicare Medical Home Demo 2009
- Support for practices
- Educational reform for students/residents

Thank You!

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