

What is a Patient-Centered Medical Home?

***Presentation to the
Patient-Centered Primary Care
Collaborative: Call-to-Action Summit***

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November 7, 2007

What is a Patient-Centered Medical Home?

A proposal by primary care physicians to organize care based on the IOM's definition of *patient-centered care*:

“providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions”

What is a Patient-Centered Medical Home?

- Model described in joint principles signed by the *American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and the American Osteopathic Association*, with combined membership of over 300,000 physicians and medical students
- Endorsed by the *Patient-Centered Primary Care Collaborative*, representing employers, physicians, consumers and health plans

What is a Patient-Centered Medical Home?

- A practice model that is founded on the importance and value of primary care:
 - ✓ Patients *choose* to get care from a *personal physician* who works in a *qualified practice* that is organized to provide patient-centered care
 - ✓ Personal physician provides *comprehensive and longitudinal care* to address *all* of the patient's health care, including *preventive care*

What is a Patient-Centered Medical Home?

- A practice model that uses collaborative teams to meet all of the patient's needs:
 - ✓ Personal physician *facilitates appropriate referrals* to specialists rather than acting as a “gatekeeper”
 - ✓ The PCMH *arranges for and integrates care* from nurses, nurse-educators, physician assistants, physicians and other health care professionals
 - ✓ *Disease-management is incorporated* into the practice itself
 - ✓ *Information is shared, coordinated and integrated* among all health professionals

What is a Patient-Centered Medical Home?

- A practice model that has the tools and systems needed to get better results, such as:
 - ✓ *Clinical decision support*: helping physicians make the right decisions based on evidence
 - ✓ *Shared decision-making*: helping patients make the right decisions based on evidence and in consultation with their doctor
 - ✓ *Patient registries*: tracking patients to measure and report if they are receiving recommended care
 - ✓ *Information sharing*: care decisions are shared among the patient's health professional team
 - ✓ *E-prescribing*: improve safety and accuracy
 - ✓ *Improved access*: secure e-mail, web portals, open scheduling, group visits, and telephone consultations

What is a Patient-Centered Medical Home?

- A practice model that is transparent to patients and purchasers:
 - ✓ Consumers/patients and purchasers will have the information they need to select qualified practices
 - ✓ Practices *voluntarily* go through an independent evaluation process (NCQA); NCQA's qualification standards endorsed by AAFP, ACP, AOA, and AAP
 - ✓ Process assures they have *essential capabilities and systems*
 - ✓ *Scoring system* allows for differentiation among practices

What is a Patient-Centered Medical Home?

- A practice model that is accountable to purchasers and patients:
 - ✓ Qualified practices will report on evidence-based quality, patient experience and efficiency measures
 - ✓ Payments will be based in part on performance

What is a Patient-Centered Medical Home?

- A practice model supported by a better payment system:
 - ✓ Recognize value of work outside of visits and provide compensation for systems and HIT
 - ✓ Create positive incentives for achieving measurable improvements
 - ✓ Payments must be sufficient to make the “business case” for small practices
 - ✓ Payments should result in better primary care compensation commensurate with value
 - ✓ Funded by anticipated efficiencies (e.g. preventable hospital admissions, fewer duplicate tests)
- Rosi Sweeney (AAFP) will explain the suggested payment model in greater detail

What is a Patient-Centered Medical Home?

- A practice model based on evidence that well-supported primary care can improve quality and lower costs:
 - ✓ Fewer pre-mature deaths
 - ✓ Better outcomes
 - ✓ Lower utilization
 - ✓ Fewer preventable hospital admissions and emergency room visits
 - ✓ Elimination or reduction of health care disparities

www.patientcenteredprimarycare.org/PCMH%20Evidence%20Document%20%20FINAL.pdf

What is a Patient-Centered Medical Home?

- A practice model ready for implementation and evaluation through pilots:
 - ✓ Multi-payer
 - ✓ Individual health plan
 - ✓ Medicaid and S-CHIP
 - ✓ Medicare: limited demo created by 109th Congress; House of Representatives has since passed legislation to expand Medicare Medical Home demo to 500 practices nationwide

Summary:

A Patient-Centered Medical Home is a practice model:

- That provides patients with access to a single point of comprehensive and longitudinal care of their whole person (their “medical home”) including preventive care
- Where care is guided by a personal physician who works collaboratively with nurses, physician-specialists and others on the “team”
- Where the patient shares decision-making with the personal physician
- Where the practice has systems to support better outcomes
- Where patients and purchasers have an objective and transparent way to select a qualified practice
- Where practices are accountable based on evidence-based measures
- Where care is supported by a better payment system commensurate with documented value of primary care