



AHRQ and the Medical Home

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Disclosures

- The speaker has no financial or other conflicts of interest to report



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(After all, I'm a bureaucrat)



Bureaucrat

■ *bu-reau-crat*

- 1.an official of a bureaucracy.
- 2.an official who works by fixed routine without exercising intelligent judgment.



Or in my son's words...

- I go to a lot of meetings and spend my day reading and writing email.



2 Simple Goals



Goals

1. Convince you that AHRQ matters
2. Entice you to learn more
 - a. About AHRQ
 - b. About our efforts to support the PCMH





A Focus on AHRQ

- AHRQ convenes a federal PCMH collaborative learning group:
 - CMS
 - NIH
 - HRSA
 - SAMHSA
 - IHS
 - VA and DOD



A Focus on AHRQ

- AHRQ convenes a federal PCMH collaborative learning group:
 - CMS (On today's program)
 - NIH
 - HRSA (On today's program)
 - SAMHSA
 - IHS
 - VA and DOD (On this panel)



What's in a name

- Agency for Healthcare Research and Quality



What's in a name

- **Agency** for Healthcare Research and Quality
 - A part of the federal Department of Health and Human Services
 - Along with NIH, CDC, and HRSA



What's in a name

- Agency for **Healthcare Research** and Quality
 - A part of the federal Department of Health and Human Services
 - **A scientific research agency**
 - Only federal agency with a focus on **health services research**
 - With an expanding **focus on implementation and system change**



What's in a name

- Agency for Healthcare Research and Quality
 - A part of the federal Department of Health and Human Services
 - A scientific research agency
 - The leading federal agency on health care quality and safety



What's **not** in our name

- Agency for Healthcare Research and Quality
 - A part of the federal Department of Health and Human Services
 - A scientific research agency
 - The leading federal agency on health care quality and safety
 - **Not a policy-making or regulatory agency**



AHRQ Mission Statement

*To improve the quality,
safety, efficiency, and
effectiveness of health care
for all Americans*



What AHRQ does

- Generates New Knowledge
- Synthesizes Evidence
- Supports Implementation



Research at HHS: Where Does AHRQ Fit In?

- **NIH** -- basic biomedical bench research and “efficacy” clinical trials
- **CDC** -- the public health system and community-based interventions
- **AHRQ** -- “effectiveness” of health care services and the health care delivery system



A home for the PCMH

- Center for Primary Care, Prevention, and Clinical Partnerships
 - Primary Care
 - Health IT
 - Clinical Preventive Services and the USPSTF
 - Emergency Preparedness
 - PBRNs
 - Mental Health / Primary Care Integration



Primary Care

AHRQ recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans.



The Medical Home

- AHRQ believes that the primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.



The Medical Home

- A medical home not simply a place but a model of primary care that delivers care that is:
 - *Patient-Centered*
 - *Comprehensive*
 - *Coordinated*
 - *Accessible, and*
 - *Continuously improved through a systems-based approach to quality and safety*



The Medical Home

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 - *Patient-Centered*
 - *Comprehensive*
 - *Coordinated*
 - *Accessible, and*
 - *Continuously improved through a systems-based approach to quality and safety*
- AHRQ believes that **Health IT**, **workforce development**, and **payment reform** are critical to achieving the potential of the medical home.



AHRQ and the Joint Principles Closely Aligned



- *Patient-Centered*
 - *Comprehensive*
 - *Team-based care*
 - *Coordinated*
 - *Accessible*
 - *Quality and safety*
 - *Health IT*
 - *Workforce development*
 - *Payment reform*
 - *Personal physician*
 - *Physician directed practice*
 - *Whole person orientation*
 - *Care Coordination*
 - *Health IT*
 - *Quality and safety*
 - *Enhanced access*
 - *Payment*
-



AHRQ and the Joint Principles Closely Aligned



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 - *Comprehensive*
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 - *Quality and safety*
 - *Enhanced access*
 - *Payment*
- Diagram illustrating the alignment between AHRQ and the Joint Principles. Arrows indicate connections between the two columns of principles:
- From *Comprehensive* to *Personal physician*
 - From *Team-based care* to *Physician directed practice*
 - From *Coordinated* to *Whole person orientation*
 - From *Accessible* to *Enhanced access*
 - From *Quality and safety* to *Quality and safety*
 - From *Health IT* to *Health IT*
 - From *Workforce development* to *Payment*
 - From *Payment reform* to *Payment*



AHRQ PCMH Research

- Retrospective Evaluations
 - Health Partners (Minnesota)
 - WellMed (Texas) [Being presented at this meeting]
- Mixed Methods Evaluations
 - Transforming Primary Care Practice
 - 13 2-year awards
 - \$600K per study
 - Awarded summer 2010
- Establishing a Research Agenda
 - Co-funded with CWMF and ABIMF
 - Collaboration of SGIM, STFM, APA
 - Results published June 2010 in *JGIM*



Measurement

- Developing measures of care coordination in primary care
 - Care Coordination Measure Atlas
 - Collaboration of Battelle and Stanford
 - Available September 2010
 - Phase II of measure development 2010-11



Measurement

- Developing measures of care coordination in primary care
- Planning for development of measure of 'team-ness'



Measurement

- Developing measures of care coordination in primary care
- Planning for development of measure of 'team-ness'
- Developing a PCMH version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - Expected in 2011



Synthesis

- Foundational White Papers
 - Necessary but Not Sufficient: The HITECH Act's Potential to Build Medical Homes
 - Engaging Patients and Families in the Medical Home
 - Integrating Mental Health into the Medical Home



Synthesis

- Foundational White Papers
 - Necessary but Not Sufficient: The HITECH Act's Potential to Build Medical Homes
 - Engaging Patients and Families in the Medical Home
 - Integrating Mental Health into the Medical Home
 - Address Policy and Research Issues



Synthesis

- Database of published literature on the medical home
 - Over 500 citations
 - Searchable by PCMH domain, policy relevance, and outcomes
 - Includes a section on foundational documents and articles



Synthesis

- Planned white papers for 2011:
 - Analysis of PCMH outcomes
 - Exploration of PCMH within the larger health care system
- Upcoming series of briefs on the status of primary care in the US
 - Includes new analysis of the primary care workforce



Implementation

- Toolkit on integrating the CCM in safety net setting
 - Visit: <http://www.ahrq.gov/populations/businessstrategies/>
 - Companion toolkit on utilizing practice coaching
 - Visit: <http://www.ahrq.gov/populations/businessstrategies/coachman1.htm>
 - Currently conducting field evaluation

- Planned national learning collaborative around the use of practice facilitators/practice coaching



Implementation

- Building a PCMH Information Model
 - Describe the PCMH in terms of the information flows and interactions between and among patients/consumers and other PCMH stakeholders
 - Develop new ‘functional use cases’
 - Examine current standards and existing ‘technical use cases’ in relation to the PCMH
 - Identify gaps

 - Begins Summer 2010



Opportunities

- 2010 Affordable Care Act:
 - Section 3502: Establishing community health teams to support the patient-centered medical home
 - Section 5405: Primary Care Extension Program

Both sections authorized without the appropriation of funds



Putting it All Together

- Research
- Measurement
- Evidence Synthesis
- Evidence-informed Policy Options
- Implementation



Dissemination



U.S. Department of Health & Human Services

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PCMH Patient Centered Medical Home Resource Center

Welcome to PCMH Resource Center

The Agency for Healthcare Research and Quality recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

This Web site provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

What is Medical Home?

A medical home is not simply a place but a model of primary care that delivers care that is:

- Patient-centered
- Comprehensive
- Coordinated
- Accessible
- Continuously improved through a systems-based approach to quality and safety

AHRQ believes that Health IT, workforce development, and payment reform are critical to achieving the potential of the medical home. Learn more about AHRQ's approach to the medical home [here](#)

Commissioned Research

- [Necessary, but not sufficient: The HITTECH Act's Potential to Build Medical Homes](#)
- [Engaging Patients and Families in the Medical Home](#)
- [Integrating Mental Health and Substance Use Treatment in the Patient-Centered Medical Home*](#)

Supporting Resources

- Links to other Federal Sites
- Federal Announcements
- Fed Biz Ops

- Browse Directory**
- Edit Directory**
- Edit this Community**
- Administration**
- Analytics Console**
- Admin Community**

Tell us your thoughts
[Feedback/Suggestions](#)





PCMH.AHRQ.Gov

- Debuts Today
- Targeted towards meeting the needs of Policy Makers and Researchers
- Includes:
 - Searchable Article Database
 - Three Foundational White Papers
 - Health IT
 - Patient and Family Engagement
 - Mental Health



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Please visit and help us spread the word



Thanks

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