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Emerging Healthcare Organizations: Medical Home Models

In the recent years, provider interest in primary care has been on the decline. Low payments, heavy work demands, advances in technology, and a trend toward specialization, have led medical students to choose careers other than primary care.[1] Yet, research has shown that patient's utilization of primary care services can lower the total cost and improve the quality of healthcare, some of the main objectives of healthcare reform. Rapidly emerging interest in the Patient Centered Medical Home (PCMH) model is one byproduct of healthcare reform's attempt to revitalize coordinated care and primary care.[2]

The Agency for Healthcare Research and Quality (AHRQ) defines a medical home as a model which organizes providers into homes to deliver the core functions of primary health care.[1] The main advocates of PCMH see it as a means of providing coordinated care through an individual's, and when appropriate their family's, life-long relationship with a primary care provider.[3] A medical home is centered on the following five basic principles: (1) patient centered care; (2) comprehensive team-based care; (3) coordinated care; (4) superb access to care; and, (5) a system-based approach to quality and safety.[4] As with most primary care, providers take a holistic approach when diagnosing problems, while emphasizing prevention and overall health.[5]

To fully treat all aspects of a patient's well-being, comprehensive and coordinated care are key components of the medical home model. Medical homes can include physicians, nurses, pharmacists, nutritionists, social workers, information technology specialists, and practice managers who work together to meet a patient's needs.[6] Additionally, in instances where a patient requires care beyond the training of a primary care provider, it is the responsibility of the medical home to integrate the care provided both outside and within the medical home. In terms of coordinating care with specialty providers it is important to note that PCMH is not a gatekeeper model of care, but rather focuses on the transition of care through referrals and care transition programs.[7] Another key component of the medical home is continuous access to care defined as shorter wait times, enhanced hours, and alternative methods of communication between patients and providers to be achieved through the efficiency of the model and the necessary implementation of health information technology (HIT).[8] Finally, medical homes aim to approach quality and safety in the same organized fashion as the model itself through: integrating education between patients, providers, and family; using clinical decision support tools and evidence-based medicine; emphasizing patient satisfaction; and, participating in population health management.[9]

On January 2, 2008 the National Committee for Quality Assurance (NCQA) released nine standards to evaluate PCMHs on a 100 point scale.[10] In addition to a raw-points score, NCQA established ten "must pass" factors. A practice must possess at least five factors to be a recognized PCMH.[11] NCQU then gives practices a level of recognition based on a three tier system: Level 1 - the home contains five must pass factors and raw point score of 25-49; Level 2 - the home contains ten must pass factors and raw point score of 50-74; and, Level 3 - the home has met all ten factors and has a raw point score of 75 or above, generally meaning it offers an increasingly complex level of services.[12] In addition, each element is evaluated based on about ten descriptions to which the practice should comply. The level of compliance with the elements' description determines a practice's score for that element, with the combined score for each element equaling the total raw score. To date, over 1,500 practices have gained NCQA recognition, with 33 percent at Level 1, five percent at Level 2, and 62 percent at Level 3.[13]

To successfully implement a medical home model, the following elements should be present: (1) a dedicated adoption and implementation of HIT; (2) a qualified team of healthcare providers; and, (3) an agreed upon plan to reform reimbursement policies.[14] Experts in the field have identified five capabilities of a practice's HIT to support a medical home: manage personal health information; allow communication between patients and providers; manage and report on both patient and population outcomes for performance and quality; decision making support; and, educate patients on their outcomes to facilitate self-management.[15] With HIT and comprehensive care taking center stage in the medical home, a dedicated team willing to learn and use the technology is a necessary component. Further, providers must agree on a specific reimbursement plan to interact and collaborate to effectively deliver healthcare. The Patient-Centered Primary Care Collaborative (PCPCC), the primary advocate for PCMH with 700 member

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practitioners, believe that the proper payment plan to incentivize the model combines traditional fee-for-service office visits with the following: (1) a bundled care coordination fee, which is risk adjusted and reflective of the level of service provided; (2) a visit-based free for service component to promote physicians to see patients in an office when appropriate; and, (3) a performance based component to recognize quality and efficiency achievements. [16]

With an ever growing shortage of primary care providers, government bodies, all major national health plans, most Fortune 500 companies, consumer organizations, labor union, the American Medical Association, and 17 specialty societies are endorsing the PCMH model as a means to attract and retain primary care physicians, improve quality, and overall lower costs. As the concept of PCMH gains popularity, many states and organizations are initiating pilot homes to test the models' efficiency and promise. In 2009, 18 states implemented 27 pilot programs.[17] Additionally, commercial projects are being implemented in at least 21 other states, and initiatives are underway to advance medical homes in federal programs including Medicare, Medicaid and CHIP, and the Veterans Administration[18] Despite its history, the medical home model is in its infancy, as is the widespread promotion of HIT needed for its success. With only a few studies to illustrate the medical home models effectiveness, it remains to be seen whether there will be continued demand for such a model, as well as the strength of the models benefit on the patient community.

1 "Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes" By Lorenzo Moreno, Deborah Peikes, and Amy Krilla, Report For the Agency for Healthcare Research and Quality: Rockville, MD, June 2010, p.1.

2 "Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes" By Lorenzo Moreno, Deborah Peikes, and Amy Krilla, Report For the Agency for Healthcare Research and Quality: Rockville, MD, June 2010, p.1.

3 "Patient Centered Medical Home: What is the PCMH?" Patient Centered Medical Home Resource Center of the Agency for Healthcare Research and Quality, http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/what_is_pcmh_ (Accessed 8/12/10).

4 "Joint Principles of the Patient-Centered Medical Home" American Academy of Family Physicians, March 7, 2007, Accessed at http://www.aafp.org/online/etc/medialib/aafp_org/documents/policy/fed/jointprinciplespcmh0207.Par.0001.File.dat/022107medicalhome.pdf (Accessed 8/10/10).

5 "Patient Centered Medical Home: What is the PCMH?" Patient Centered Medical Home Resource Center of the Agency for Healthcare Research and Quality, http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/what_is_pcmh_ (Accessed 8/12/10).

6 "Patient Centered Medical Home: What is the PCMH?" Patient Centered Medical Home Resource Center of the Agency for Healthcare Research and Quality, http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/what_is_pcmh_ (Accessed 8/12/10).

7 "The Patient Centered Medical Home (PCMH): Overview of the Model and Movement: Part I" By Shari M. Erickson, American College of Physicians, Narrated Presentation, July 2010, p.11.

8 "Patient Centered Medical Home: What is the PCMH?" Patient Centered Medical Home Resource Center of the Agency for Healthcare Research and Quality, http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/what_is_pcmh_ (Accessed 8/12/10).

9 "Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes" By Lorenzo Moreno, Deborah Peikes, and Amy Krilla, Report For the Agency for Healthcare Research and Quality: Rockville, MD, June 2010, p.2.

10 "Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes" By Lorenzo Moreno, Deborah Peikes, and Amy Krilla, Report For the Agency for Healthcare Research and Quality: Rockville, MD, June 2010, p.2.

11 "Physician Practice Connections-Patient Centered Medical Home (PCC-PCMH): Recognizing Physician Practice as Medical Homes" National Committee fro Quality Assurance, Accessed at http://www.ncqa.org/LinkClick.aspx?fileticket=tAzezm7UpMo%3d&tabid=631&mid=2435&forcedownload=true (Accessed 8/20/10).

12 "Standards and Guidelines for Physician Practice Connections - Patient-Centered Medical Home (PCC_PCMH)" National Committee for Quality Assurance: Washington, DC (January 2, 2008), p.11; "The Patient Centered Medical Home (PCMH): Overview of the Model and Movement: Part I" By Shari M. Erickson, American College of Physicians, Narrated Presentation, July 2010, p.9.

13 "The Patient Centered Medical Home (PCMH): Overview of the Model and Movement: Part I" By Shari M. Erickson, American College of Physicians, Narrated Presentation, July 2010, p.11.

14 "Patient Centered Medical Home: From Concept to Reality" By Anne Llewellyn, Dorland Health, http://www.cipweekly.com/annes_newsletter/patient-centered-medical-home-from-concept-to-reality/ (accessed 8/12/10).

15 "Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes" By Lorenzo Moreno, Deborah Peikes, and Amy Krilla, Report For the Agency for Healthcare Research and Quality: Rockville, MD, June 2010, p.4.

16 "Costs, Benefits & Incentives: What is the Business Model for the PCMH?" American Academy of Family Physicians, 2010, http://www.acponline.org/running_practice/pcmh/cost_benefit/ (Accessed 8/12/10)

17 "Proof in Practice: A Compilation of Patient Centered medical Home Pilot and Demonstration Projects" Patient Centered Primary Care Collaborative: Washington, D.C., 2009.

18 "The Patient Centered Medical Home (PCMH): Overview of the Model and Movement: Part II" By Shari M. Erickson, American College of Physicians, Narrated Presentation, July 2010.

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