

Patient-centered medical home

What, why and how?

The patient-centered medical home (PCMH) can serve as a foundation for transformation of the U.S. healthcare system – if appropriately conceived and properly implemented. But it can also suffer from unfettered expectations. This study makes the realistic case for why and how stakeholders can participate in PCMH initiatives, identifies critical issues and makes recommendations for best practices to increase the likelihood of initial success and sustainability.

Replacing poorly coordinated, acute-focused, episodic care with coordinated, proactive, preventive, acute, chronic, long-term and end-of-life care is foundational to the transformation of the U.S. healthcare system. Many believe this can be best accomplished by strengthening primary care and having primary care provider-led (PCP) care delivery teams working at the “top of their licenses” – at the level for which they are qualified and licensed. One approach to transforming primary care is the patient-centered medical home (PCMH), or the “medical home” – an enhanced primary-care model that provides comprehensive and timely care with appropriate reimbursement, emphasizing the central role of teamwork and engagement by those receiving care.

A set of principles guide the development and implementation of the medical home. At the core of the medical home is the patient’s active, personal, comprehensive, long-term relationship with a PCP. This PCP is often a physician specializing in primary care, but also could be a physician specialist for the dominant condition affecting the patient or, in jurisdictions where they are allowed to practice independently, a nurse practitioner. Another key principle of the PCMH is the team approach to care. Quality and safety, combined with care coordination, whole-person orientation and appropriate reimbursement, represent additional principles of the PCMH. Further, patients benefit from enhanced access such as more flexible scheduling and communication channels.

While medical homes can be a cornerstone of transformation, they are not a “silver bullet.” They hold a great deal of promise, but many more supportive measures need to be undertaken to fully realize the benefits. For example, steps needed

for full implementation include improved access to patient information and clinical knowledge to improve prevention, diagnosis and treatment; changes on the part of other stakeholders (consumers, other physicians, hospitals, health plans, employers, governments and such life sciences as pharmaceuticals); and a robust infrastructure to support comprehensive, coordinated care.

Benefits, however, may come at a cost. All stakeholders face possibly difficult changes and might have to make significant compromises. Even so, the alternatives could be even less desirable. *Status quo* is not an option, so stakeholders should actively participate in collaboratively shaping a more affordable, sustainable, high-valued healthcare system.

A significant transformation of the U.S. healthcare system appears imminent, including investments in prevention – which should be a basis of primary care and the PCMH. Medical homes can be created *now* as part of this transformation. Early medical home pilots have demonstrated success in key areas such as improved quality, greater patient compliance and more effective use of healthcare services. Plus, interest and support are growing for the medical home model across the healthcare and life sciences landscape. From a financial perspective, incentives are in place to help PCPs transform their practices.



Medical homes hold great promise – and many initiatives are currently in progress. Even so, attempts with even the purest motives can fail because of unrealistic expectations, poor planning or poor implementations. Fortunately, best practices are emerging that help to deal with these issues. Appropriately

applying these practices can help increase the likelihood of success for an initial rollout and a sustainable model. To help frame discussions and provide guidance in utilizing current best practices when implementing a medical home, we offer observations and recommendations to guide current and future initiatives.

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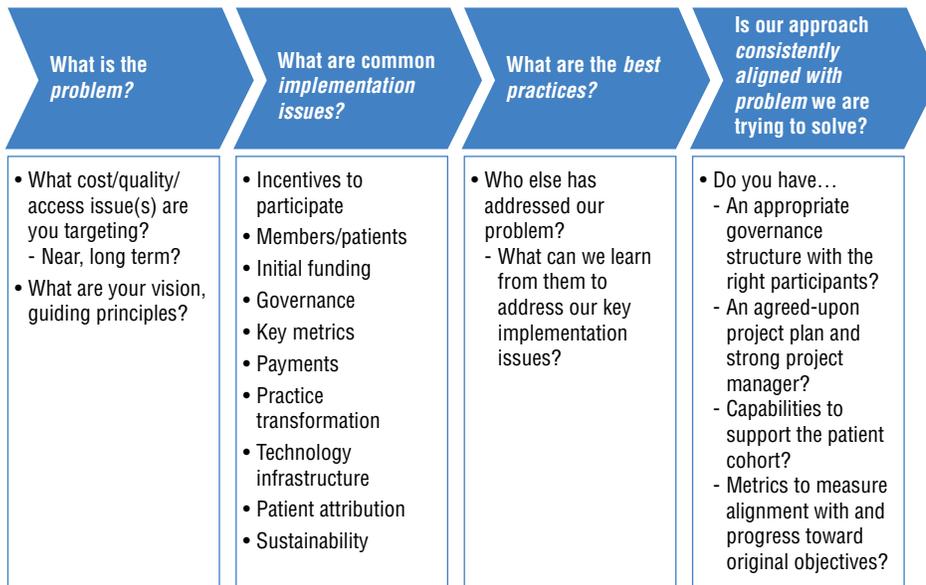
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FIGURE 1: When implementing a PCMH initiative, the problem at hand helps determine the best practices for common implementation issues.



Source: IBM Global Business Services and IBM Institute for Business Value.

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