

The Patient Centered Medical Home



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Definition of the Problem



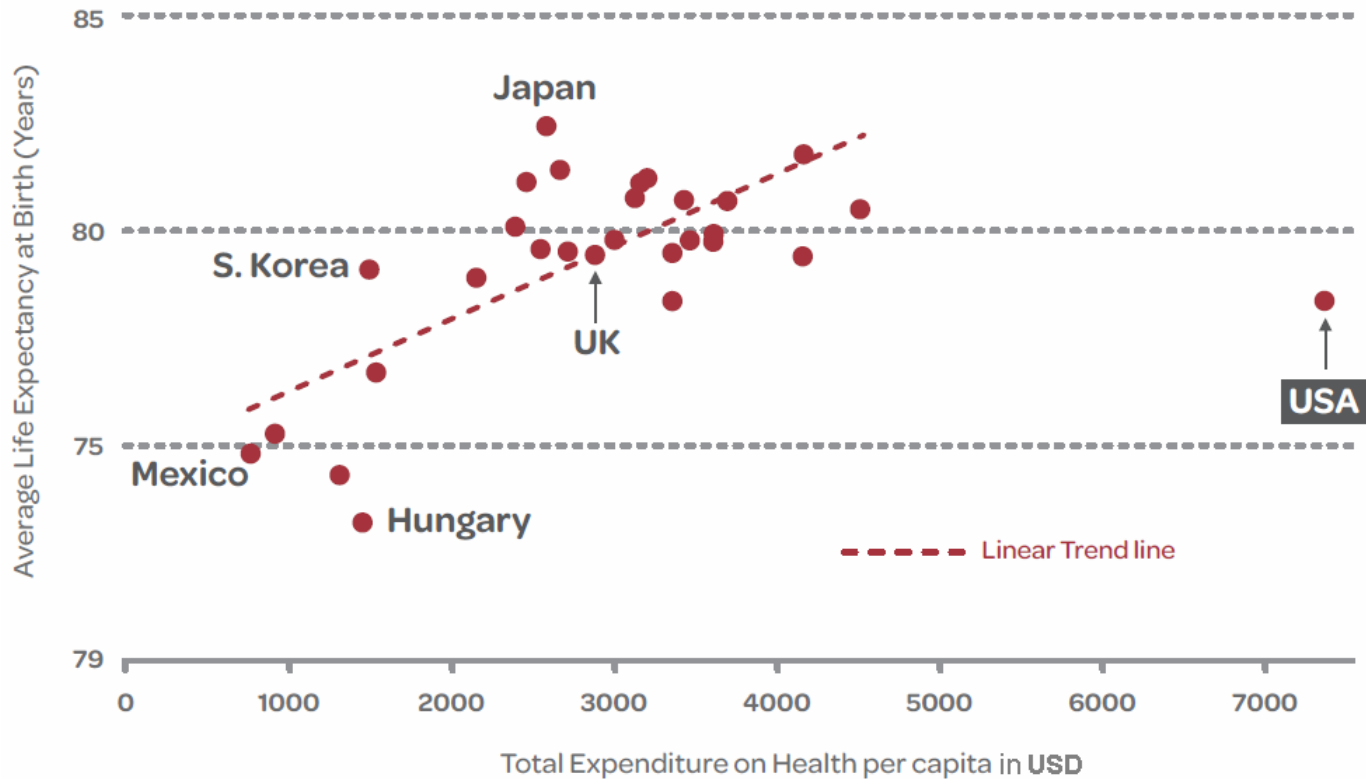
1. The U.S. spends 2-3 times as much per capita as other countries. **THIS IS NOT SUSTAINABLE.**
2. Despite substantially larger per capita expenditures, the health status of the U.S. is poor compared to other countries.
 - 37th World Health Organization
 - 19th of 19 Developed Countries

Why?



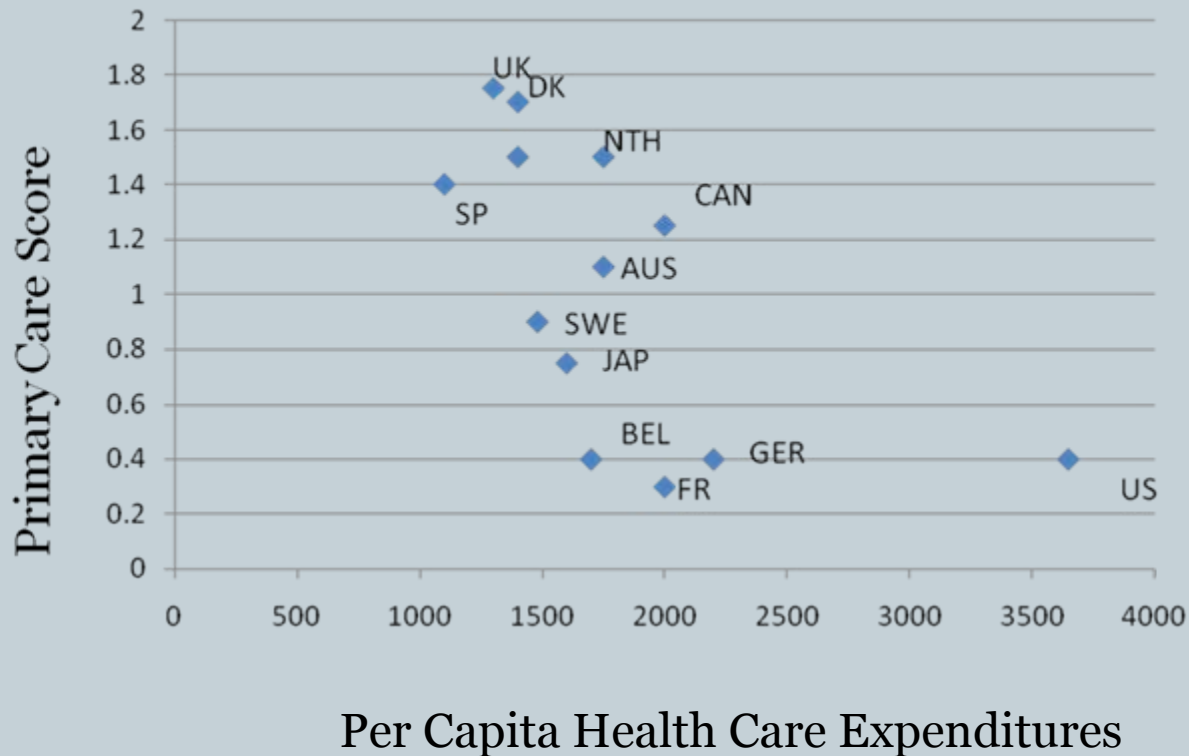
One reason is because we over-invest in tertiary care and under-invest in health promotion and disease prevention.

Healthcare Spending per capita vs. Average Life Expectancy Among OECD Countries



OECH Data & Mary Meeker Report – USA, Inc.

Primary Care Score vs. Health Care Expenditures, 1997



So, how do we fix this?



“Higher quality cannot be achieved by further stressing current systems of care. The current systems cannot do the job. Trying harder will not work. Changing systems of care will.”

IOM 2001 – *Crossing the Quality Chasm*

What is the basis of the “new system”?



Patient Centered Medical Home (PCMH)

or

- Health Homes
- Patient Centered Care
- Mini-PCMHs

 Practice Transformation

PCMH According to Paradis



PCMH is a **PHILOSOPHY** of care based on a patient/physician relationship dedicated to health promotion and management of disease at the earliest opportunity where the primary care physician assumes the role of proactive guide for the patient's health care needs. It includes a financing structure that rewards improved health status.

What have we learned about PCMHs?



1. There are multiple success stories.
 - Report from Patient Centered Primary Care Collaborative
2. There is no “cookie cutter” approach.
 - Report from the Commonwealth Fund.

Findings of the Patient Centered Primary Care Collaborative



1. Abundant research...has shown that health systems built on a solid foundation of primary care deliver more effective, efficient, and equitable care than do systems that fail to invest adequately in primary care.
2. All programs showed improved quality of care and a significant positive ROI.

Lessons from the Commonwealth Fund Study



1. Tailor the definition of “medical home” to reflect state needs
2. Use payment policy to foster collaboration among primary care and specialty care physicians
3. Use payment policy to reward more capable and better-performing medical homes
4. Help practices improve performance
5. Provide support for care coordination

Lessons from the Commonwealth Fund Study



6. Ease the evaluation burden for medical home providers
7. Base medical home qualification criteria on models established by a national organization
8. Balance the desire for improved performance with the cost of the improvements
9. Address antitrust concerns

The Michigan Definition:



2007 Joint Principles for PCMH

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

What is the Change in “Philosophy” of care?



From		To
Individual Acute Care	➡	Whole Person Care Population Management
Doctor Does it All	➡	Health Care Team Partners with patient-Increased Self Management Support
Paper Records	➡	Multiple Electronic Tools
Fragmented Care	➡	Care is Coordinated & Integrated
Limited Access to Practice Data	➡	Data Drive Continuous Improvement

What is the promise of PCMH?



1. Improving health of patients and their satisfaction with their care
2. Improving purchaser and payer satisfaction with outcomes of care
3. Improving reimbursement for primary care
4. Improving physician satisfaction with their choice to specialize in primary care

What is the promise of PCMH?



5. Improving recruitment of medical residents, nurse practitioners, and physician assistants into primary care
6. Slowing the rise in health care spending.

What PCMH is not:



- PCMH ≠ P.G.I.P.
- PCMH ≠ ACO
- PCMH ≠ HMO
- PCMH does not assure patient ownership of their health care responsibilities.

Superior doctors prevent disease.

Mediocre doctors treat disease before evident.

Inferior doctors treat the full blown disease.

Huang Dee Nai-Chan

2600 BC Chinese Medical Text

Where Does Your Health Insurance Dollar Go?



*Includes prevention, disease management, care coordination, investments in health information technologies and health support.

**Includes the inpatient costs of hospitals and the outpatient costs of hospitals and free-standing clinics.

Based on a PricewaterhouseCoopers' analysis, *Factors Fueling Rising Healthcare Costs 2006*. © 2006 America's Health Insurance Plans

