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# The patient centred medical home

## A new model of practice in the USA

■ **A new model of medical practice, the patient centred medical home (PCMH), has gained traction in the United States as an advancement in primary care delivery that will bring better value to patients and to those who pay for health care.**

The USA health care system has been criticised as excessively expensive, lacking in optimal quality of care outcomes, difficult to manoeuvre, and rife with rural/urban, racial/ethnic and socioeconomic disparities. Although USD2.1 trillion is spent on health care every year, 47 million Americans do not have health insurance coverage, and USA quality of care indicators consistently rank below other countries in international comparisons.<sup>1</sup> The reason for this underperformance can be attributed to the absence of a strong primary care delivery function. A robust primary health care sector is associated with improved access to care, quality outcomes, patient satisfaction and reduced cost.<sup>2</sup>

The PCMH is 'a family physician's practice in the information age'. It combines the traditional core values of family medicine – providing comprehensive, coordinated, integrated, quality care that is easily accessible and based on an ongoing relationship between patient and physician – with new practice tools such as health information technology. It recognises that effective medical care requires an organised practice team effort. Care requires that all members of the practice team explicitly recognise their role in achieving effective patient care and work to their maximum capability. The team must coordinate their efforts and communicate regularly.

The PCMH utilises an electronic health record to help physicians manage populations of patients through the use of registries and to improve quality of care with electronic decision support applications and patient care reminder systems. Secure electronic patient 'portals' will allow patients to asynchronously communicate with their physician via email, schedule appointments, access their test results, and pay their bills online. Online self management aids and personalised educational materials can help patients take responsibility for their own care. Health information technology can help practices organise patient care data in ways that optimise the delivery of preventive health care services and the management of chronic diseases.

The move to the PCMH model will require changes in the way physicians are paid in the USA. The American Academy of Family

Physicians has proposed a blended payment system which would retain fee-for-service payment for face-to-face visits and offer a baseline care management fee for each patient self enrolled in the practice, as well as pay-for-performance payments to promote accountability for quality of care. The baseline care management fee would reward physicians for providing services which are not currently billable, yet provide value and savings to the health care system.

The National Committee for Quality Assurance (NCQA) has developed a process to recognise practices that meet criteria to be designated as a PCMH. These criteria outline nine general standards: patient access and communication, patient tracking and registry functions, care management including use of evidence based guidelines, patient self management support, electronic prescribing, test tracking, referral tracking, performance reporting and improvement and advanced electronic communication. Three levels of recognition are based on a 100 point scoring methodology. The NCQA recognition program emphasises systemisation of health care delivery processes within medical practices as a way to improve quality of care and patient safety.

For Australian general practice, a PCMH model has an important potential role for patients with limited access to medical care. On a broader scale, such a model has the potential to facilitate team care arrangements for patients with chronic disease, and to reduce fragmentation of medical records and the associated patient safety issues that occur from incomplete medical information. It is potentially empowering to patients, enabling them to have greater access to, and ownership of, their medical information, and more specifically targeted educational material and personalised self management programs. However, as is the case in the USA, adopting such a model would necessitate changes in practice accreditation and a move to a blended funding model.

### References

1. Davis K, Schoen C, Schoenbaum SC, et al. Mirror, mirror on the wall: An international update on the comparative performance of American health care. The Commonwealth Fund, May 2007.
2. Sepulveda MJ, Bodenheimer T, Grundy P. Primary care: Can it solve employers' health care dilemma? *Health Affairs* 2008;27:151–8.