

**PATIENT-CENTERED MEDICAL HOME
Restructuring Medicaid/SCHIP
to Emphasize Care Coordination and Prevention**

The **(STATE)** Chapter of the American College of Physicians (ACP), **(STATE’S)** largest medical specialty organization representing (#####) physicians of internal medicine and medical students, urges the **(STATE LEGISLATURE/GENERAL ASSEMBLY)** to reform our health care delivery system (Medicaid and SCHIP) to emphasize prevention, care coordination, health information technology, and quality. This new model of care is called the patient-centered medical home and has been proven to improve patient care and reduce health care costs.

(STATE) CHRONIC CONDITION FACTS

Chronic Condition	Health Statistic
Diabetes	Prevalence ____; death rate per 100,000 ____
Heart Disease	Death rate per 100,000 ____
Asthma	Percent of adults ____%
Obesity	Adult overweight/obesity rate ____

Source: Henry J. Kaiser Family Foundation (www.statehealthfacts.org)

Treatment for individuals with the most prevalent chronic conditions account for billions of dollars annually. According to the Agency for Healthcare Research and Quality (AHRQ), more than 4 million hospitalizations potentially could be prevented each year by improving the quality of primary care, enhancing patients' access to effective treatments, and getting more Americans to adopt healthy behaviors. Billions of dollars could also be saved by avoiding the need to hospitalize patients for health problems that, in most cases, can be prevented or if already present, kept stable by high-quality care in physicians' offices.

These potential savings are based on AHRQ's estimate that hospitals spend on care for preventable conditions in adults:

- Uncontrolled diabetes without complications (\$201 million).
- Short-term diabetes complications such as hypoglycemia (\$764 million).
- Long-term diabetes complications such as kidney damage (\$2.6 billion).
- Diabetes related foot or leg amputations.
- Congestive heart failure (\$8.3 billion).
- Asthma (\$1.4 billion).
- Chronic obstructive pulmonary disease (\$3.4 billion).

These estimates are also based on spending for pediatric conditions:

- Short-term diabetes complications (\$61 million).
- Asthma (\$326 million).

Studies from across the globe have validated the medical home delivery model. Examples from the U.S. Veterans Administration (VA) medical care system transformation, states such as North Carolina and Louisiana, foreign nations such as Denmark and other areas indicate that

patient-centric models of care result in lower hospitalization rates, lower rates of death for heart disease, cancer, and stroke, and reduced rates of medical errors – which has also shown to improve quality, increase patient satisfaction, and cost efficiency.

The Medical Home Puts the Needs of the Patient First

- Creates an environment where patients have a relationship with a doctor who knows them, their medical history and their family;
- At the center is a personal physician who partners with the patient to coordinate and facilitate all medical care needs;
- Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care;

The Medical Home Links the Use of HIT to Patient-Centered Care

- Technology is an essential component to monitor patient's health care needs, communicate with patients effectively and efficiently, coordinate care with other physicians and health care professionals, and provide evidence based clinical approaches to medical care.
- The use of patient registry systems to track patients with chronic disease, secure email exchanges with patients for care outside the practice, open scheduling and group visits to expedite the delivery of care, and the use of personal health records for patients to monitor their care leading to a fully functional, interoperable electronic health record that provides the opportunity for physicians to participate in quality measurement and reporting programs.

What We Are Asking the (STATE LEGISLATURE) to Do:

- **Propose and pass legislation that seeks to redesign (STATE'S) SCHIP and Medicaid programs to support the elements of a Patient-Centered Medical Home;**
- **Include a care management fee for health care professionals to provide care in such as way that emphasizes care coordination, prevention and encourages the use of HIT;**

For more information on this issue or other positions from the (STATE) ACP, please visit the Advocacy section of (STATE) ACP Online, [http://www.acponline.org/chapters/\(State\)](http://www.acponline.org/chapters/(State)).