

Patient Centered Medical Home (PCMH)

Summary:

There are several provisions in the Patient Protection and Affordable Care Act (ACA) directed at the establishment and promotion of the Patient Centered Medical Home (PCMH). The ACA includes the following provisions, among others: establishment of a Center for Medicare and Medicaid Innovation that would pilot test broad payment and practice reform in primary care, including consideration of the PCMH, a State Medicaid health (medical) home option, the use of the medical home model for treatment or services under private health plans, the requirement of health plans to provide incentives to promote and report on medical home services provided, the establishment of community health teams and a primary care extension program to educate and support primary care practices in the delivery of medical home services, and the establishment of a grant program to maintain and expand primary care units in teaching programs with priority to those who educate medical students on the Patient-Centered Medical Home.

It is important to note that many of these PCMH programs included within the ACA (e.g. primary care extension program) are authorized but not currently funded as a result of federal budget problems.

A PCMH is a team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes. This includes the provision of preventive services; treatment of acute and chronic illness; and assistance with end-of-life issues. This care model promotes improved access and communication; care coordination and integration; and care quality and safety.

There may be opportunities within your state for chapters to get involved in the many Medicaid, Medicare and commercial insurer programs that have a PCMH component. The Medicare Multi-Payer Advanced Primary Care Demonstration that is currently operating in the following states-- Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan, and Minnesota—allows for Medicare beneficiaries to participate in state PCMH efforts that include Medicaid and commercial payer patients.

The ACP has resources available on the PCMH under its “Running a Practice” webpage, such as, the “Medical Home Builder” and other tools to help practices improve patient care, organization, and workflow.

ACTION: Seek information on patient-centered medical home activities taking place in your state – these could include the Medicare Multi-Payer Advanced Primary Care Demonstration, Medicaid or other state-initiated projects, and/or single or multi-commercial payer demonstration projects or rollouts. ACP chapters can seek opportunities to participate in the planning and implementation of these projects and chapter members may be able to apply to directly participate, which could result in their practices receiving in-kind products or services and increased payment.

Resources:

- The Patient-Centered Medical Home: Taking a Model to Scale in New York State http://www.acponline.org/advocacy/state_policy/pcmh_ny.pdf
- ACP PCMH webpage http://www.acponline.org/running_practice/pcmh/
- ACP Medical Home Builder webpage http://www.acponline.org/running_practice/pcmh/help.htm
- PCPCC demonstration project map/list - <http://pcpcc.net/pcpcc-pilot-projects>
- NASHP info on Patient Centered Medical Home <http://nashp.org/medical-home-patient-centered-care>
- NASHP Medical Home Map <http://nashp.org/med-home-map>