

The Patient-Centered Medical Home Neighbor: The Interface of the Patient-Centered Medical Home with Specialty/Subspecialty Practices

Summary of Position Paper Approved by the ACP Board of Regents, August 2010

What is the Patient-Centered Medical Home?

The Patient-Centered Medical Home (PCMH) is an approach to providing comprehensive primary care in a setting that focuses on the relationships between patients, their primary care physician, and other health professionals involved in their care.

Key attributes of the PCMH promote health care delivery for all patients through all stages of life. This care is characterized by the following features: a personal physician for each patient; a physician-directed medical practice, where the personal physician leads a team of individuals trained to provide comprehensive care; whole person-orientation, where the personal physician is responsible for providing or arranging all of a patient's health care needs; care coordinated across all elements of the complex health care system; quality and safety; and enhanced access to care. Several accreditation groups have developed accreditation or recognition programs that can be used in determining if a practice provides care that is consistent with these expected features. And an increasing number of payers and physicians are engaged in PCMH initiatives throughout the country.

How Does the Patient-Centered Medical Home Interact with Specialty and Subspecialty Practices?

The concept of a PCMH neighbor (PCMH-N) acknowledges that, at times, patient care is required by physicians and other health care professionals outside of a patient's PCMH practice. The clinical interaction between the PCMH and PCMH-N can take one of several forms:

- A **preconsultation exchange**, intended to expedite and prioritize care
- A **formal consultation** to address a discrete question or procedure
- **Co-management**, shared management for the disease where both practices are concurrently active in the patient's care, and the specialty or subspecialty practice provides temporary guidance and ongoing follow-up of the patient for one specific condition.
- **Transfer** of the patient to specialty/subspecialty PCMH for the entirety of care

Key Findings and Recommendations from the Paper

ACP takes the following policy positions:

- ACP recognizes the importance of collaboration with specialty and subspecialty practices to achieve the goal of improved care integration and coordination with the PCMH care delivery model.

- ACP recognizes that there are situations in which the specialty or subspecialty practice can serve as the PCMH with the requirement of additionally addressing the patient's primary care needs.
- ACP approves of the following definition of a PCMH-N:
A specialty/subspecialty practice recognized as a Patient-Centered Medical Home Neighbor (PCMH-N) engages in processes that:
 - *Ensure effective communication, coordination, and integration with PCMH practices in a bidirectional manner to provide high-quality and efficient care*
 - *Ensure appropriate and timely consultations and referrals that complement the aims of the PCMH practice*
 - *Ensure the efficient, appropriate, and effective flow of necessary patient and care information*
 - *Effectively guide determination of responsibility in co-management situations*
 - *Support patient-centered care, enhanced care access and high levels of care quality and safety*
 - *Support the PCMH practice as the provider of whole-person primary care to the patient, and as having overall responsibility for ensuring the coordination and integration of the care provided by all involved physicians and other health care professionals*
- ACP approves of several aspirational guiding principles for the development of care coordination agreements between PCMH and PCMH-N practices, including an agreement which defines the arrangements available, specifies accountability, specifies that content of a patient core data set, defines expectations regarding the information content requirements, specifies how to handle secondary referrals, maintains a patient-centered approach, addresses situations of self-referral by a patient to a PCMH-N practice, and contains both emergency precautions and a mechanism for regular review and evaluation.
- ACP recognizes the importance of aligning both financial and non-financial incentives with the efforts and contributions of the PCMH-N practice to collaborate with the PCMH practice.
- ACP supports the exploration of a PCMH-N recognition process.

For More Information

This issue brief is a summary of *The Patient-Centered Medical Home Neighbor: The Interface of the Patient-Centered Medical Home with Specialty/Subspecialty Practices*. The full paper is available at http://www.acponline.org/advocacy/where_we_stand/policy/pcmh_neighbors.pdf.