

December 14, 2011

## FACT SHEET

### **What is a patient-centered medical home?**

A patient-centered medical home is a care team, led by a primary care physician, that focuses on each patient's health goals and needs, and coordinates that patient's care across all settings. Patients receive the right care in the right setting, and physicians are compensated for the additional time and effort required to manage their patients' care.

The concept of a "medical home" was initially introduced by the American Academy of Pediatrics in 1967. In March 2007, the AAP, the American College of Physicians, the American Academy of Family Physicians, and the American Osteopathic Association issued the "Joint Principles of the Patient-Centered Medical Home" in response to several large national employers seeking to create a more effective and efficient model of health care delivery.

The Michigan Blues and health care providers in Michigan have agreed that these principles need to be implemented statewide.

### **What is the Blue Cross Blue Shield of Michigan PCMH Program?**

The Michigan Blues' PCMH program is a two-part program developed with our physician partners. The first phase involves the difficult work of implementing PCMH features and tools to transform physician practices. Through financial support from the Physician Group Incentive Program, roughly 5,000 primary care physicians (pediatricians, internists and family practice doctors) across the state are implementing various PCMH features into their practices.

The second phase involves designation as a PCMH practice. The Michigan Blues currently have the nation's largest network of designated medical home physicians, with approximately 2,500 physicians in about 770 medical practices across Michigan. Designation is reviewed annually.

### **What are the features of the Michigan Blues' PCMH program?**

The features of and criteria for the Michigan Blues' PCMH program were established in partnership between physician organizations and Blue Cross Blue Shield of Michigan. Physicians focus on implementing the following elements into their medical practices:

- Clearly discussing with the patient the roles and responsibilities of the doctor and patient, and documenting this discussion
- Developing patient registries to track and monitor patients' care over the long-term
- Reporting and analyzing practice- and physician-level patient outcomes, efficiency of service, and patient satisfaction

- Offering 24-hour patient access to a clinical decision-maker, with a multilingual approach to care. Access may include extended office hours, telephone access, linkage to urgent care, or a combination
- Working with each patient to set individualized health goals, and using a team-focused, systematic approach to track appointments and ensure follow-up on needed services
- Providing effective and timely follow-up with patients on their test results
- Coordinating patients' care across the health system through a process of active collaboration and communication between providers, caregivers and the patient
- Providing patients with active counseling, screening and education on preventive care
- Coordinating referrals to specialists, and providing specialists with patient information needed for proper care, such as lab work and test results
- Offering patients connections to community services, in coordination with the health system, community service agencies, family, caregivers and the patient
- Providing self-management education and support to patients with chronic conditions
- Providing an online patient portal system that allows for electronic communication and provides patients with greater access to medical information and technical tools

### **By the Numbers**

- **Approximately 2,500** physicians designated as Patient-Centered Medical Home Primary Care Physicians in July 2011
- **Approximately 775** PCMH practices spread throughout the state
- **5,000** physicians working on implementing at least one PCMH feature
- **Close to 2 million** patients are impacted by this initiative

### **Program Results**

In comparing PCMH-designated with non-designated utilization trends, BCBSM has observed that PCMH-designated doctors are succeeding in managing their patients' care to keep them healthy and prevent complications that require treatment with expensive medical services.

In 2011, in comparison with non-PCMH practices, the PCMH practices had:

- 22.0 percent lower rate of adult ambulatory care sensitive inpatient admissions
- a 7.5 percent lower rate of adult high-tech radiology usage
- a 9.9 percent lower rate of adult ER visits
- a 3.8 percent higher rate of dispensing generic drugs
- a 11.4 percent lower rate of adult primary care sensitive ER visits