

June 23, 2010

FACT SHEET

Patient-Centered Medical Home Program

What is a Patient-Centered Medical Home?

A patient-centered medical home is a care team, led by a primary care physician, which focuses on each patient's health goals and needs, and coordinates that patient's care across all health 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 (AAP) in 1967. In March 2007, the AAP, the American College of Physicians (ACP), the American Academy of Family Physicians (AAFP), and the American Osteopathic Association (AOA) 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 providers in Michigan have agreed that these principles need to be implemented on a wide-spread basis across the state.

What is the Blue Cross Blue Shield 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 physicians across the state are implementing various PCMH features into their practices.

The second phase involves designation as a PCMH practice. The Michigan Blues currently has the nation's largest network of designated medical home physicians, with more than 1,800 physicians in about 500 medical practices across Michigan.

More physicians will be designated as they implement more of the features required for the PCMH program. Designation will be reviewed annually, and the number of designated physicians is expected to increase.

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.

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

In 2009, physicians focused 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 multi-lingual 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.

As the program evolves, designated practices are working on providing more advanced medical home capabilities, such as:

- 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

- **1,800+** physicians were designated as Patient-Centered Medical Home Primary Care Physicians in July 2010.
- **Approximately 500** PCMH practices are spread throughout the state.
- **5,000** physicians working on implementing at least one PCMH feature.
- **Nearly 2 million** patients could be impacted by this initiative.