The Comprehensive Primary Care Medical Home

Qualities and characteristics of a high-value, patient-centered family medicine practice for Texas and beyond

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In Texas as in many other states, the implementation of the Patient-centered Medical Home model of primary care has been hampered by a lack of enhanced payment opportunities available through private and public health plans to cover the costs associated with practice transformation. Over the past decade, pilot and demonstration projects across the nation have progressed with various degrees of success as the PCMH concept has gathered momentum among health system reform advocates and physician professional organizations.

Still, without adequate payment reform, many primary care physicians simply can't afford to add the practice infrastructure required by certifying organizations like the National Committee on Quality Assurance, which awards the most well-known PCMH designation. Many physicians believe certification processes are overly burdensome and that many required elements likely have little to no effect on the cost or quality of care. Consequentially primary care physicians have not universally supported the PCMH.

As our health care delivery system transitions from payment models based on volume to models based on value, the Texas Academy of Family Physicians does not endorse one "right" way to pay for and deliver health care services. PCMH is but one approach to providing comprehensive primary care to patients of all sorts. Other models like accountable care organizations and clinically integrated physician organiza-

tions are also evolving, and the Academy is working to ensure members have the tools and information they need to make the right decisions for the success of their practices.

In some cases, physicians and private insurers are entering into value-based contracts in which physicians receive enhanced payment for achieving certain quality goals and for implementing certain measurement and reporting processes without seeking specific certifications or designations. Public payers in some states are exploring similar arrangements.

Research has shown time and again that when patients have ready access to primary care physicians, they receive better care at lower cost. This is a result of the continuity of care primary care physicians provide, care that depends on a set of attitudes and skills different from those possessed by other physicians. Examples include comfort with uncertainty, ambiguity, and complexity; the ability to provide a long list of intellectual and procedural services; comfort with death; the ability to develop long-term relationships with challenging patients; and a deeply-rooted concern for the health of the health care system that includes recognizing how exorbitant costs harm patients and their families.

In many ways, the resurgence of the medical home concept as supported by AAFP and other national physician organizations was intended to describe these qualities to increase the perceived value of primary care among patients and payers alike. However, many of these qualities are difficult to quantify and measure, and so in the model's implementation, the PCMH certification process has relied on simplistic and exhaustive checklists.

Primary care physicians possess crucial characteristics necessary in a high-quality, highly-efficient health care system, including the ability to provide a long list of intellectual and procedural services; comfort with death; and the ability to develop long-term relationships with challenging patients.

In light of these circumstances, the TAFP Commission on Health Care Services and Managed Care convened a workgroup to explore an alternate, less burdensome path to achieving the overall goals of the PCMH. The group decided this path should focus on those qualities possessed by primary care physicians that equip them to deliver better care at a lower cost by providing compassionate comprehensive care to complex patients.

What follows is the product of that workgroup, a set of qualities, capabilities, and characteristics that high-value, patient-centered primary care practices should have and should be able to demonstrate. These characteristics are focused on promoting the qualities primary care physicians possess that enable them to provide high-quality, cost-efficient care.

Qualities and characteristics of a high-value primary care practice

›› Comprehensive Primary Care Physician Characteristics

- **Comprehensive primary care intellectual services**
  - Provide at least 6 of the 12 intellectual services the AAFP's Graham Center has identified that are associated with reduced total cost of care.
  - Thorough medical management of common high-cost chronic diseases.
- **Comprehensive primary care procedural services**
  - Practice provides all common primary care procedural services.
- **Continuous primary care physician-patient trusting relationships over time**
  - Patients must feel they have a relationship with a personal primary physician they deeply trust.
  - This crucial trust will often carry over to family members, which is especially important in caring for patients who are unable to care for themselves.
- **Comfort with uncertainty**
  - Physicians or their team members should rarely order tests or treatments without proven benefit.
  - The Choosing Wisely campaign provides an excellent foundation to begin a list of these inappropriate services that will evolve over time.
- **Comfort with death**
  - Physicians should provide care options for patients with serious acute and chronic diseases – in the spirit of shared decision making – and continue to care for patients at the end of their lives, including management of pain, other symptoms, and emotional support.
- **Evidence-based medical decisions**
  - Medical decisions by the physicians and their teams are based on the latest evidence from high-quality clinical trials and guidelines written by major medical societies that are consistent with primary care values.
  - Justified exceptions are always allowed.
- **Whole family care**
  - The practice provides comprehensive primary care to all ages.

■ Prudent prescribing practices

- Physicians or their team members should prescribe generic medications whenever possible.
- Accomplishment of this objective could be achieved in a number of ways: computerized decision support software, embedded clinical pharmacists, or physicians simply being paid to spend more time with their complex patients.
- Physicians should actively manage pharmaceutical and device company influence on their practices.

■ Leadership of intra-practice quality improvement

- At least one physician at each practice leads intra-practice quality improvement activities that incorporate traditional measurements and PDSA cycles, and includes participation by all key health care team members.
- The processes of a continuous improvement culture are more important than the actual improvement activities, which should be guided mostly by local observations and needs.

›› Practice Infrastructure

■ Expanded access

- The practice, in cooperation with nearby practices, provides evening and weekend clinic hours.
- The practice, in cooperation with nearby practices, provides 24/7 phone access to a primary care physician.
- The practice cares for patient needs with telephone visits or e-visits when face-to-face clinic visits are not necessary to achieve the desired outcomes.

■ Urgent care capacity

- The practice has the infrastructure to care for acutely ill and injured patients.

■ Patient input on the practice

- The practice regularly seeks patient input on practice services. This could be accomplished with patient surveys or patient advisory boards, or a combination of the two.

■ Team-based care

- The practice defines the roles and responsibilities of members of the physician-led health care team.
- The practice makes use of standing orders, protocols and procedures, and patient-specific care plans to guide team members' actions.
- The practice uses structured communication procedures or team meetings to communicate patient care plans to team members.
- The practice uses structured communication procedures to track communications and care plan updates, including medication reconciliation, with consulting specialists.

- **Integrated behavioral health**
  - The practice has some capacity for patients with mental health conditions to be seen by non-primary care physician mental health providers.

›› System Management

- **Manage all patient concerns, symptoms, acute diseases, and chronic diseases**
  - By being competent to diagnose and treat a wide variety of conditions with extensive accessibility to patients, primary care physicians can care for most patient needs most of the time with limited referrals to other physicians or facilities, which limits medical errors and care redundancies.
  - Medication management and reconciliation is an important component of this characteristic, but could also be accomplished in a variety of approaches similar to generic prescription writing.
- **Manage episodes of care including transitions**
  - In an urban area with long travel times, this might best be accomplished with care coordinators. In rural areas, this might best be accomplished by personal primary care physicians caring for patients in several facilities including patients' homes. Either approach is acceptable.
  - This service is also enhanced with claims analysis of patient utilization patterns that a few exemplary practices have been able to achieve.
- **Proactively identify and intensely care for high-risk or high-cost patients**
  - These patients may be identified with analytic electronic approaches or by the personal physicians simply knowing which patients have the greatest needs.
  - Intense care may include physicians or other practice team members and includes outreach to high-risk patients in anticipation of difficulties.
- **Manage total cost of specialist care**
  - This goal will necessarily lead to occasional conflicts between specialists, primary care physicians, and patients, but will directly reduce the inherent waste of multi-specialty care.
  - This service is also enhanced with claims analysis of specialist cost and utilization patterns that a few exemplary practices have been able to achieve.
- **Guide patients to low-cost health care services**
  - Practices know their local health care markets and can guide patients to ancillary services such as physical therapy, imaging centers, and other physicians who provide decent quality care at a reasonable price.