

Published and Ongoing Research on PCMH

- **Medicaid Pilots: Improved access to care, reduced PMPM/PMPY costs, decreased ER and inpatient utilization, greater use of evidence-based primary care¹**
- **Access to care through visits outside of regular hours and same day access shown to reduce emergency department use²**

¹Takach, M. 2011. Reinventing Medicaid: State Innovations to Qualify And Pay For Patient-Centered Medical Homes Show Promising Results. *Health Affairs*. 30(7):1325-1334.

²Bodenheimer, T., H. Pham. 2010. Primary Care: Current Problems and Proposed Solutions. *Health Affairs*. 29(5):799–805.

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- A PCMH in integrated group practice showed significant improvements in **patients' and providers' experiences** in the quality of clinical care³
- Clinical systems are associated with **decreased use of inpatient and emergency care** but not ambulatory care utilization in diabetes⁴

³Reid, R., P. Fishman, O. Yu, T. Ross, J.T. Tufano. 2009. Patient-Centered Medical Home Demonstration: A prospective, quasi-experimental, before and after evaluation. *American Journal of Managed Care*. 15(9), e71-e87.

⁴Flottemesch, T., S.H. Scholle, P.J. O'Connor, L. Solberg, S. Asche, L.G. Pawlson. 2010. Are Characteristics of the Medical Home Associated with Diabetes Care Costs? Under review.

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- **Higher quality** of care, reduced cost of care on some measures⁵

⁵Grumbach, K., P. Grundy. *Outcomes of Implementing Patient Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the United States*. November 16, 2010.
http://www.pcpcc.net/files/evidence_outcomes_in_pcmh.pdf (January 12, 2011)

Medicaid PCMH Pilots: Early Results

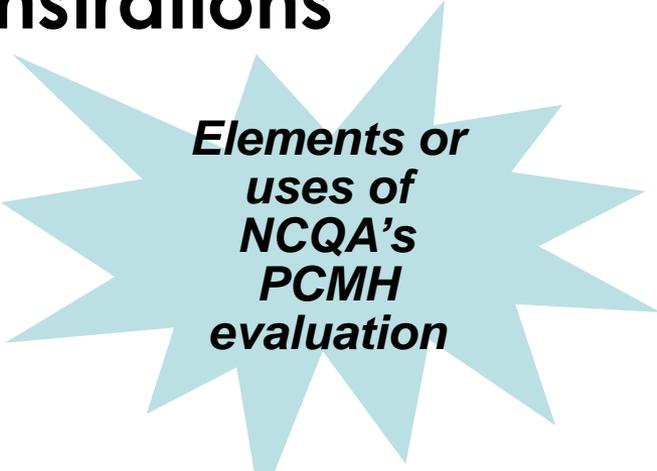
- **Oklahoma** (Medicaid-wide): \$29 reduced per patient per year costs, increased access, increased use of evidence-based primary care, increased patient satisfaction
- **Colorado** (Medicaid and CHIP): Large increase in access and patient satisfaction, decreased per patient per year costs
- **Vermont** (Blueprint for Health): Decreased inpatient and ER utilization, decreased PMPM costs

Takach, *Health Affairs*, July 2011 (1325-1334)

Evaluation of PCMH Demonstrations:

Driving Quality and Cost Savings

- **Outcomes** for seven medical home demonstrations
 - Reduce hospitalization rates (6-19%)
 - Reduce ER visits (0-29%)
 - Increase savings per patient (\$71-\$640)
- **Four common features** in demonstrations
 - Dedicated care managers
 - Expanded access to clinicians
 - Data-driven analytic tools
 - Use of incentives



*Elements or
uses of
NCQA's
PCMH
evaluation*

Fields, D., E. Leshen, K. Patel. 2010. Driving Quality Gains and Cost Savings Through Adoption of Medical Homes. *Health Affairs*. 29(5):819–26.

Benefits of PCMH

- **Clinician Burnout**

- 10% of PCMH staff reported high emotional exhaustion at 12 months compared with 30% of controls, despite similar rates at baseline

- **Total Cost**

- 29 percent fewer emergency visits and 6 percent fewer hospitalizations.
- Estimated total savings of \$10.30 per patient per month

Reid RJ, Coleman K, Johnson EA, Fishman PA, Hsu C, Soman MP, Trescott CE, Erikson M, Larson EB. The Group Health Medical Home At Year Two: Cost Savings, Higher Patient Satisfaction, And Less Burnout For Providers. *Health Affairs* 29:5 (2010): 835-843.

Benefits of PCMH

- **Patient Experience**
 - Improved access, coordination, goal-setting
- **Quality**
 - Improved HEDIS results

Reid RJ, Coleman K, Johnson EA, Fishman PA, Hsu C, Soman MP, Trescott CE, Erikson M, Larson EB. The Group Health Medical Home At Year Two: Cost Savings, Higher Patient Satisfaction, And Less Burnout For Providers. *Health Affairs* 29:5 (2010): 835-843.