

MEDICARE IN CRISIS: THE SOLUTION

THE PATIENT CENTERED MEDICAL HOME

Definition: The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary health care for individuals which fosters long-term partnerships between patients and their personal physicians.

National leaders in primary care specialties, the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American Academy of Pediatrics (AAP), and the American Osteopathic Association (AOA), **representing over 330,000 primary care physicians** developed the following joint principles to describe the characteristics of the **Patient-Centered Medical Home:**

1. Personal physician
2. Physician directed medical practice
3. Whole person orientation
4. Care is coordinated and/or integrated
5. Quality and safety
6. Enhanced access
7. Appropriate Payment

Unlike the current U.S. system, which rewards high-volume, over-specialized and inefficient care, the **PCMH model provides** a regular source of primary care with **better health outcomes at lower cost.**

The PCMH model is only possible with Medicare payment reform that supports not only treatment of acute conditions and procedures, but also chronic disease management, prevention and health promotion.

The US Government Accountability Office (GAO) recommends Congress change the present Medicare payment system and recalibrate the value of all primary and specialty care services consistent with societal goals for healthcare system quality and efficiency, which is most fully encompassed in the Patient Centered Medical Home model.

<http://www.graham-center.org/PreBuilt/PCMH.pdf>
<http://www.gao.gov/new.items/d08472t.pdf>