AAFP, AAP, ACP, and AOA

Joint Position on the Medical Home

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Joint Principles
Patient Centered Medical Home
AAP, AAFP, ACP, AOA
March 2007

- Whole person orientation
- Personal physician
- Physician directed medical practice
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access to care
- Payment to support the PC-MH

Patient-Centered Primary Care COLLABORATIVE

Honor the Problem

Demand for health care services for the chronically ill

- **Increasing US population**
  - **349 Million by 2025**
- **Aging and chronically ill population**
  - **20% over 65 (Medicare) by 2030**
  - **50% increase of 85 and over from 2000 to 2010**
  - **83% of current Medicare patients have one or more chronic conditions**
  - **23% of current Medicare patients have 5 or more chronic conditions account for ~ 3/4 of Medicare spending, see about 14 different physicians in a year and have almost 40 office visits**

- American College of Physicians. How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?. Philadelphia: American College of Physicians;2008: White Paper
- Anderson GF. Medicare and Chronic Conditions. Sounding Board. N Engl J Med.2005;353(3):305-9

Organizing Care for the Chronically Ill

Potential Models – Everybody is Important and Welcome!

- **Specialist disease-specific experts**
  - **Expert care for a particular disease**
  - **However, 47% of chronic disease patients do not have a dominant disease but have multiple chronic diseases**
    - Bodenheimer, et al Health Affairs 28, no. 1 (2009): 64–74
- **Primary care**
  - "The availability of primary care is positively and consistently associated with improved outcomes, reduced mortality, lower utilization of health care resources, and lower overall costs of care."
    - How Is a Shortage of Primary Care Physicians Affecting the Quality and cost of Medical Care? American College of Physicians; November 2008: White Paper
  - Limitations: 50 percent of patients leave primary care visits not understanding what they were told by the physician
    - Bodenheimer, et al Health Affairs 28, no. 1 (2009): 64–74

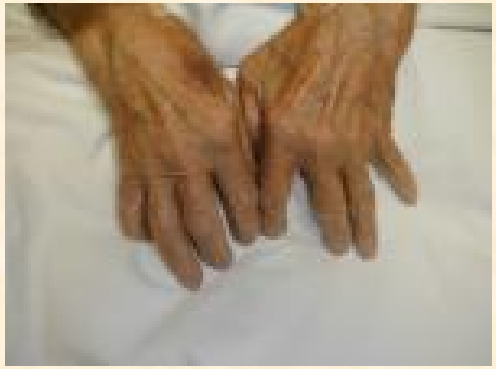
Organizing Care for the Chronically Ill

Potential Models:

- **Multidisciplinary primary care team**
  - **Informed, activated patients**
  - **Shared decision making**
  - **Engagement of the community, including public health**
    - Bodenheimer, et al Health Affairs 28, no. 1 (2009): 64–74

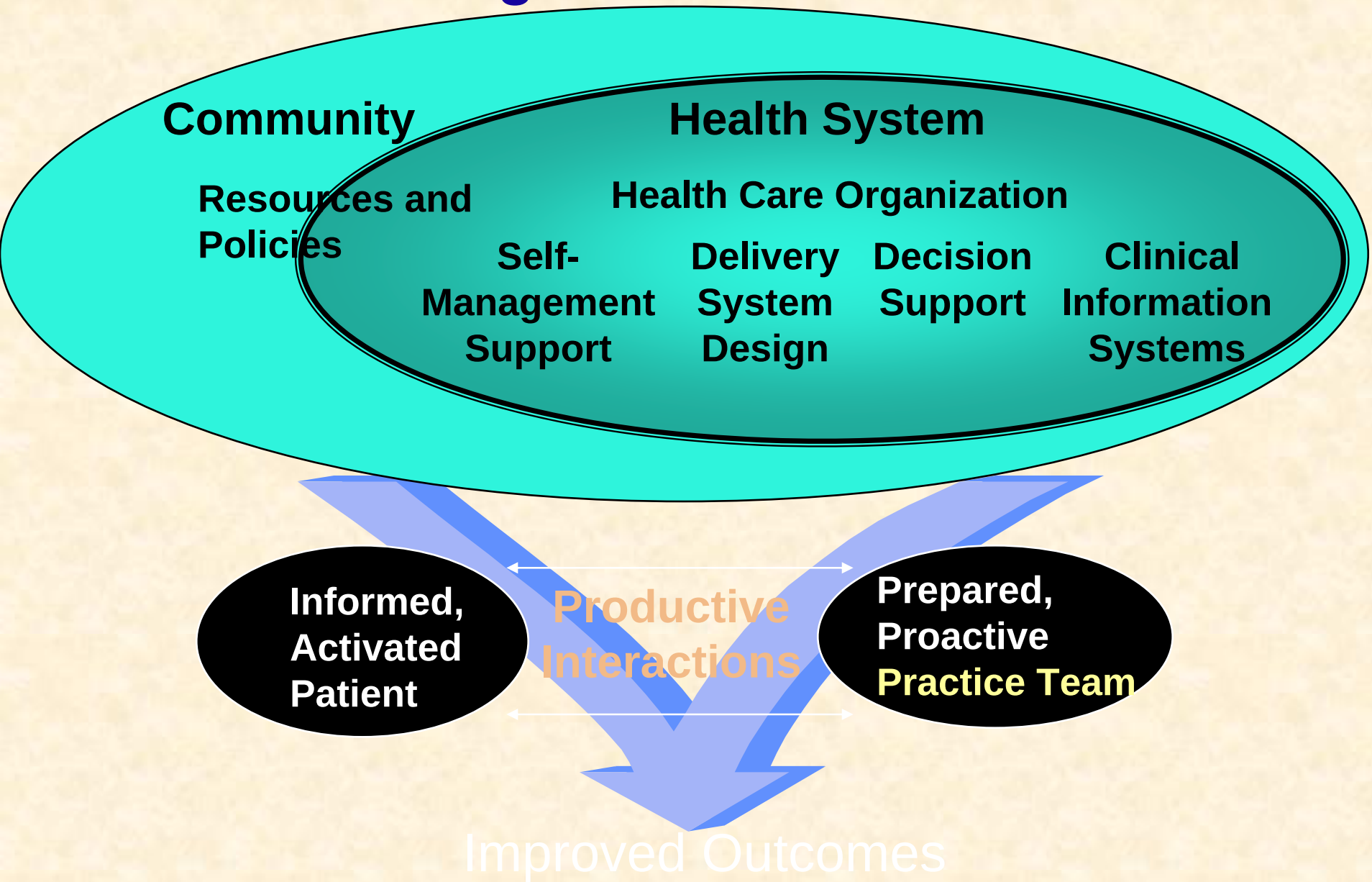
Multidisciplinary Primary Care Team Model
Patient-Centered Medical Home

- **Medical Professionalism Charter (2002)**
  - **Patient welfare**
  - **Autonomy**
  - **Social justice**
- ***Primary Care* Principles**
  - **First Contact**
  - **Continuous**
  - **Comprehensive**
  - **Coordinated**



- **Wagner Chronic Care Model**
  - **The goal – Informed, activated patients working with a prepared, proactive team**

Wagner Chronic Care Model



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