The problem...

- 54.5% of commercial insurance patients had appropriate colorectal cancer screen; other physicians “forgot” to recommend
- 40% of patients treated for hypertension were not at goal
- Only 51% of diabetes patients received eye exams
- 78% of diabetic patients had HbA1c test but 48% were not at goal
- 80% of patients had lipid panel done but only 33% achieved LDL goal
- If hemoglobin A1c is reduced from 9 to 7, risk of blindness, amputation, and renal failure decreases by 65%

With the medical home, we are able to steer the quality of care and influence patient compliance at the most critical action point.

Source: Commonwealth Fund, 2009
Why PCMH?

- Capitalize on physician-patient relationship
- Centralize/coordinate care for lifestyle and chronic condition management with PCP
- Works in tandem with plan design and onsite services
- Evidence-based guidelines for care
- Incentives aligned with treatment goals
- Control cost of care

“30% of all healthcare costs are due to poor quality issues in delivery and administration.”

Institute of Medicine, Juran Institute, 2007
By improving care quality with a PCMH, primary care costs will increase. However, implementation of PCMH has been shown to result in lower hospitalization rates—and will likely lead to lower overall health care costs.
Why should employers care about PCMH?

- PCMH can meaningfully achieve the “Triple Aim”
  - Improved patient experience (access, quality and reliability)
  - Improved population health
  - Reduced per capita health care costs

- Additional sources of value for employers
  - Improved workforce productivity (absence/presenteeism)
  - Healthier employee families
  - Cost containment permits reallocation of resources
  - Healthier communities
  - Improved community relationships