What is a Patient Centered Medical Home (PCMH)?

The PCMH is a model of practice in which a team of health professionals, guided by a personal physician, provides continuous, comprehensive, and coordinated care in a culturally and linguistically sensitive manner to patients. The PCMH provides for all of a patient’s health care needs, or collaborates with other qualified professionals to meet those needs.

In addition, PCMH provides patient centered care through:

- evidence-based medicine
- expanded access and communication
- care coordination and integration
- care quality and safety.

When will this happen, and how can you get involved?

The Maryland Health Quality and Cost Council plans to launch a PCMH pilot in the spring of 2010, beginning with an outreach and awareness program for physicians and clinical staff. If you would like to get involved, visit http://dhmh.state.md.us/mhqcc/pcmh.html for the meeting schedule. For more information, email pcmhpractices@mhcc.state.md.us.
Is this a national initiative?

Several states have already launched PCMH demonstration projects and many more are beginning pilot programs, as is Maryland. The Primary Care Patient Centered Collaborative (www.pcpcc.net), a national consortium of purchasers, payers, providers, and consumers formed to advance primary health care, serves as an organizing entity for raising awareness and bringing together organizations that are implementing the PCMH.

Who has defined the scope and goals of Maryland’s pilot project?

More than 80 stakeholders, including major payers and purchasers, are members of a workgroup planning the launch of a 50 practice pilot in January 2011. They have made several recommendations that will move the pilot toward reality. Any adult primary care and pediatric practice that endorses Maryland’s PCMH Joint Principles and can attain PCMH recognition is eligible to participate in the pilot.

What should you expect when you join the pilot?

Practices that join the pilot will test a new care delivery and reimbursement model. Reimbursement will be based on fee-for-service, care coordination payments, and performance bonuses derived from savings generated by the practice. Registration of participating practices will begin in the summer of 2010. Over time, the pilot is expected to:

- improve quality of access and care coordination for patients
- increase physicians satisfaction with their practices’ work style
- decrease costs of care by eliminating unnecessary emergency department visits and reducing avoidable hospital stays and readmissions.

What Physician Organizations Endorse the PCMH?

The American Medical Association, American Academy of Pediatrics, American Academy of Family Physicians, American Board of Internal Medicine, American College of Physicians, American Osteopathic Association, as well as many business and consumer organizations have endorsed the PCMH as a model that enhances the role of a primary care physician while providing high quality, lower cost patient care.

As new provider payment models are introduced, specialists and hospitals will benefit from improved care coordination and care management offered by practices using the PCMH model.