Barriers to Implementing the Medical Home

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The patient-centered medical home (PCMH) is one strategy in the Affordable Care Act to address primary care shortages and to increase quality of care. As such, it is important to better understand the obstacles that have prevented PCMH from being implemented and to examine whether barriers still exist and what can be done to resolve them. This brief will highlight three obstacles: financial support, technology, and provider acceptance of PCMH.

I recommend the following measures: 1) a more accurate cost estimate for the provider converting and/or establishing a PCMH practice with an EMR (and not just the equipment/software costs), 2) a current analysis and annual evaluation of the connectivity among the providers, their patients and the other PCMH team providers, and 3) differences in true cost and utilization of PCMH in rural and urban practices. The reported findings would be used to determine future funding of programs and the grant/research funding recipient.

Evaluation parameters for Health and Human Services’ Office of the National Coordinator (ONC) grants should be established that address the following financial and technology barriers: 1) the lack of connectivity between all providers in a PCMH; 2) the actual costs to be reimbursed for providers (not just the equipment/software costs and 3) patients ability to access information via the Internet. To improve physician by-in, reimbursement for coordination of care for medical homes needs to be increased.