Patient Centered Medical Home as an Acceptable, Efficient Model of Care Delivery

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Abstract

The concept of a Patient Centered Medical Home (PCMH) is a topic that is discussed in the Patient Protection and Affordable Care Act (PPACA) repeatedly as a measure that will ensure quality of care to the patient population. The PCMH represents a model of patient care that facilitates comprehensive care by improving the relationship between patients and their physicians. A critical cost to the current practice of medicine that will be addressed by the PCMH is fractionated medical care or care occurs when the relationship between the patient and their physician is disrupted. This is one factor for the high cost of health care without the expected quality that is found in the current US health care system.

The PCMH model encourages a team based approach to care that utilizes collaboration between health care providers and allied healthcare workers (including nursing staff, social workers, and office staff). In pilot studies, this model showed improvements in satisfaction from both clinicians and patients.

The PCMH has demonstrated consistent quality and cost savings as seen in recent demonstration models. In addition, the PCMH has consistently demonstrated satisfaction from both patients and the medical providers, leading to acceptance of this system of coordinated care. The medical home model should continue to be supported in funding to provide quality care to the American population.