Barriers to Meeting the Criteria for Patient Centered Medical Home

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Abstract

Many small medical practices have not been able to achieve patient-centered medical home (PCMH) accreditation by meeting the fifty-two standards set by the National Committee for Quality Assurance. Access to affordable, quality care suffers if solo/small practices (one to nine practitioners) are not able to obtain accreditation as a patient centered medical home. Failure to meet these criteria is a disincentive to go into (or stay in) family medicine, further reducing access to care and exacerbating the shortage of primary care physicians. The inability to obtain accreditation as a PCMH may result in more practices being purchased by hospitals, which may result in referrals and a decrease in patient choice.

The following changes would help the solo/small practice provider obtain certification:

- Support for hiring coordination of care nurses who could be shared by multiple group practices. By providing a community access nurse, CMS would be helping facilitate smaller clinics’ ability to achieve PCMH criteria without increasing cost to the clinic and at a relatively small cost to CMS.
- Make CMS meaningful use criteria mirror Patient Centered Medical Home criteria more closely. Attempting to become certified and to earn incentive bonuses in both programs might be cost prohibitive. Electronic health records are not inexpensive. Each individual criterion comes with an additional cost for all providers, so having the two programs mirror each other more closely would decrease costs for both large and small clinics.