Patient-Centered Medical Home
Educational briefing for providers

What are patient-centered medical homes?
The patient-centered medical home (PCMH) is a health care delivery model centered around delivering primary and preventive care to more actively manage high-risk patients, especially those with chronic diseases. Medical homes rely on team-based care, and each patient is required to have a designated primary care provider. This provider is supported by a comprehensive care team that includes both clinical and non-clinical staff, such as health coaches, peer mentors, and care managers. The PCMH model seeks to improve care coordination, enhance patient engagement, and improve outcomes.

How do patient-centered medical homes work?
The PCMH model seeks to deliver care that is comprehensive, accessible, coordinated, patient-focused, and high-quality. Medical home team members work together to adhere to these principles by providing patients with time-sensitive education, encouraging disease self-management, and enhancing patient access to care through expanded office hours, telemedicine, and e-mail consultations.

Five key functions of the medical home

- **Comprehensive care**
- **Patient-centered**
- **Accessible services**
- **Quality and safety**
- **Coordinated care**

Though the medical home model is guided by core principles, its application varies, as it is not a government regulated initiative. The National Committee for Quality Assurance (NCQA), a non-profit organization, along with several other groups, offers model standards, accreditation achievement, recognition, and certification programs.
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Educational briefing for providers (continued)

Why are patient-centered medical homes a key issue for medical groups?

- **PCMH status can be a stepping stone for groups preparing to take on risk**: Due to the clinical focus on care management and preventative, rather than acute, services medical homes are ideal for succeeding under ACOs¹ or other risk-based delivery models.

- **PCMH recognition has important signal value for patients and other providers**: Many patients rely on quality proxies, such as PCMH accreditation, when selecting providers because they do not know how to find or interpret quality data.

### Statistics on PCMH accreditation

- **13,000** Practices recognized as a PCMH by NCQA

- **100+** Payers reward NCQA accreditation with financial incentives, coaching

### Additional Advisory Board research and support

To learn more about successful care management strategies, read our research report, [Playbook for Population Health](mailto:), and watch the webconference, [Care Management 101](mailto:).

You can also contact your group’s Dedicated Advisor or email [ppresearch@advisory.com](mailto:ppresearch@advisory.com) for more research on this topic or other strategic priorities for your group.

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¹ Accountable care organizations.

Source: The Agency for Healthcare Research and Quality (AHRQ); The National Committee for Quality Assurance (NCQA); Advisory Board research and analysis.