

Medical Home

NEWS

Leveraging PCMH Evidence to Make the Case for Greater Investment in Primary Care

By Ann Greiner and Chris Adamec

The The Patient-Centered Primary Care Collaborative's mission is to promote primary care to achieve the quadruple aim. A key strategy to achieve this mission is the Patient-Centered Medical Home (PCMH) which has been widely adopted across the country. One in five primary care physicians practice in a PCMH where they engage in team-based, collaborative care. Building on our success in spreading the PCMH model, PCPCC is now focused on ensuring that PCMHs and other advanced primary care models have the necessary resources to transform healthcare and that patient barriers to high-value primary care are removed.

The PCPCC's vision of advanced primary care is embodied by the Shared Principles of Primary Care, supported by more than 280 organizations.¹ The Principles, developed in collaboration with Family Medicine for America's Health (FMAHealth), emphasize the need for care to be personal and family centered, continuous, comprehensive and equitable, team-based and collaborative, coordinated and integrated, accessible, and high-value. Achieving this future requires consensus on primary care goals, as well as appropriate payment, investment, training, workforce, and other resources.

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Using the Medical Home to Transform Primary Care Across the Largest Safety-Net Health System in the United States

By Rebecca Miller Dhruv Khullar Kaushal Challa Christina Jenkins Dave A. Chokshi

A strong primary care foundation is widely understood as important for high-value health care systems. Greater use of primary care has been associated with better patient satisfaction, lower costs, fewer hospitalizations, and lower mortality. Recent delivery system reform efforts, including accountable care organizations (ACOs), have focused on primary care transformation to ensure that care is more accessible, coordinated, continuous, and comprehensive.

While the need for a robust primary care foundation is increasingly evident, putting these principles into practice has proven challenging—particularly in safety-net health systems with limited resources. Clinicians and support staff often have engrained workflows, and implementing new initiatives can feel disruptive, unless clinical benefit is immediately apparent. Lack of core infrastructure—especially staff and technology—to support innovation across the entire system can mean many innovations remain local, short lived, or both. In safety-net health systems, high rates of turnover among frontline staff and program management can lead to institutional knowledge deficits and jeopardize program buy-in and sustainability. Finally, it can be difficult to implement separate (sometimes competing) initiatives simultaneously, even as fundamental and widespread changes are needed.

Developing, deploying, and diffusing new primary care initiatives requires coaching, training, investment, and change leadership. We present key challenges and lessons learned from ongoing primary care transformation efforts across NYC Health + Hospitals, the nation's largest public health care system.

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