

## High Quality Primary Care Medical Home → Quality, Cost, and Value

Evidence	Citation
<p style="text-align: center;"><b>Current research suggests that medical homes can contribute to:</b></p> <ul style="list-style-type: none"> <li>◆ More positive care experiences for patients</li> <li>◆ Higher quality</li> <li>◆ More efficient care</li> <li>◆ Better coordination of care</li> <li>◆ Fewer medical errors, and</li> <li>◆ Elimination of racial and ethnic disparities in care</li> </ul>	<p>C. Schoen, R. Osborn, M. M. Doty, M. Bishop, J. Peugh, and N. Murukutla, "Toward Higher-Performance Health Systems: Adults' Health Care Experiences in Seven Countries, 2007," Health Affairs Web Exclusive, Oct. 31, 2007 26(6):w717–w734; A. C. Beal, M. M. Doty, S. E. Hernandez, K. K. Shea, and K. Davis, Closing the Divide: How Medical Homes Promote Equity in Health Care—Results From The Commonwealth Fund 2006 Health Care Quality Survey (New York: The Commonwealth Fund, June 2007).</p>
Additional Evidence	Citations
<p><b>Children and youth</b> with special health care needs who receive care from a high quality medical home (as measured by the Medical Home Index / care coordination and chronic condition management domain:</p> <ul style="list-style-type: none"> <li>◆ have less hospitalizations</li> <li>◆ less ER use and</li> <li>◆ reduced specialty to primary care ratio</li> </ul>	<p>Cooley, W., McAllister, J., Sherrieb, K, Kulthau, K., Improved Chronic Condition Outcomes Associated With Medical Home Implementation in Pediatric Primary Care Accepted for publication, Pediatrics, July 2009.</p>
<p><b>Children, youth and their families</b> show improvement over a three year period resulting from medical home improvements. Enhanced outcomes include: (↓) specialty visits (↓) hospitalizations (↓) hospital days (↓) parental worry (↑) parental perception of child's health (↑) use of care plans &amp; (↑) parental engagement in practice improvement.</p>	<p>McAllister, J., Cooley, W.C., Sherrieb, K. Medical Home Improvements Enhance Outcomes for CYSHCN and their Families; NICHQ Annual Forum, March 2007. (Accepted for publication, Journal of Ambulatory Care Management, Spring 2009).</p>
<p>For Children, the evidence provides moderate support for the hypothesis that medical homes provide improved health-related outcomes for children with special health care needs.</p>	<p>Charles J. Homer, Kirsten Klatka, Diane Romm et al. A Review of the Evidence for the Medical Home for Children With Special Health Care Needs. ePediatrics 2008;122:e922–e937.</p>
<p><b>For people with a primary care clinician:</b></p> <ul style="list-style-type: none"> <li>◆ More preventive services</li> <li>◆ Better managed chronic conditions</li> <li>◆ Enhanced patient satisfaction</li> </ul>	<p>A.B. Bindman et al., "Primary Care and Receipt of Preventive Services," <i>Journal of General Internal Medicine</i> 11, no. 5 (1996): 269–276; D.G. Safran et al., "Linking Primary Care Performance to Outcomes of Care," <i>Journal of Family Practice</i> 47, no. 3 (1998): 213–220; and A.L. Stewart et al., "Primary Care and Patient Perceptions of Access to Care," <i>Journal of Family Practice</i> 44, no. 2 (1997): 177–185.</p>
<p><b>Individuals (13,270)</b> with a personal primary care provider have;</p> <ul style="list-style-type: none"> <li>33% lower annual spending</li> <li>19% lower mortality (risk adjusted)</li> </ul>	<p>Franks, P., Fiscella, K. "Primary Care Physicians and Specialists as Personal Physicians: Health Care Expenditures and Mortality Experience," <i>Journal of Family Practice</i> 47, no. 2 (1998): 105–109.</p>

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<p><b>Increase in family physicians per capita</b> decrease in hospitalizations for a number of diagnosis</p> <p><b>Where there is a PCP shortage area:</b> -80% increased hospitalization</p>	<p>M.L. Parchman and S. Culler, “Primary Care Physicians and Avoidable Hospitalizations,” <i>Journal of Family Practice</i> 39, no. 2 (1994): 123–128; “Preventable Hospitalizations in Primary Care Shortage Areas: An Analysis of Vulnerable Medicare Beneficiaries,” <i>Archives of Family Medicine</i> 8, no. 6 (1999): 487–49.</p>
<p>RAND and the University of California at Berkeley - rigorous evaluation of care provided according to medical home principles/standards found that for almost 4,000 patients with diabetes, congestive heart failure (CHF), asthma and depression, that:</p> <ul style="list-style-type: none"> <li>◆ Patients with diabetes had significant reductions in cardiovascular risk</li> <li>◆ CHF patients had 35% fewer hospital days</li> <li>◆ <i>Patients with asthma</i> and diabetes patients were more likely to receive appropriate therapy</li> </ul>	<p>A Robert Wood Johnson-funded evaluation of the effectiveness of the Chronic Care Model and the IHI Breakthrough Series Collaborative in improving clinical outcomes and patient satisfaction with care, accessed June 19, 2007 at <a href="http://www.rand.org/health/projects/icice/index.html">http://www.rand.org/health/projects/icice/index.html</a>;</p> <p>Higashi, Takahiro, Wenger, Neil S., Adams, John L., Fung, Constance, Roland, Martin, McGlynn, Elizabeth A., Reeves, David, Asch, Steven M., Kerr, Eve A., Shekelle, Paul G. Relationship between Number of Medical Conditions and Quality of Care <i>N Engl J Med</i> 2007 356: 2496-250.</p>
<p><b>States with greater PCPs /capita</b></p> <ul style="list-style-type: none"> <li>◆ Reduced mortality</li> <li>◆ Reduced heart disease</li> <li>◆ Reduced cancer mortality</li> <li>◆ Reduced Medicare costs</li> <li>◆ Increased quality care</li> </ul>	<p>Starfield, B. <i>Primary Care: Balancing Health Needs, Services, and Technology</i>, Oxford Press, 1998.</p>
<p><b>Increased subspecialty per capita</b> - Not associated with increase quality</p>	<p>K. Baicker and A. Chandra, “Medicare Spending, the Physician Workforce, and Beneficiaries’ Quality of Care,” <i>Health Affairs</i> 23 (2004): w184–w197 (published online 7 April 2004; 10.1377/hlthaff.w4.184).</p>
<p><b>States that rely more on primary care have:</b></p> <ul style="list-style-type: none"> <li>◆ Lower Medicare spending in patient reimbursements and Part B payments</li> <li>◆ Lower resource inputs (hospital beds, ICU beds, total MD labor, Primary care labor, medical specialist labor)</li> <li>◆ Lower utilization rates (physician visits, days in ICUs, hospital days, less patients seeing &gt; 10 physicians)</li> <li>◆ Better quality of care (fewer ICU deaths, high composite quality score)</li> </ul>	<p>Center for Evaluative Clinical Sciences, Dartmouth Medical School (The Dartmouth Institute or TDI) <i>Dartmouth Atlas of Health Care, Variation Among States in the Management of Severe Chronic Illness</i>, 2006.</p>
<p><b>Countries</b> with a greater proportion of their physicians practicing primary care medicine tend to have lower per capita health expenditures than those with a greater proportion of specialists</p>	<p>Starfield, B. <i>Primary Care: Balancing Health Needs, Services, and Technology</i>, Oxford Press, 1998.</p>