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Patient-Centered Medical Home



The Patient-Centered Medical Home (PCMH) is a model of care based on the patient, their doctor and the healthcare team working together. The team tries new ways to work for the patient to have good health. One focus is on the patient doctor bond and to help the patient be more active in their health care plan. The patient may be sent to class or to watch a video. The family of the patient is added to the team with the permission of the patient sometimes. Computers are used to record the care and to measure the quality of care. The computers send and receive data to and from patients, labs, x-rays, pharmacy and other doctors. The payment plan for doctors adjusts for the added value to those who have a patient-centered medical home.

JOINT PRINCIPLES OF A PATIENT-CENTERED MEDICAL HOME (PCMH) INCLUDE:

Personal Doctor and Healthcare Team: Each patient has a constant bond with a trusting doctor trained to provide first contact, ongoing, and wide-ranging care with a healthcare team.

Doctor Directed Medical Practice: The doctor leads a team at the practice level who work together and take charge of the care of the patient(s) over time.

Overall Care: This model ensures that care is organized across all parts of the broader healthcare system, including specialists, hospitals, home healthcare agencies, pharmacy, and other kinds of care.

Improved Access: The goal is to offer shorter wait times, same day appointments, office hours outside of 8-5 Monday through Friday, 24/7 electronic or telephone access and other computer based talking.

“Whole Person”: The doctor is in charge of all of the patient’s healthcare needs with a team of other healthcare providers. This includes all of the patient’s physical and mental healthcare needs. This model prevents sickness and promotes wellness, provides acute and chronic care along with end of life care.

Quality and Safety are Hallmarks of the Medical Home: Computers and other tools guide patients to make good choices about their own health. Medical research is part of the tools that guide the process. Patients have an active role and give feedback to ensure that they can do their part and that their needs are being met. Practices are reviewed to show that they can give care by this medical home model.

Payment Plan Structure: The value of doctor and staff in this model work outside of the office visit to improve health. This way doctors can be paid to send you a letter, or a link to a computer web site or a text message. The present model only pays the doctor for the time when the patient is in the office.

For additional information you can access the following:

<http://www.futurefamilymed.org>; <http://www.acponline.org/advocacy/>; <http://www.osteopathic.org>. Your osteopathic family physician can also help you and provide you with more information at your request. In case of any emergency, call 911 or if possible safely go to the nearest hospital. **Source(s): American Academy of Family Physicians, American College of Physicians, and American Osteopathic Association**

The Osteopathic Family Physician Patient Education Handout is a public service of the ACOFP. The information and recommendations appearing on this page are appropriate in many instances; however, they are not a substitute for medical diagnosis by a physician. For specific information concerning your personal medical condition, ACOFP suggests that you consult your family physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with their patients. For additional patient related educational material please visit www.acofp.org.