

SEARCH

Home

AREAS OF INTEREST

- Membership & Leadership**
- Practice**
- Professional Development**
- Education Programs**
- Advocacy**
- Reimbursement**
- Research**
- Publications**
- Tools & Resources**

 >Printer Friendly Page

 >Email this Page



Contemporary Topics in Health Care:

The Patient-Centered Medical Home
 By Jim Romeo

Is the medical home the new paradigm for patient care?

Meet J.L.*, a 54-year-old male who experienced a stroke. Poststroke, he became an inpatient at the Courage Center Transitional Rehabilitation Program, in Golden Valley, Minnesota, just outside Minneapolis. J.L. is being treated within the Courage Center's Healthcare Home Initiative, a new approach to care designed to encourage collaboration and communication among many different patient constituents.

J.L. receives services from multiple providers: primary physicians, cardiologists, a nutritionist, physical therapist (PT), social worker, occupational therapist, and others. Friends, family, and other important members of his immediate community are involved and able to communicate with others in the mix of providers tasked with his plan of care. J.L. likes being involved with setting goals for his health care and enjoys an active role, along with the physician, care coordinator, nurses, therapists, and social workers, in creating his plan of care. His story is a part of a new and growing health care paradigm: the Patient-Centered Medical Home (PCMH).

PCMH, sometimes called "medical home," is defined as "a health care setting that facilitates partnerships between individual patients, and their personal physicians, and, when appropriate, the patient's family." ¹

APTA explains: "The medical home model is built on the principle that each patient will develop an ongoing relationship with a personal physician in order to produce patient-centered care. This physician focuses on the care of the whole person, and will direct medical care appropriately. The goal of this model would be to facilitate improved patient care, with increased coordination between specialty providers (via the primary physician, nurse practitioner, or physician assistant). This would ideally improve patient access to preventive care, and shift the focus of health care by providing incentives for the coordination and delivery of efficient, high-quality patient care." (See "What is Medical Home?")

Seamless Communication

Real-time communication is a critical element of PCMH.

Erin Simunds, PT, is the director of therapy service for the Courage Center's Healthcare Home Initiative. Simunds says one challenge is making sure that accurate and complete information is included with the patient and travels with the patient. She says having the patient's information available to all providers is the ideal, and it will yield great benefits for physical therapists and other care providers.

J.L.'s medical history and information flows to other providers in real-time. For example, if one of the care givers notices a possible problem outside of that practitioner's scope of practice, he or she can note it and have that information flow to the appropriate professional.

With such a satellite of resources serving the patient, valuable information is less likely to be lost or overlooked. For the patient, it is clear that someone is listening. And that, in turn, reflects positively on the providers. "From the inpatient to the outpatient setting, [my] perspective was great and really pushed me to get better," says J.L. "I have nothing but praise for all of the physical therapists at Courage Center. They are very personable and very professional."

The concept of the free flow of information is in line with APTA's revised code of ethics, which becomes effective July 1. Principle 3C states: "Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary." In addition, Principle 2C states: "Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research." Principle 2D states: "Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care."²

Tim Fox, PT, DPT, founder and executive director of Fox Rehabilitation Geriatric Therapy at Home in Cherry Hill, New Jersey, also believes that accessible medical information is an important part of an intervention. He predicts that the overall quality of care will improve, with benefits to the PT as well.

"Patients with cognitive impairment often are admitted and readmitted to an emergency department (ED)," says Fox. "Often, those EDs, and therefore the medical records, are not the same, and medications are often changed as physicians are not privy to the details of the patient's previous medical record. An electronic medical record will coordinate and improve the flow of this data. Physical therapists will realize gains in efficiencies through reducing time spent taking histories or merely confirming the data gained from a systems review that was performed that morning by the physician. The result: more time spent one-on-one with the patient."

Simunds adds that medical and non-medical services meld together to provide overall better care for the patient. Many of the patients at the Courage Center are adults with disabilities, often accompanied by lifelong conditions that also need treatment. For such patients, Simunds says that services beyond what can be provided in one primary care visit are critical to that patient's well being. PCMH makes that possible.

She cites the example of many patients with spinal cord injuries: "They also have high blood pressure and high cholesterol, and then they have to deal with the pain. Their conditions are very complicated. A seven-minute visit isn't going to get to all that. Primary care is challenged with reimbursement when it's necessary to get people in and out and keep them moving. With somebody who needs time, that's an issue."

She emphasizes the importance of integrating the services of all providers. "Our specialty will be to bring primary care to that group, and then to provide the appropriate additional services: physical therapy, rehabilitation services, [and others]. It might also mean that some patients may need some psychological services. [We can] then work on the non-medical services they need in the community. Maybe they need a personal care attendant. Maybe they need to link up with somebody for independent living services to help them understand shopping and budget and problem solving. Maybe they need social services so that they'll find access to different things."

The physical therapist certainly has the skills and abilities for the team approach, and the result likely will highlight the PT as a valuable player in continuing care. But, getting to this result can be delicate. It requires managing the gap between where the patient is now, and where he or she needs to be.

"Part of the goal of the PCMH is to use an evidence-based approach with a partnership of professionals and family members," says Matthew Goodemote, PT, owner of Community Physical Therapy and Wellness in Gloversville, New York. "Medical home has built-in peer review and quality control measures with a multidisciplinary approach. Documenting what we think the patient needs and sharing our views with all the practitioners, as well as the patient and family, open the door to truly meeting the patient's needs."

Goodemote sees great merit in integrating information. "Services improve most when practitioners shift their perspective to what is best for the patient, collectively, versus what is best through a single provider perspective. The great potential lies in individual professionals performing their respective professions and staying out of the other professions' business, while at the same time sharing with other professions and the patient openly to achieve the best collective results."

Annlee Burch PT, MPH, EdD, and chair of the Physical Therapy Department at Arizona School of Health Sciences of A.T. Still University, soon expects PCMH to be an important part of physical therapy educational curriculums. She says that the concept is presented informally now, but it will become more pronounced and formalized.

She believes that the evolution of PCMH will highlight the value physical therapists bring to patient care. "There's a huge portion of the population that we're not accessing. The concept of the medical home is going to improve access for a large part of the community," says Burch. "The pluses definitely outweigh the minuses. "

Questions and Concerns

However, PCMH has raised some questions and concerns.

Burch sees technology as one of the challenges to implementing PCMH. The ability to transfer salient data across caregivers, and an ability to create and store medical records, requires sophisticated information technology. Such technology can be expensive and complex, and the ability of a PT practice to invest in and implement sufficient technology to enable the medical home increasingly will become a resource challenge.

Other concerns involve the way the model will function. For example, when the Centers for Medicare and Medicaid Services (CMS) recently was planning a demonstration project to assess PCMHs, APTA joined with 9 other health care organizations-ranging from the American Occupational Therapy Association to the American Psychological Association-in signing a joint letter to Senate Finance Committee members Sens. Max Baucus (D-MT) and Charles Grassley (R-IA) that said in part: "We would encourage the inclusion of language to ensure that this medical home model is not simply utilized as a way to funnel health services to facilities owned and operated by physicians for financial gain."

The groups urged the addition of the following statement in the committee report on the legislation: "The medical home must not restrict a patient's freedom to access a health care provider of choice according to Medicare's regulations. The medical home concept is just a way for coordinating knowledge of all the provider care a patient receives through a single medical home, without the need for prior authorizations for such care. Effectively implemented, the medical home can improve health care coordination and advise the patient on quality health care options."³

Other hurdles deal with ensuring that PCMH's benefits reach all patients and clients. Burch explains: "The challenge in making the medical home model real for physical therapists is probably the same challenge for other primary care professionals. How do we provide access to populations that don't see themselves as candidates for health care services currently? Perhaps they've never had insurance, or they mistrust primary care providers, or they're become accustomed to using the ED as their place to go for all illnesses. Or they've experienced poor-quality care. So, despite the emphasis on the medical home and its importance, the question remains for those populations who currently don't feel that they're candidates for primary care, to [accept] this new concept."

Burch lists a number of other barriers: "Not everybody is invested in free-flowing information that encompasses physical therapists because they might not have the knowledge, the resources, or a setting that allows for it. Another challenge to the concept is confidentiality and how that patient information is used or [made] available to people outside the health care community."

Overall, however, PTs who are familiar with the medical home concept seem to welcome it. "This is the opportunity of a lifetime for our profession," says Tim Fox. "This is what I have been calling for for my entire career. Physical therapists are integral players in the PCMH. Physical therapists should be recognized and utilized as primary non-physician practitioners. We are well trained [and] able to screen for and make medical referrals."

"I think patients will love it," says Erin Simunds. "We have a pilot group of clients coming in to our primary care clinic for our health care home and they are very happy to have somebody who understands them and listens."

Jim Romeo is a freelance writer.

Reference

1. American Academy of Family Physicians (AAFP), American Academy of Pediatrics

- (AAP), American College of Physicians (ACP), American Osteopathic Association (AOA). Joint Principles of the Patient-Centered Medical Home. March 2007. www.acponline.org/advocacy/where_we_stand/medical_home/approve_jp.pdf Accessed January 5, 2010.
2. Code of Ethics for the Physical Therapist. Effective July 1, 2010. www.apta.org/ethics. Accessed January 7, 2009.
 3. The APTA Practice Organization expresses concerns about medical home demo expansion. July 1, 2009. www.apapracticecentral.org/reimbursement/medicare-medicaid/demo.aspx. Accessed January 5, 2010.

What Is Medical Home?

The American Academy of Pediatrics (AAP) introduced the medical home concept in 1967, initially referring to a central location for archiving a child's medical records. In its 2002 policy statement, the AAP expanded the medical home concept to include these operational characteristics: accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.¹

The AAP-with the American Academy of Family Physicians (AAFP), American College of Physicians (ACP), and the American Osteopathic Association (AOA)-define the patient-centered medical home (PCMH) as "a health care setting that facilitates partnerships between patients, their personal physicians, and when appropriate the patient's family."

The AAFP and the ACP have since developed their own models for improving patient care. The AAFP's, adopted in 2004, is termed "medical home" and the ACP's, adopted in 2006, is called "advanced medical home."

Increased attention is being drawn to the concept of medical home for a variety of reasons. For example, a report by the Deloitte Center for Health Solutions states: "Two trends are helping to build momentum around the medical home model: 1) a growing shortage of primary care clinicians due to adverse practice conditions; and 2) the increasing prevalence of chronic diseases among the U.S. population."²

During the 2008 presidential campaign, Barack Obama endorsed the medical home concept, citing the increase in chronic disease. In July 2008, responding to a question from the American Academy of Family Physicians, he said: "I support the concept of a patient-centered medical home, and as part of my health care plan, I will help providers establish them. Rates of chronic diseases have skyrocketed in the last 2 decades; over 133 million Americans have at least one chronic disease. With proper care, the onset and progression of these diseases can be contained for many years. In addition to the needless suffering and early death they cause, these chronic conditions cost a staggering \$1.7 trillion yearly...."

"As president, I will encourage and provide appropriate payment for providers who implement the medical home model, including physician-directed, interdisciplinary teams, disease management and care coordination programs, quality assurance mechanisms, and health IT systems which collectively will help to improve care for those with chronic conditions."³

Different models appear to envision different roles for the physician and for other service providers. For example, one principle of the AAP model is that "the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients." Further, "the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life: acute care, chronic care, preventive services, and end of life care."¹

On the other hand, a joint statement by APTA and 9 other organizations representing health care non-physician providers regarding a proposed government demonstration project on medical home stated: "The demonstration project should not be exclusive to physicians. It must include all health care professionals that provide primary care services to beneficiaries. To limit the demonstration to physicians would be to undermine the demonstration given that so much of primary care received in the U.S. today, particularly in rural and urban underserved areas, is not actually provided by physicians."⁴

Another question is whether medical home is simply the managed care gatekeeper model in a new guise. Its supporters argue it isn't. For example, Jane Brody wrote in the *New York Times* : "It is unlike managed care, in which primary doctors act as gatekeepers to specialists and the overriding goal is not managing care but managing costs."⁵

References

1. Joint Principles of the Patient-Centered Medical Home. American Academy of Pediatrics. March 2007. Available at www.medicalhomeinfo.org/joint%20Statement.pdf Accessed January 6, 2010.
2. The Medical Home: Disruptive Innovation for a New Primary Care Model. Deloitte Center for Health Solutions. Available at www.deloitte.com/us/healthsolutions Accessed January 5, 2010.
3. Patient-Centered Medical Home. Statements of Support American Academy of Family Physicians. October 2009. Available at www.aafp.org/online/etc/medialib/aafp_org/documents/press/pcmh-summit/pcmh-statements-of-support.Par.0001.File.tmp/Statements-Support10-9-08.pdf Accessed January 22, 2010.
4. The APTA Practice Organization expresses concerns about medical home demo expansion. July 1, 2009. Available at www.apapracticecentral.org/reimbursement/medicare-medicaid/demo.aspx. Accessed January 5, 2010.
5. Brody JE. Personal health; a personal, coordinated approach to care. *New York Times* 2009 Jun 23. Accessed January 7, 2010.

PT in Motion - March 2010

1111 North Fairfax Street, Alexandria, VA 22314-1488
703/684-APTA (2782) * 800-999-2782 * 703/683-6748 (TDD)
703/684-7343 (fax)

All contents © 2010 American Physical Therapy Association. All Rights Reserved. [Disclaimer](#) [Privacy Policy](#) [Terms & Conditions](#)