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Patient Centered Medical Home: What May Be on the Horizon for Urologists

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Abstract

Introduction: Medicine has used acronyms for hundreds of years to describe clinical conditions.
Methods: In urology the acronyms BPH (benign prostatic hyperplasia), ED (erectile dysfunction), IC (interstitial cystitis) and AUR (acute urinary retention) are examples with which we are all familiar. Today we use acronyms to describe the organizational and structural aspects of medicine.
Results: The 2 most recent medical acronyms are PPACA (Patient Protection and Affordable Care Act) and ACO (accountable care organization). Now a new acronym, PCMH (patient centered medical home), is looming on the horizon. This article defines patient centered medical home, discusses its purpose and finally attempts to predict its impact on clinical urological practices.
Conclusions: At this time no menu is yet available for specialty groups, including urologists, to engage their participation in patient centered medical homes.

Key Words: urology, delivery of health care, primary health care, Patient Protection and Affordable Care Act, patient-centered care

Abbreviations and Acronyms Q1

AHRQ = Agency for Healthcare Research and Quality

PCMH = patient centered medical home

PCP = primary care physician

PCSP = patient centered specialty practice

For several decades the government and insurance companies have made attempts to control the spiraling cost of medical care. In the United States we spend 17% of gross domestic product on health care, which is the highest in all of the developed countries in the Western Hemisphere. Total health care spending in the United States is expected to reach $4.8 trillion in 2021, up from $2.6 trillion in 2010 and $75 billion in 1970. To put it in context this means that health care spending will account for almost 20% of gross domestic product or a fifth of the American economy by 2021.[1] If the trend continues, the cost of health care will be unsustainable. Therefore, efforts have been made at every level of medicine to control costs. Also, added to the mix of government intervention is an effort to improve the quality of health care.

Definition of PCMH Q2

PCMH is an attempt to improve health care in America by transforming how primary care is organized and delivered. The medical home is best described as a model or philosophy of primary care that is patient centered, comprehensive, team based, coordinated, accessible and focused on quality and safety. It has become a widely accepted model for how primary care should be organized and delivered throughout the health care system. It is a philosophy of health care delivery that encourages providers and care teams to meet patients where they are from the most simple to the most complex conditions. It is a place where patients are treated with respect, dignity and compassion, and it enables strong and trusting relationships with providers and staff. Above all the medical home is not a final destination. Instead it is a model for achieving primary care excellence so that care is received in the right place, at the right time and in the manner that best suits patient needs.

Building on the work of a large and growing community the AHRQ defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core

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functions of primary health care.[2] The medical home encompasses 5 functions and attributes.

Comprehensive Care

The medical home is accountable for meeting the large majority of the physical and mental health care needs of each patient, including prevention and wellness, acute care and chronic care. Providing comprehensive care requires a team of care providers. This team might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators and care coordinators. Although some medical home practices may bring together large and diverse teams of care providers to meet the needs of their patients, many others, including smaller practices, will build virtual teams linking themselves and their patients to providers, specialists (including urologists) and services in their communities.

Patient Centered

The medical home provides primary health care that is relationship based with an orientation toward the whole person. Partnering with patients and their families requires understanding and respecting the unique needs, culture, values and preferences of each patient. The medical home practice actively supports patients in learning to manage and organize their care at the level that the patient chooses. Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans.

Coordinated Care

The medical home coordinates care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and supports. Such coordination is particularly critical during transitions between care sites, such as when patients are discharged from the hospital. Medical home practices also excel at building clear and open communication among patients and families, the medical home and members of the broader care team.

Accessible Services

The medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone or electronic access to a member of the care team and alternative methods of communication such as e-mail and telephone care. The medical home practice is responsive to patient preferences regarding access.

Quality and Safety

The medical home demonstrates a commitment to quality and quality improvement by ongoing engagement in activities such as using evidence-based medicine and clinical decision support tools to guide shared decision making with patients and families, engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practicing population health management. Sharing robust quality and safety data, and improvement activities publicly is also an important marker of a system level commitment to quality.

AHRQ recognizes the central role of health information technology in successfully implementing the key features of the medical home. Additionally, AHRQ notes that building a delivery platform that the health care system can rely on for accessible, affordable, high quality health care will require significant work force development and fundamental payment reform.

With the United States spending approximately 30% or $700 billion on unnecessary health care services[3] consensus continues to build around PCMH and its critical role in achieving the 3 main objectives, including better care, better health and lower costs. More than 90 health plans, dozens of employers, 43 state Medicaid programs, numerous federal agencies, hundreds of safety net clinics and thousands of small and large clinical practices nationwide have adopted this innovative model.[4]

What Will Impact of PCMH Be on Urological Practices?

The NCQA (National Committee for Quality Assurance) recently introduced PCSP recognition. The goal of this evaluation program is in sync with the efforts of the government to improve quality and coordination of care. Sharing information between the PCP and the specialty practice is central to this goal.

PCSP program participants are expected to 1) develop and maintain referral agreements and care plans with PCP practices, 2) provide superior access to care, including electronically, when patients need it, 3) track patients with time and across clinical encounters to ensure that patient care needs are met and 4) provide patient centered care that includes the patient and when appropriate the family or caregivers in planning and setting goals.

PCSP also evaluates medication management, test tracking and followup, and information flow over transactions between PCPs and urologists. PCSP will also focus on clinical outcomes and the patient experience. Outcome examples will include readmissions within 90 days of hospital discharge and the patient experience will include patient satisfaction.

Hopefully this program of coordination between PCSP and urologists will reduce the cost of care and improve the quality of care. The purpose of PCSP is to improve coordination in the outpatient setting, which will lead to decreased duplication of procedures and tests, and to fewer hospitalizations.[5]

Urological practices that plan to embrace and implement a PCMH can plan to use strategies to enhance access, such as home or telephone visits. These practices will have to identify high risk patients and use evidence-based clinical guidelines, performance monitoring and electronic health records to improve quality and safety.