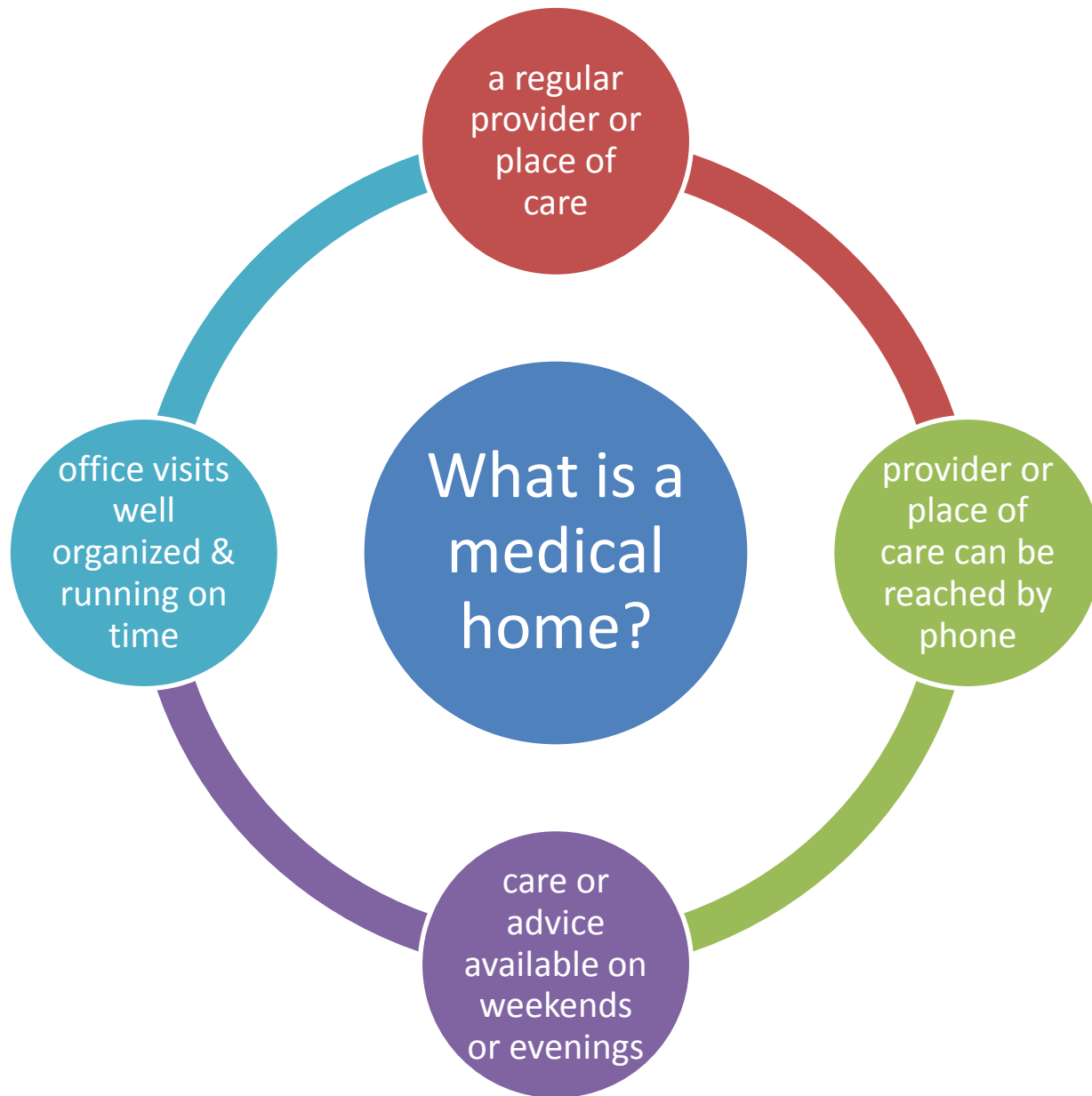


Introduction to Patient-Centered Medical Homes*

***“creating access to the right health care,
at the right time, in the right place”***

* a medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.



Source: Commonwealth Fund 2006 Health Care Quality Survey.

Each patient has an ongoing relationship with a personal physician trained to provide first-contact, continuous, and comprehensive care

A personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients

Medical Home Principles

Care is coordinated and/or integrated across all elements of the complex health care system and the patient's community

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

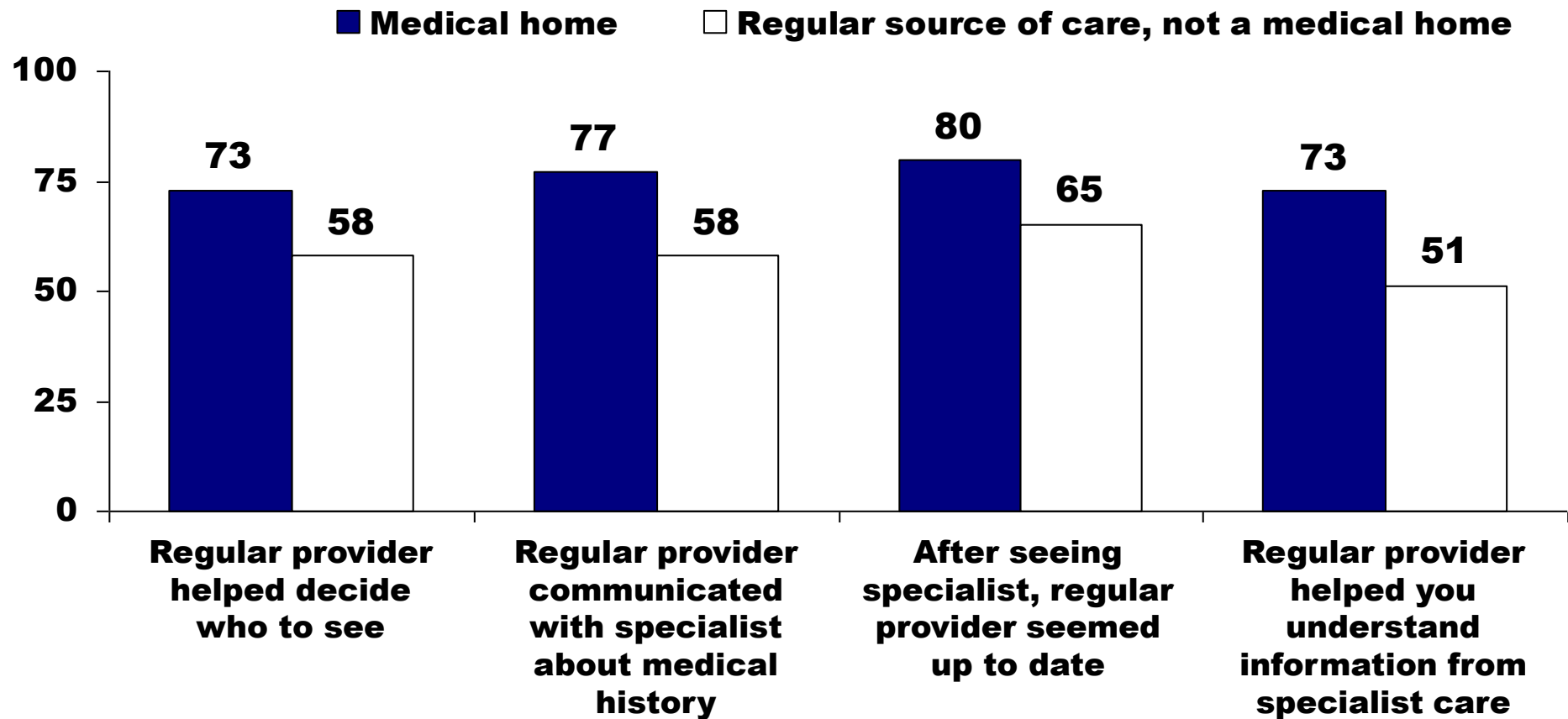
Business Definition of a Medical Home

A “medical home” is not a house, hospital or other building. Rather, it is a term used to describe a health care model in which individuals use primary care practices as the basis for accessible, continuous, comprehensive and integrated care. The goal of the medical home is to provide a patient with a broad spectrum of care, both preventive and curative, over a period of time and to coordinate all of the care the patient receives. The medical home model is promising because it has the potential to reduce overall costs in the U.S. health system. However, the concept is also problematic given the system’s current lack of incentives around chronic care coordination and preventive health programs.

~ Deloitte Center for Health Solutions, *The Medical Home: Disruptive Innovation for a New Primary Care Model* (2008)

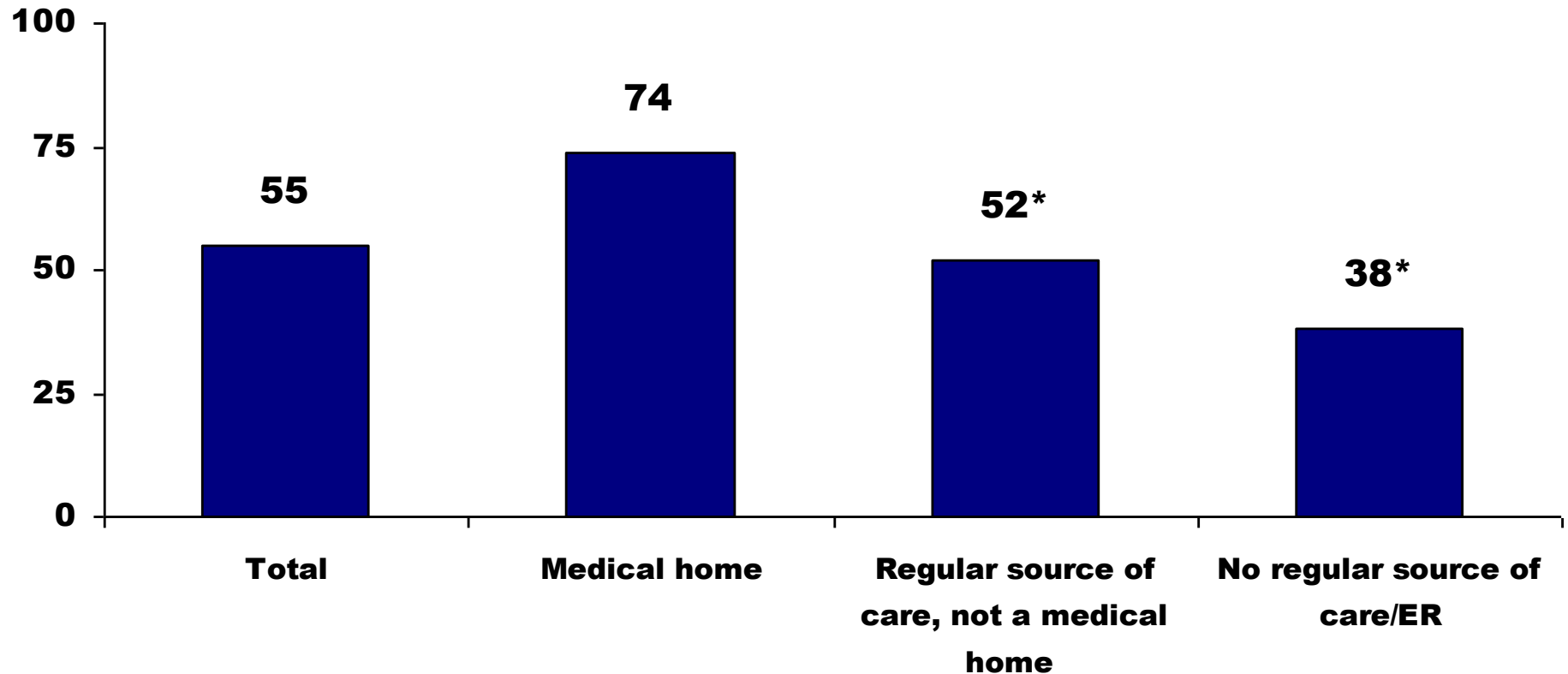
Patients with a Medical Home Report Better Coordination Between Their Regular Provider and Specialist

Percent of adults ages 18–64 who have seen a specialist in past two years



The Majority of Adults with a Medical Home Always Get the Care They Need

Percent of adults 18–64 reporting always getting care they need when they need it

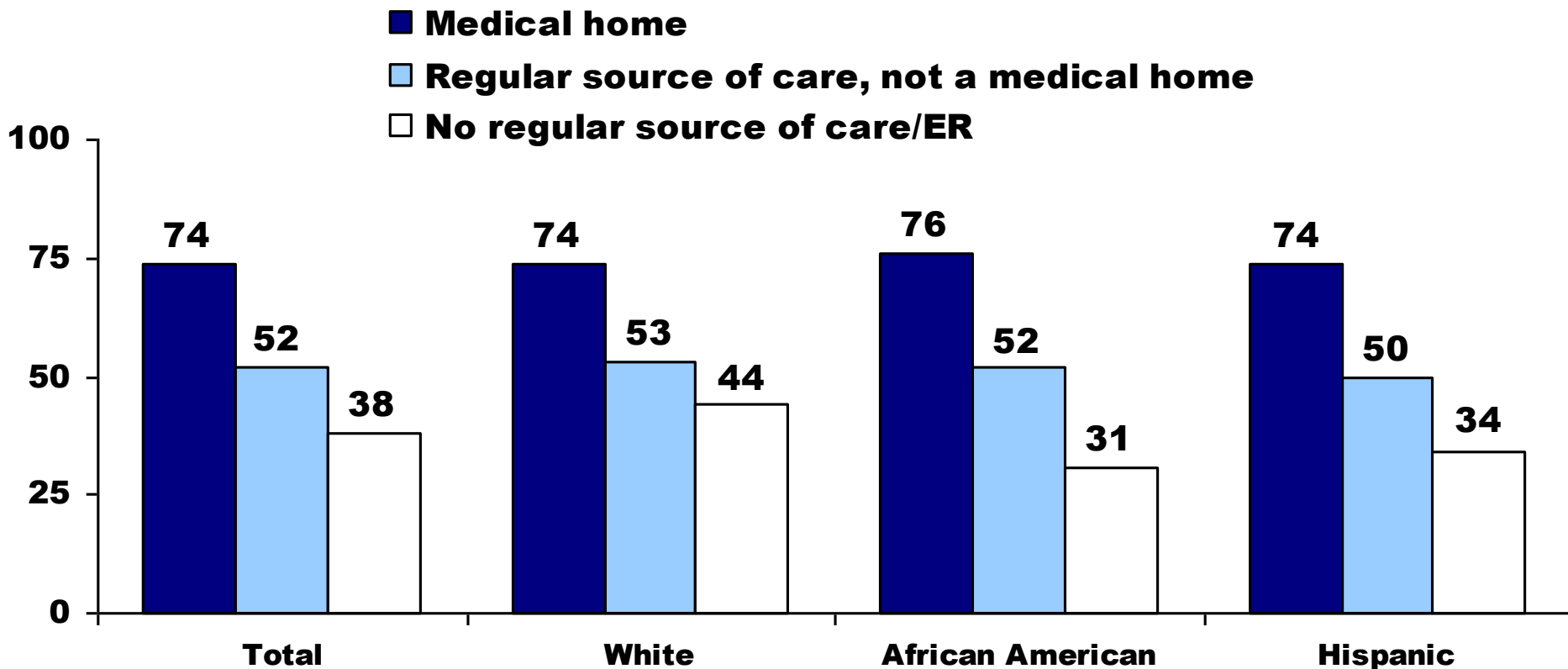


* Compared with medical home, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.

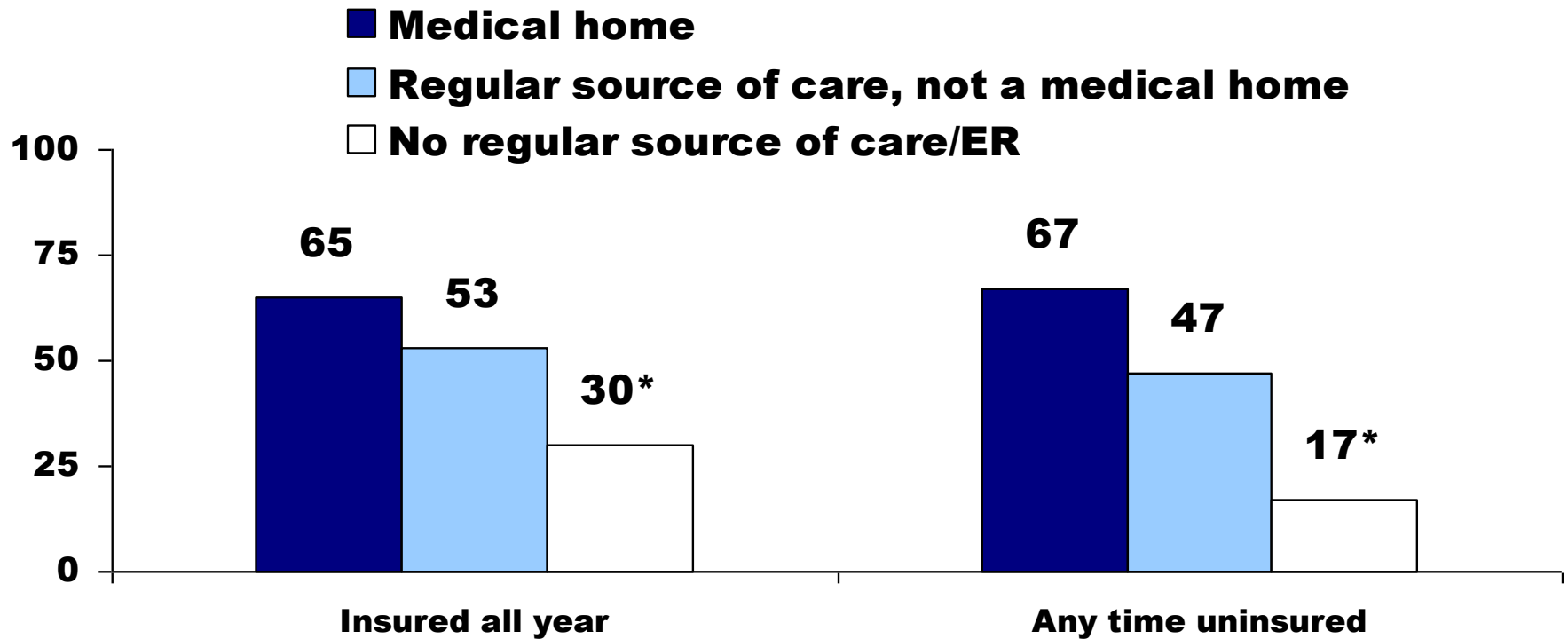
Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it



Patients with Medical Homes— Whether Insured or Uninsured—Are Most Likely to Receive Preventive Care Reminders

**Percent of adults 18–64 receiving a reminder
to schedule a preventive visit by doctor's office**

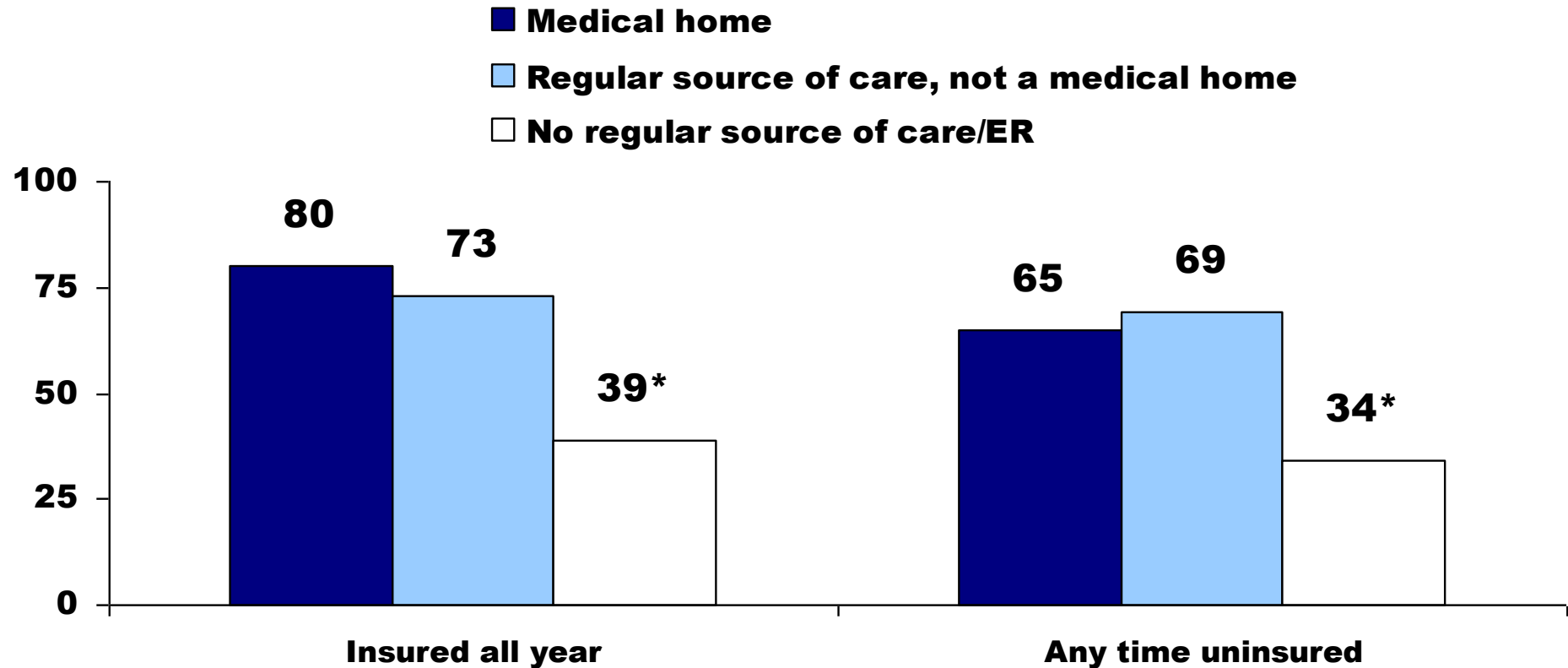


* Compared with medical home, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.

Adults with a Medical Home Have Higher Rates of Counseling on Diet and Exercise Even When Uninsured

Percent of obese or overweight adults 18–64 who were counseled on diet and exercise by doctor



* Compared with medical home, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.