



AHRQ and the Medical Home: Introducing PCMH CAHPS

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Primary Care

AHRQ recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans.



The Medical Home

- AHRQ believes that the primary care medical home, also referred to as the patient-centered medical home (PCMH), advanced primary care, and the health care home, is a promising model for transforming the organization and delivery of primary care.



The Medical Home

- A medical home is not simply a place but a model of primary care that delivers care that is:
 - *Patient-Centered*
 - *Comprehensive*
 - *Coordinated*
 - *Accessible, and*
 - *Continuously improved through a systems-based approach to quality and safety*



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- AHRQ believes that **Health IT**, **workforce development**, and **payment reform** are critical to achieving the potential of the medical home.



What AHRQ does

- Generates New Knowledge
- Synthesizes Evidence
- Supports Implementation



AHRQ PCMH Research

- Retrospective Evaluations
 - Health Partners (Minnesota)
 - WellMed (Texas)
- Mixed Methods Evaluations
 - Transforming Primary Care Practice
 - 14 2-year awards
 - \$600K per study
 - Awarded summer 2010
- Establishing a Research Agenda
 - Co-funded with CWMF and ABIMF
 - Collaboration of SGIM, STFM, APA
 - Results published June 2010 in *JGIM*

Synthesis

- Foundational White Papers and Decision Maker Briefs
 - Engaging Patients and Families in the Medical Home
 - Integrating Mental Health into the Medical Home
 - Meeting the Needs of Complex Patients
 - and many more

- Developed in collaboration with Mathematica Policy Research and National Committee for Quality Assurance



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- Developed in collaboration with Mathematica Policy Research
- **Address Policy and Research Issues**

Synthesis

- Database of published literature on the medical home
 - Over 500 citations
 - Searchable by PCMH domain, policy relevance, and outcomes
 - Includes a section on foundational documents and articles

Implementation

- Toolkit on integrating the CCM in safety net setting
 - Visit: <http://www.ahrq.gov/populations/businessstrategies/>
 - Companion toolkit on utilizing practice coaching
 - Visit: <http://www.ahrq.gov/populations/businessstrategies/coachmanl.htm>
 - Currently conducting field evaluation

- Coming Soon: A How-to-Guide for Creating and Sustaining a Practice Facilitation Program



What AHRQ does

- Generates New Knowledge
- Synthesizes Evidence
- Supports Implementation
- Develops Quality Measures

Measurement

- Developing measures of care coordination in primary care
 - Care Coordination Measure Atlas
 - Collaboration of Battelle and Stanford
 - Includes a conceptual framework and over 60 existing measures mapped to the framework
 - Coming Soon: Synthesis of the best existing measures



Measurement

- Developing measures of care coordination in primary care
- Planning for development of measure of 'team-ness'

Measurement

- Developing measures of care coordination in primary care
- Planning for development of measure of 'team-ness'
- **Development of a PCMH version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS)**
 - Keeping Patient-Centeredness at the front of PCMH



Dissemination

PCMH Patient Centered Medical Home Resource Center

Welcome to PCMH Resource Center

The Agency for Healthcare Research and Quality recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

This Web site provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

What is Medical Home?

A medical home is not simply a place but a model of primary care that delivers care that is:

- Patient-centered
- Comprehensive
- Coordinated
- Accessible
- Continuously improved through a systems-based approach to quality and safety

AHRQ believes that Health IT, workforce development, and payment reform are critical to achieving the potential of the medical home. Learn more about AHRQ's approach to the medical home [here](#)



PCMH Home

- What is PCMH?
- Citations Collection
- AHRQ Commissioned Research
- Foundational Articles
- Outcome Articles
- Website Scan
- How to use this site

Federal Collaborative

- Meetings
- Agency Pages
- Collaboration Forum
- Shared Documents
- How to use this site
- Search Federal Collaborative

- [Browse Directory](#)
- [Edit Directory](#)
- [Edit this Community](#)
- [Administration](#)
- [Analytics Console](#)
- [Admin Community](#)

Tell us your thoughts

[Feedback/Suggestions](#)

Commissioned Research

- [Necessary, but not sufficient: The HITECH Act's Potential to Build Medical Homes](#)
- [Engaging Patients and Families in the Medical Home](#)
- [Integrating Mental Health and Substance Use Treatment in the Patient-Centered Medical Home*](#)

Supporting Resources

- Links to other Federal Sites
- Federal Announcements
- Fed Biz Ops



PCMH.AHRQ.Gov

- Targeted towards meeting the needs of Policy Makers and Researchers
- Includes:
 - AHRQ definition of the medical home
 - Searchable article database
 - Summaries of federal activities in support of the PCMH
 - Foundational white papers and decision maker briefs
 - Tools and resources



Thank You
