

# ACP

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## **NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS Populations/Quality Patient-Centered Medical Home Hearing**

**May 19, 2008  
Washington, DC**

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# The Patient Centered Medical Home (PCMH)

## Scope of This Presentation

- Key PCMH Actors
- Current PCMH Stakeholders

Is there a better way to organize, coordinate and finance primary and principal care that will lead to better outcomes, lower costs, and increased interest in primary care?

# Key PCMH Actors



## ■ Primary Care

- Attributes: IOM definition(1978) - accessible, comprehensive, coordinated, continuous, and accountable care – also defined by Barbara Starfield (1992)—care that is characterized by first contact, accessibility, longitudinality, and comprehensiveness

## ■ The Chronic Care Model

- MacColl Institute for Healthcare Innovation , Ed Wagner and colleagues

## ■ PCMH

- AAP, AAFP, ACP and AOA
- Other professional medical societies

# Key PCMH Actors

- **Education and Training**
  - ME and GME: AAMC, SGIM, Family Medicine, Pediatrics, AOA
  - CME and Practice Transformation: Professional Societies
- **Collaboratives**
  - Patient Centered Primary Care Collaborative (PCPCC)
- **Consultants**
  - Mathematica
  - Urban Institute
- **Foundations**
  - Commonwealth
  - RWJ
- **Government**
  - Federal
  - State

# Key PCMH Actors (Cont.)

- **Implementation**

- Integrated Health Systems, e.g., Geisinger
- Smaller private practice

- **Pilots and Demos**

- Many state private, public and public private initiatives, and Medicare PCMH demo

- **Policy**

- Congress
- MedPAC
- Professional medical societies
- State legislatures

- **Qualification**

- NCQA

# Medical Home Stakeholders

*Primary Care*

*Chronic Care Model*

*PCMH*

