

Medical Home Success Depends on Core Primary Care Attributes

Health IT Overemphasized, Say Researchers

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The authors of a new study published in the March/April issue of *Annals of Family Medicine* have found that most medical home pilot projects place too much emphasis on electronic health records, or EHRs, at the expense of primary care's unique physician-patient relationship.

A researchers for the study [Principles of the Patient-Centered Medical Home and Preventive Services Delivery](#) (9-page PDF; [About PDFs](#)) noted that it is the relationship-centered aspects of primary care that are more highly correlated with the delivery of preventive care services in community-based primary care practices. "Several studies have demonstrated the benefits of high-touch primary care attributes in improving health services and outcomes," said the authors.

According to the study, however, patient-centered medical home, or PCMH, recognition programs, such as the National Committee for Quality Assurance, or NCQA, tend to emphasize technology over the core principles of primary care, which could create future problems for the medical home model of care. "By not adequately measuring and emphasizing key PCMH principles, particularly the core primary care attributes, these projects risk generating null results which may lead to premature abandonment of the PCMH concept by major payers," the authors concluded.

Study Details

In an interview with *AAFP News Now*, corresponding author Jeanne Ferrante, M.D., M.P.H., said the study was unique in its focus on preventive services. The few studies that have focused on patient outcomes in the medical home have gathered statistics on chronic diseases, such as diabetes and heart disease, said Ferrante.

The research involved 568 patients from 24 primary care practices. Researchers used multiple data sources, including patient surveys, chart audits, practice member questionnaires and medical director surveys.

The primary outcome measured was the rate at which patients were up-to-date on a package of preventive services, including cancer screening, lipid screening, influenza vaccination and behavioral counseling. On average, the rate at which patients were on schedule with receipt of those preventive services was nearly 43 percent.

Study authors found that the frequency with which patients visited a practice made a difference in preventive services received. For example, having 13 or more visits was associated with an average increase in preventive services received of more than 15 percent.

Other factors that significantly increased rates of preventive services included

- seeing the same physician,
- completing a well-patient visit within the past five years and
- having a practice referral system to link patients to community programs.

"Having more contacts with the primary care practice and having a visit dedicated to preventive care are important strategies to increase preventive services," noted the authors.

However, on the health IT front, researchers found a practice's use of clinical decision-support tools to be the only "high-tech" indicator clearly linked to patients receiving preventive services.

Implications for the Medical Home

The core pillars of primary care currently are downplayed in most PCMH pilot projects instituted to test the effectiveness of the model, according to the study's authors.

Furthermore, most pilot projects require that practices receive NCQA medical home recognition as a qualifier for participation, and often, participating practices are strongly encouraged to enhance their health IT capabilities. However, the authors noted that a practice may score well on the NCQA qualification tool but may not necessarily practice patient-centered primary care.

A spokesperson for the NCQA supported the organization's work on creating PCMH standards. Tricia Barrett, vice president of product development, told *AAFP News Now* that the organization has tried to capture a balance of the application of technology to support patient care and the continuous relationship a patient has with his or her provider.

"Actually, balancing among these standards isn't a tradeoff," said Barrett. "These elements can complement each other." But, she added, "Combining technology with fostering the patient relationship does require adjustment and learning."

Study authors concluded that plenty of evidence was available to show how primary care improves health care services and outcomes, decreases disparities in care, and reduces health care costs. "In contrast, evidence on benefits of health information technology in improving health in community primary care settings has shown mixed results," they said.

Ferrante called for changes in future PCMH projects that would more "adequately measure and emphasize core primary care attributes."