

Nearly half of physician practices do not meet national standards for 'medical homes'

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Many Americans do not have access to a "medical home"—a physician practice that is able to manage ongoing care for patients and coordinate care among specialists and other health care facilities, according to a University of Michigan Health System-led study.

The study revealed that nearly half (46%) of physician practices do not meet national standards to qualify as a medical home.

"Our study findings are particularly worrisome because the medical home model of care is seen as providing higher quality, more cost-efficient care" said John Hollingsworth, M.D., M.S., the lead author who conducted the study as a Robert Wood Johnson Foundation Clinical Scholar at the University of Michigan. "Ideally, medical homes will help keep patients with chronic diseases from getting lost in the shuffle of our complex, fragmented health care system, yet a growing number of patients do not have access to them."

The study authors mapped physician practice data from the National Ambulatory Medical Care Survey to the National Committee on Quality Assurance's standards for medical homes. They found that larger, multispecialty groups have a greater potential for meeting medical home standards, but nine out of 10 Americans receive health care from physicians who practice in smaller, single-specialty groups.

The 2010 health care reform law provides incentives to build medical home capacity with the goal of improving care and controlling costs.

Federal support for electronic health records and higher reimbursement rates for medical homes are intended to gradually increase the number of medical homes. Yet, Hollingsworth says that current market forces could push health care practices that do not have the infrastructure to be medical homes in the opposite direction and cautions that the push toward medical homes could inadvertently cause some practices to close and further restrict access to care, especially in rural areas.

The researchers' findings also suggest that [health care](#) disparities could be exacerbated because vulnerable populations, such as patients living below the poverty level, often see doctors in practices that do not meet standards for becoming a medical home.

"Patients from the poorest neighborhoods visit practices that do not meet medical home standards at higher rates than those in the more affluent neighborhoods," says Hollingsworth, an assistant professor of urology at the U-M Medical School. "These people are already economically disadvantaged and, on top of that, they wouldn't have access to the potentially higher quality of care offered by this delivery system reform."

Hollingsworth and his coauthors urge policy-makers "to address the challenges facing smaller practices" in order to "make the benefits of medical homes more equitable and widely accessible."

They suggest legislative incentives to help solo or small practices to affiliate with larger physician organizations, practice team-based care, and adopt health information technology. They also recommend initiatives that would enable regional centers to facilitate medical home reforms in less populated areas.

More information: The study, "Adoption of Medical Home Infrastructure Among Physician Practices: Policy, Pitfalls, and

Possibilities," was published online on October 18 in the journal Health Services Research.

Provided by University of Michigan Health System

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