

Use of patient centered medical home features not related to patients' experience of care

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Providing patient care using key features of a Patient-Centered Medical Home (PCMH), a model of health care delivery promoted by major physician groups, may not influence what patients think about the care they receive, reports a new study in *Health Services Research*.

The patient-centered medical home (PCMH) is a team-based model of

[primary care](#) that provides coordinated [care](#) in order to maximize [health outcomes](#). Past research has indicated that a PCMH can improve patients' use of preventive care services and decrease hospitalizations and emergency room visits.

This new study is one of the first to research how patients view their experience with physicians whose practices have incorporated some processes integral to the PCMH model.

“We know that many community leaders are pursuing PCMH strategies to improve patient-centeredness in their regions, often in partnership with health plans and government initiatives, so we clearly thought there might be some relationship between PCMH processes and patient experience,” said lead author Grant Martsolf, a doctoral candidate in the department of health policy and administration at Pennsylvania State University.

The researchers used data from three national surveys of 393 physician practices and 1,304 of the practice's patients. They looked for a relationship between four key PCMH features (having a physician-led practice; offering enhanced access to care; care coordination and integration; and quality and safety) and patient reviews of their care experience.

Researchers found that the use of those four PCMH processes had no significant association with patient reviews of: whether the physician explained things clearly and spends enough time with the patient; treatment goal setting; and out-of-office contact via phone, mail or email.

“Although our study makes an important contribution, I think that the lack of a significant relationship should raise a number of important additional questions about PCMH,” Martsolf said.

Michael Barr, M.D., senior vice president for Medical Practice, Professionalism & Quality at the American College of Physicians, pointed out that one of the study's limitations was that “most of the practices were not attempting to become a patient-centered [medical home](#).”

Martsof noted that impacting patient experience of care may require that a practice adopt the full model of PCMH processes. The researchers also acknowledged that more research is needed to better understand the relationship between patient experience and the various components of the PCMH model over time.

“There is much work to be done to understand the best way to engage [patients](#) and families to improve the experience of care, and how to measure whether indeed the experience has improved,” said Barr. “If constructed properly, early evidence suggests that PCMH practices should improve quality, reduce costs, and enhance patient [experiences](#),” he continued.

More information: Martsof GR, Alexander J, et al. (2012). The patient centered medical home and patient experience. Health Services Research.

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