Psychology essential to achieving goals of patient-centered medical homes

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Psychologists can offer critical experience and expertise in strengthening the increasingly common model of coordinated health care, the patient-centered medical home, helping to achieve the "triple aim" of improved outcomes, decreased cost and enhanced patient experience, according to articles published by the American Psychological Association.

"Primary and specialty health care in America for youth, adults and their families are undergoing substantial redesign through the implementation of the patient-centered medical home, in which teams of medical and behavioral health care providers work collaboratively, often in the same practice, to achieve the triple aim," said Anne E. Kazak, PhD, editor of *American Psychologist*, APA's flagship journal. "Psychology must embrace its rightful place as a health profession in the PCMH model, which prioritizes the integration of behavioral and physical health care."

The January issue of *American Psychologist* is composed of five articles that highlight the valuable role of psychologists in PCMHs and the evidence that their inclusion results in improved health outcomes. The articles also emphasize opportunities for more effective coordination and address the challenges inherent in making fundamental changes to how health care is delivered, including payment models that pose barriers to coordinated care.

"A prime reason for integrating behavioral health into patient-centered medical homes is that behavioral health problems are very common in medical patients and frequently complicate care delivery and

effectiveness," said Nadine J. Kaslow, PhD, of Emory University, who was one of the issue's scholarly leads, along with Kazak and Kimberly Hiroto, PhD, of Puget Sound VA Health Care System. "Up to 30 percent of primary care patients meet diagnostic criteria for behavioral health problems, including anxiety, mood and substance use disorders. The costs of managing chronic disease increase markedly when co-occurring behavioral health conditions exist. Largely preventable and modifiable health behaviors, such as poor diet, lack of exercise, and tobacco and other substance use, contribute to nearly half of all premature deaths."

Among the proven benefits of the PCMH, which is a "one-stop-shop" that reduces the need for patients to go elsewhere for behavioral health care, are improved attendance at appointments, better adherence by patients to care recommendations, increased engagement in health promotion activities, and more effective communication and care planning among health care team members and patients and their loved ones.

However, one of the chief impediments to more widespread implementation of the PCMH model is the fragmented payment system that has evolved in American health care, according to one of the articles in the special section. Historically, medical and behavioral health services have been paid through two distinct channels in which providers are reimbursed for specific services during separate visits. Some state policies even limit billing for medical and behavioral health services on the same day. "To fully transform the U.S. health care system, payment structures will need to change to focus on patient outcomes, rather than fee for service," Kazak said.

The medical home concept came originally from pediatrics in 1967 when it was put forward in the Standards of Child Health Care, published by the American Academy of Pediatrics Council on Pediatric Practice.

"In 2006, the concept was tested in 36 family practices in the United States and by 2008, it had been endorsed by the major primary care professional organizations and an increasing number of specialty care organizations," Kaslow noted. "Because of its demonstrated effectiveness, the PCMH model should be the universal standard of care."

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