THE COMMONWEALTH FUND

Achieving Person-Centered Primary Care: The Patient-Centered Medical Home

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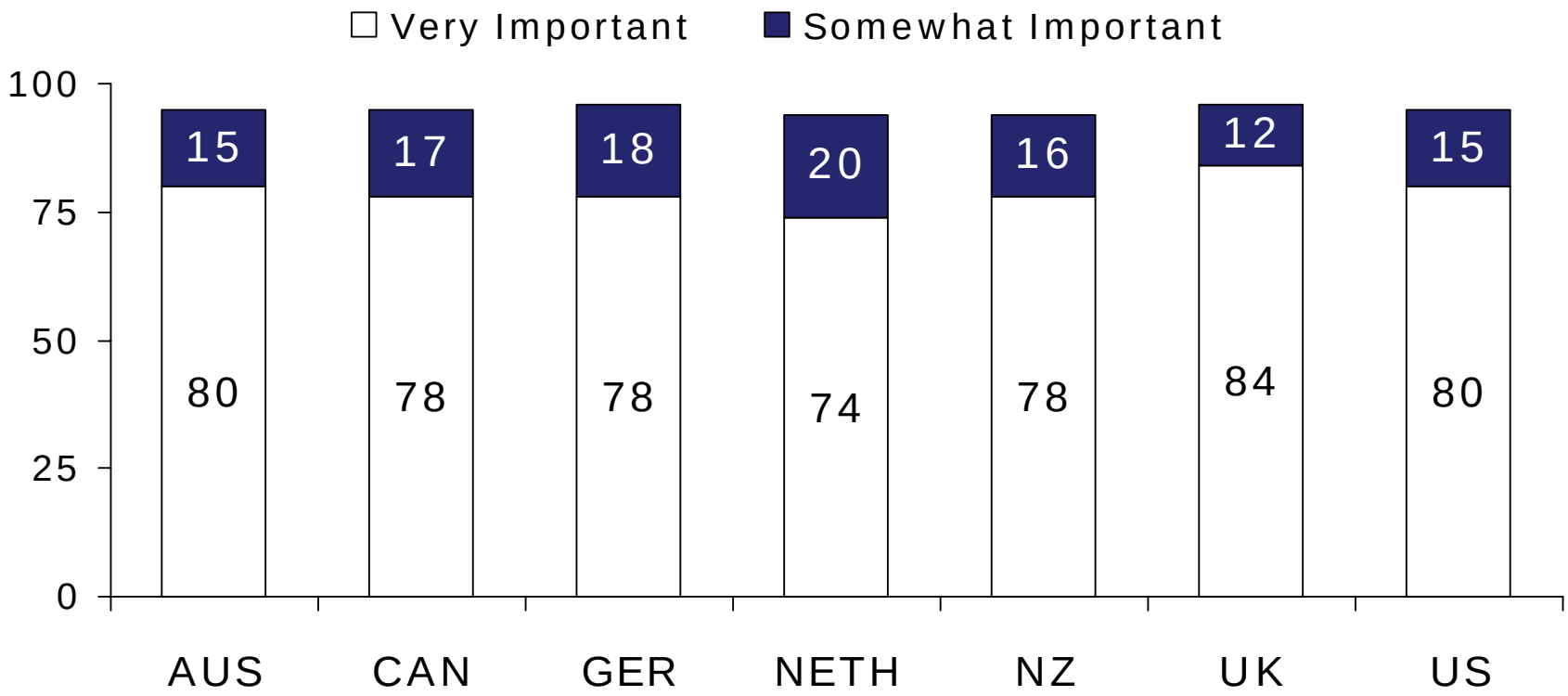
Senate Special Committee on Aging
Hearing on "Achieving Person-Centered Primary Care: The Patient-Centered Medical Home"
July 23, 2008

Charts to accompany written testimony

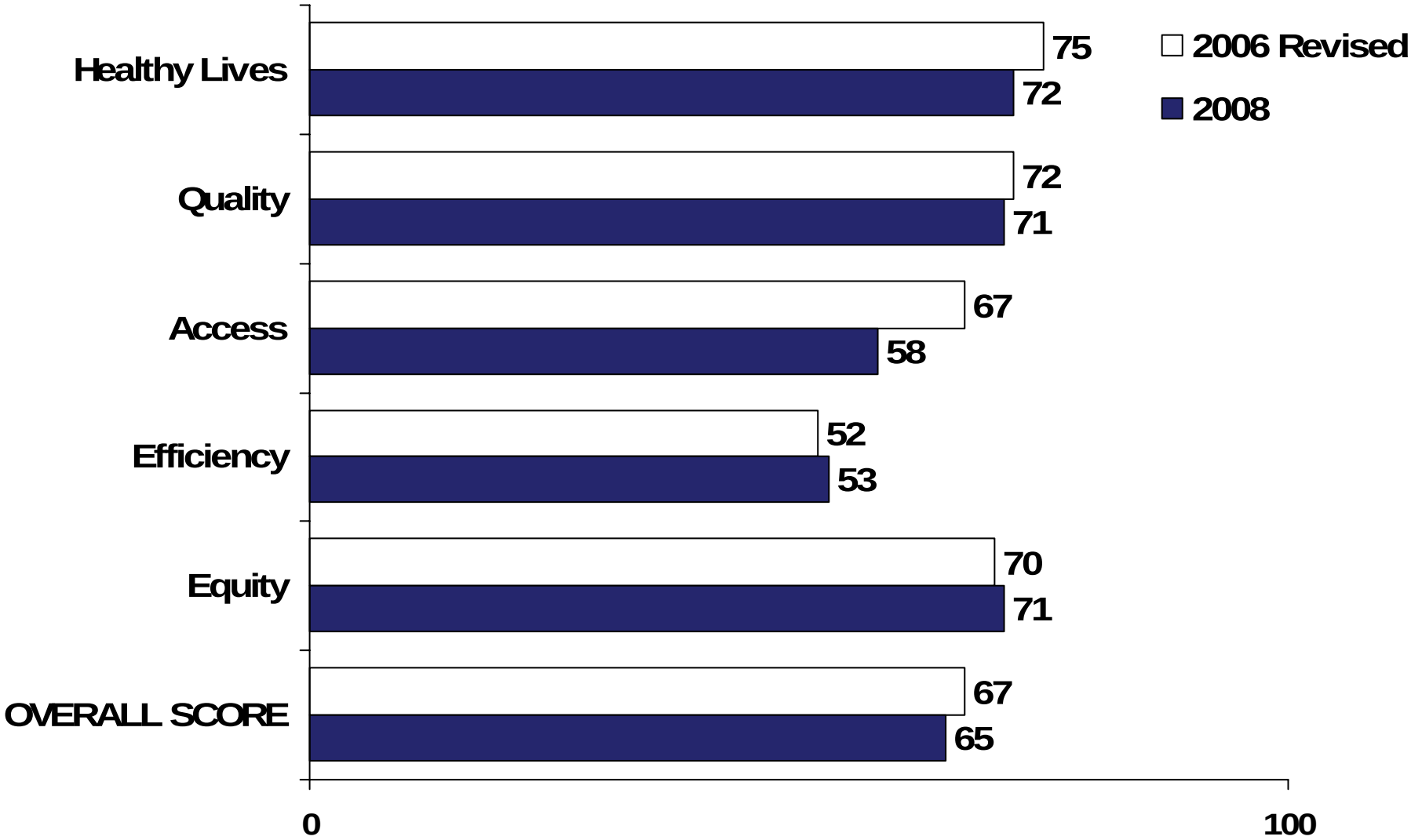
Figure 1. Strong Public Support for "Medical Home": Accessible, Personal, Coordinated Care

When you need care, how important is it that you have one practice/clinic where doctors and nurses know you, provide and coordinate the care that you need?



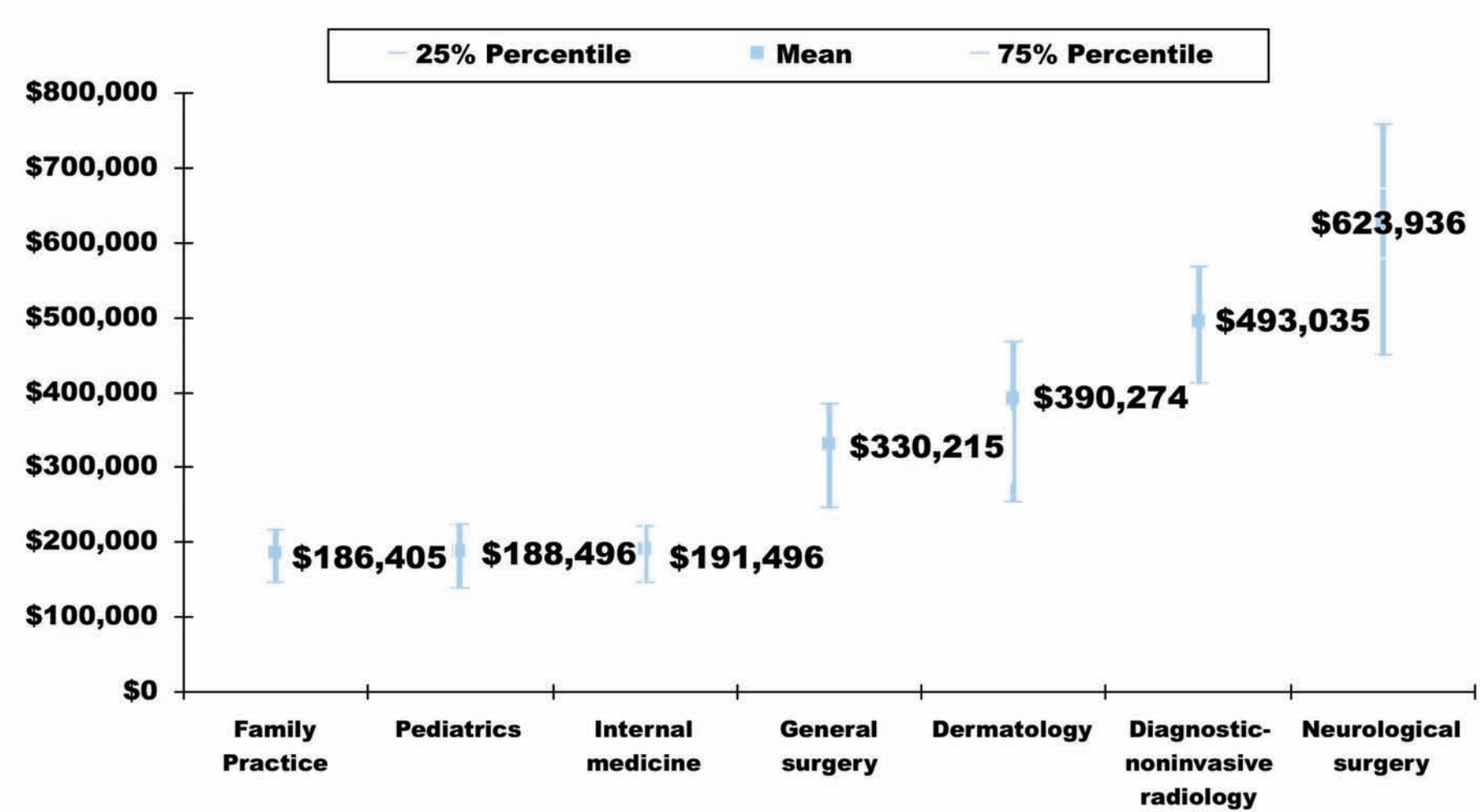
Source: 2007 Commonwealth Fund International Health Policy Survey.

Figure 2. Scores: Dimensions of a High Performance Health System



Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008.

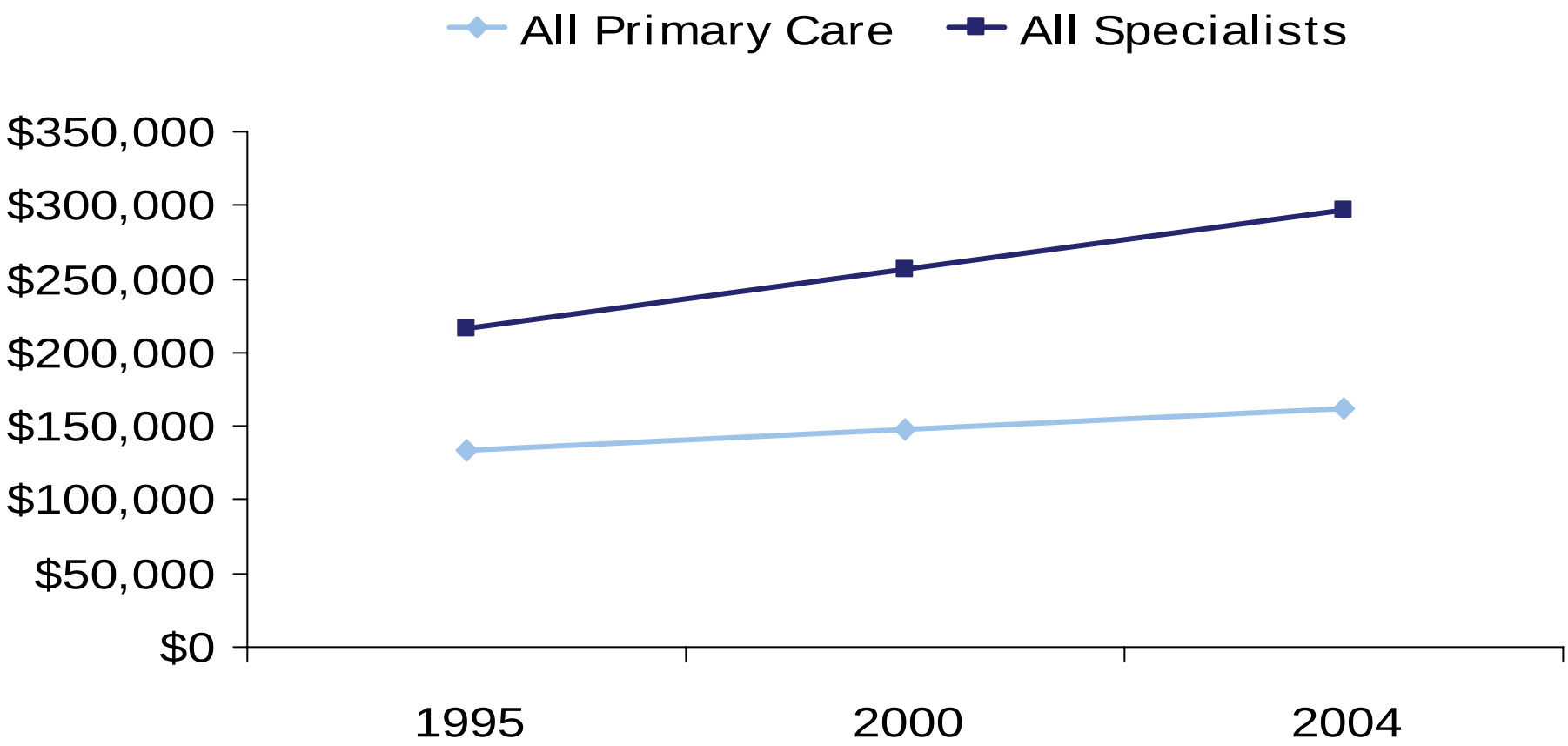
Figure 3. Average Medical Specialty Salaries



Source: Reprinted with permission from the Medical Group Management Association, 104 Inverness Terrace East, Englewood, CO 80112-5306; (303) 799-1111; www.mgma.com. Copyright 2006.

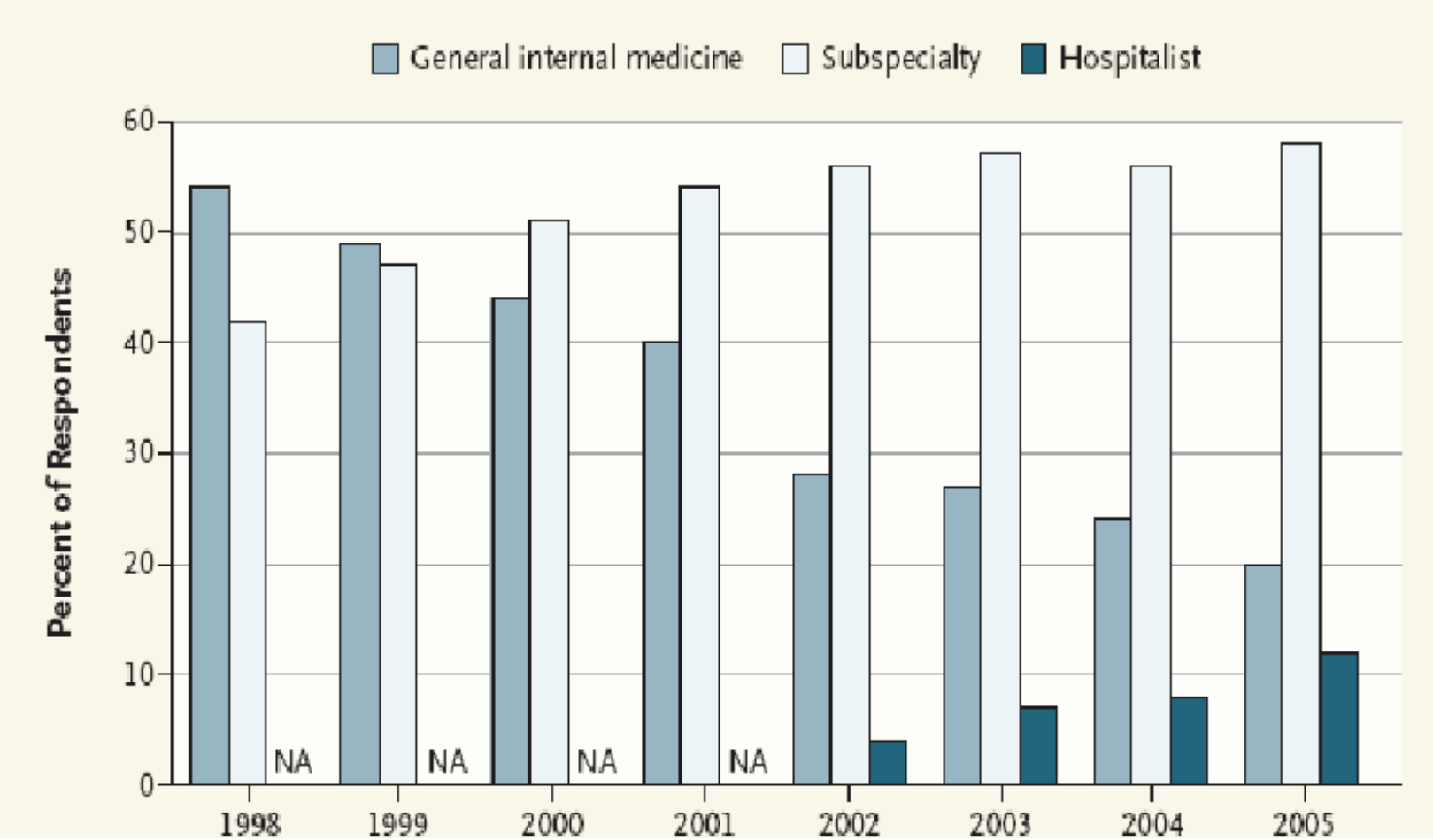
Figure 4. The Primary Care-Specialty Income Gap Is Widening

Median pretax compensation of physicians, 1995–2004



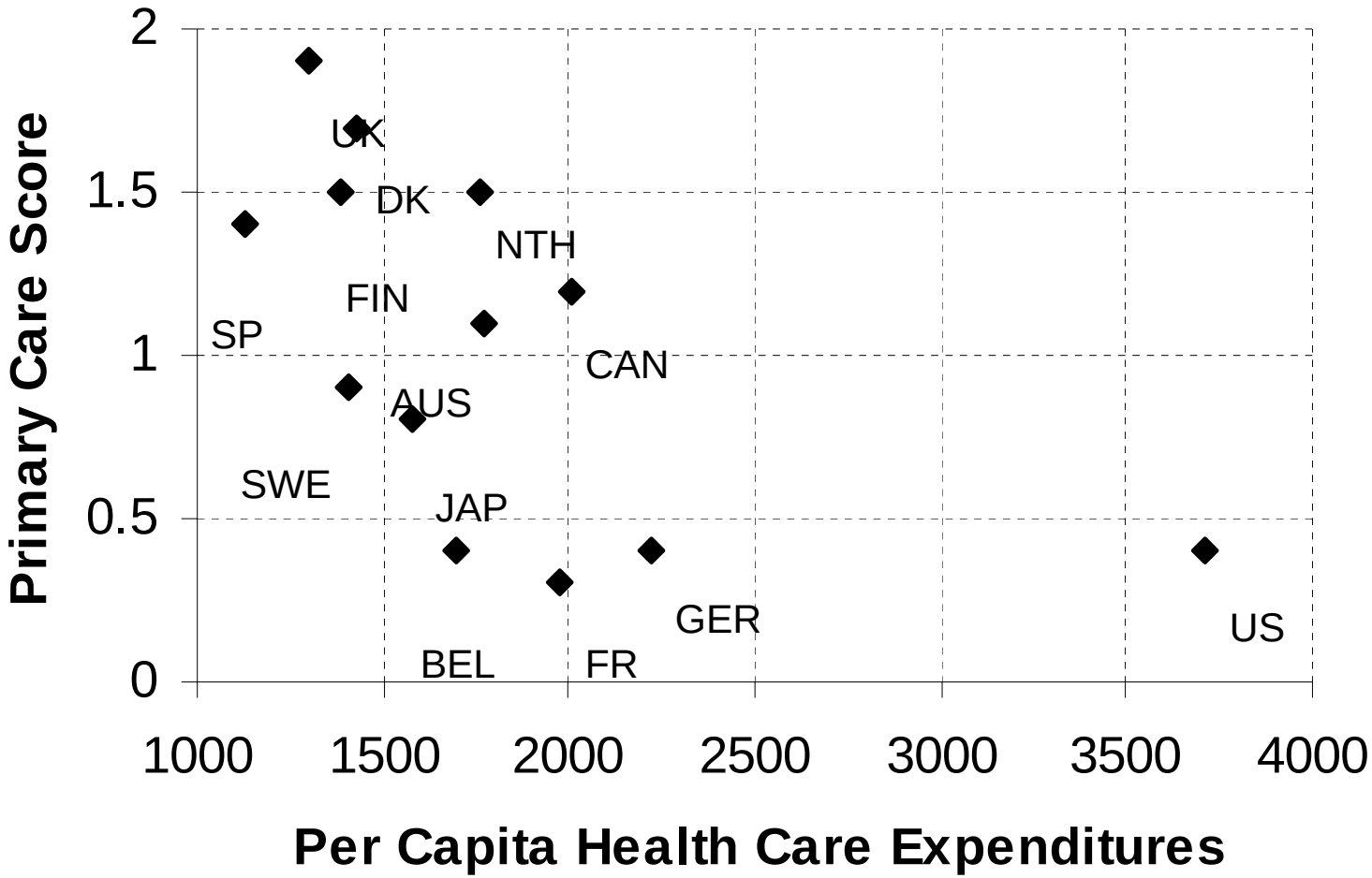
Source: T. Bodenheimer, R. A. Berenson and P. Rudolf, “The Primary Care-Specialty Income Gap: Why It Matters,” *Annals of Internal Medicine*, Feb. 2007 146(4):301–06.

Figure 5. Proportions of Third-Year Internal Medical Residents Choosing Careers as Generalists, Subspecialists, and Hospitalists



Source: T. Bodenheimer, “Primary Care—Will it Survive?” *New England Journal of Medicine*, Aug. 2006 355(9):861–64.

Figure 6. Primary Care Score vs. Health Care Expenditures, 1997



Source: B. Starfield, *Why More Primary Care: Better Outcomes, Lower Costs, Greater Equity*, presentation given at the Primary Care Roundtable: Strengthening Adult Primary Care: Models and Policy Options, Oct. 2006.

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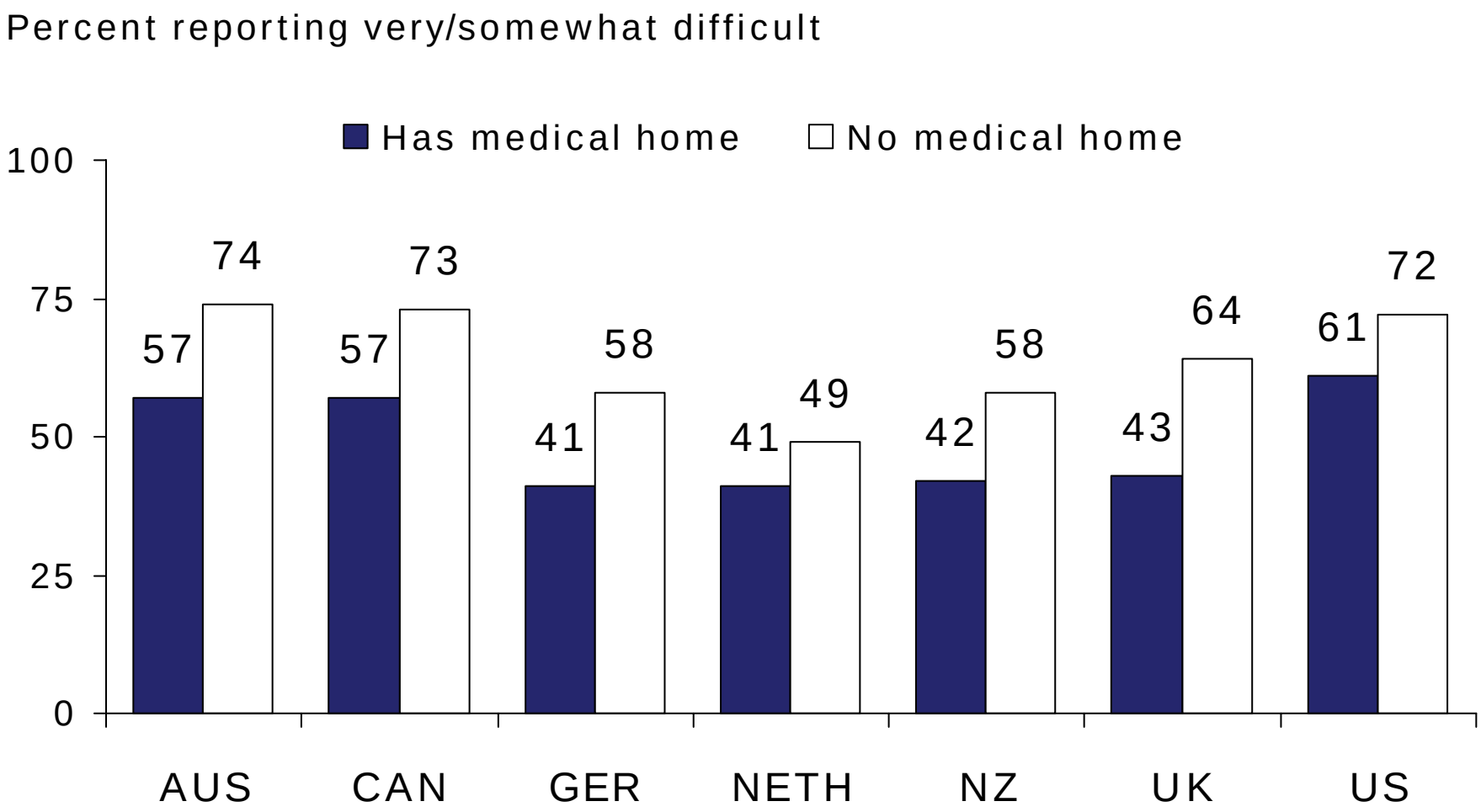
Figure 7. 2007 International Survey
Indicators of a Medical Home: U.S.

Indicator	Percent
Patient has regular doctor or place of care	90
Doctor/staff know important information about patient's history	74
Place is easy to contact by phone during regular office hours	57
Doctor/staff help coordinate care received from other doctors/sources of care	50
All four indicators of Medical Home	50

Source: 2007 Commonwealth Fund International Health Policy Survey.

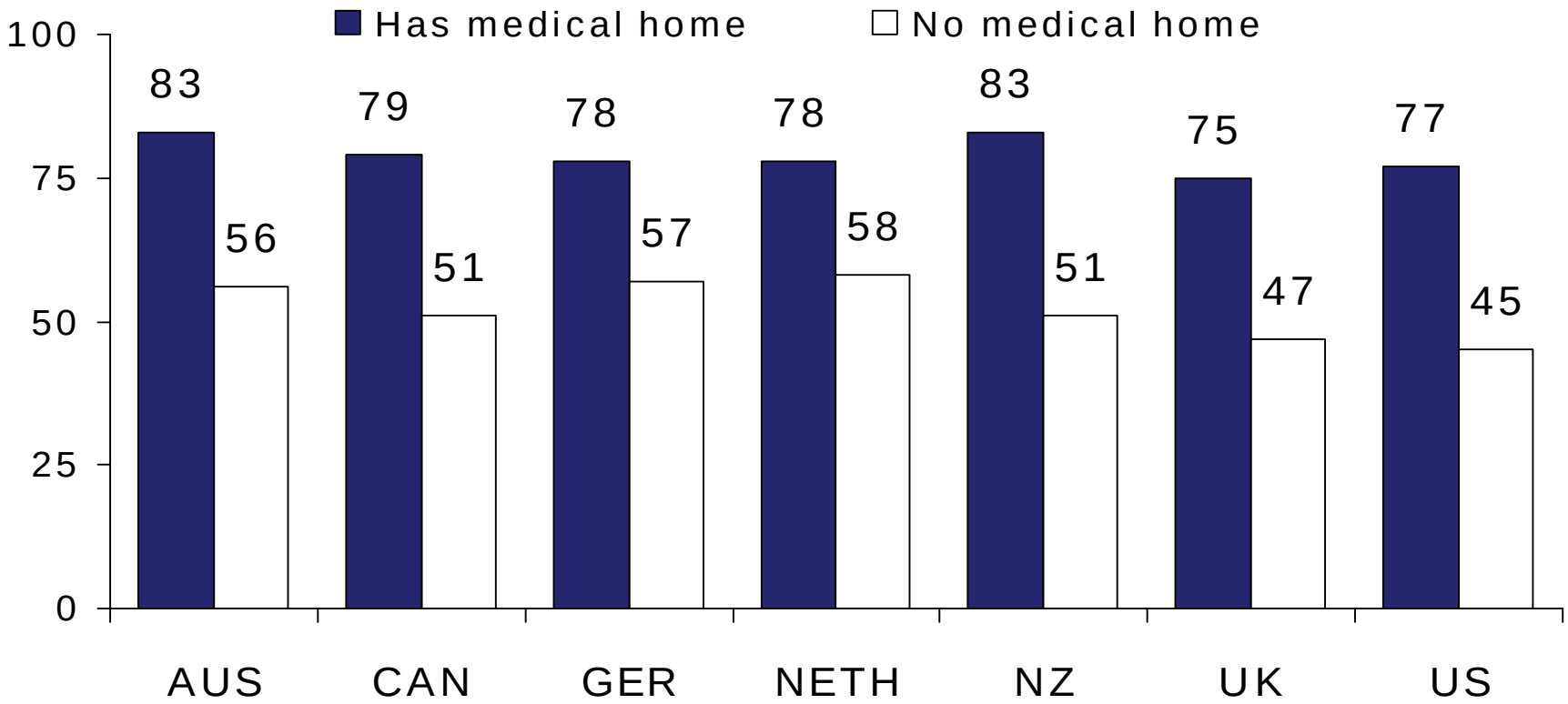
Figure 8. Access: Patients with a Medical Home Less Likely to Report Difficulty Getting Care on Nights, Weekends, and Holidays Without Going to the ER



Note: Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.
Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.

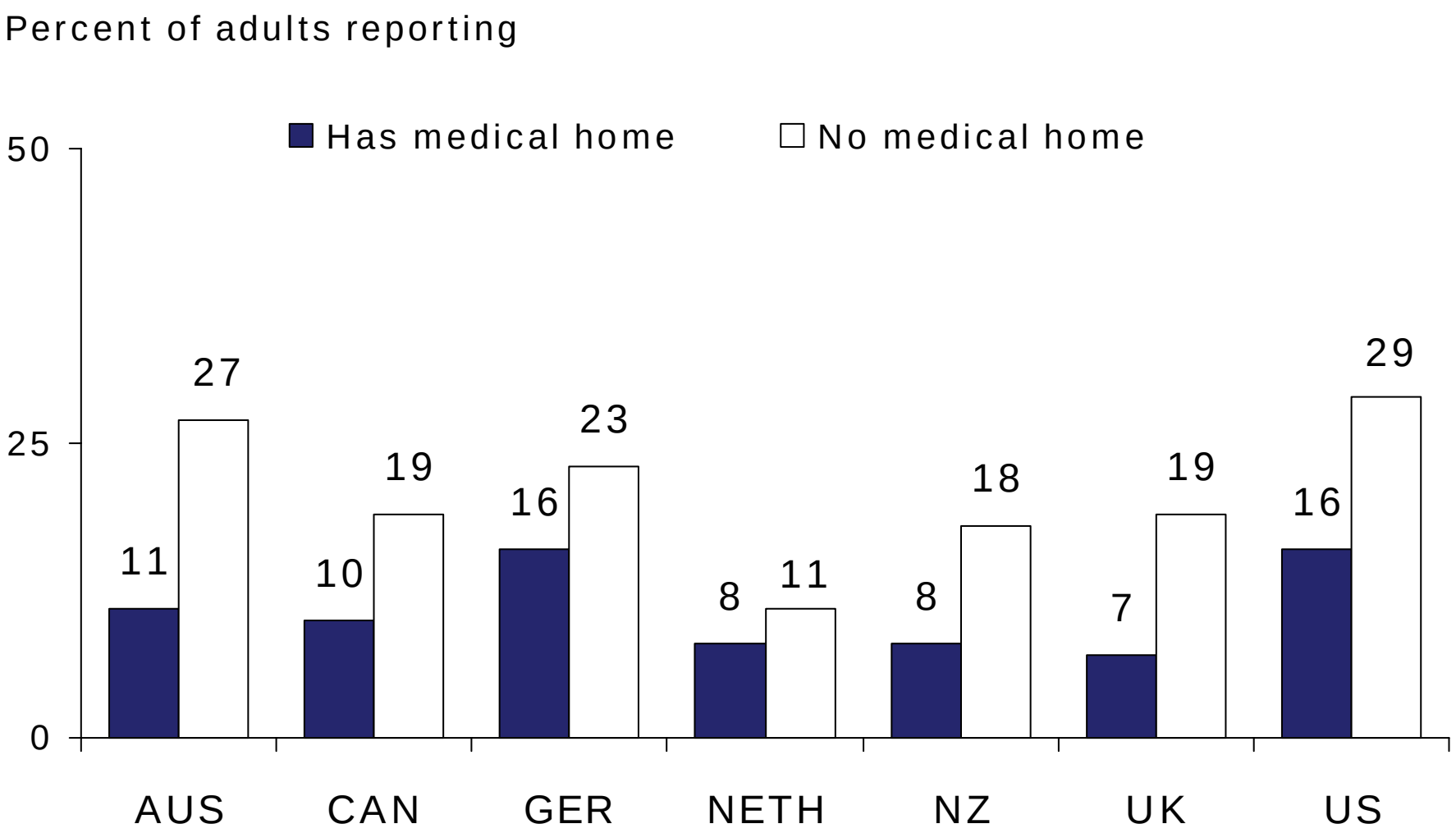
Figure 9. Communication/Decision Making: Doctor Always Explains Things, Spends Enough Time with You, and Involves You in Decisions, by Medical Home

Average percent of adults with a regular doctor or place of care reporting "always" across three indicators of doctor-patient communication



Note: Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.
Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.

Figure 10. Coordination: Medical Records Not Available During Visit or Duplicative Tests, by Medical Home

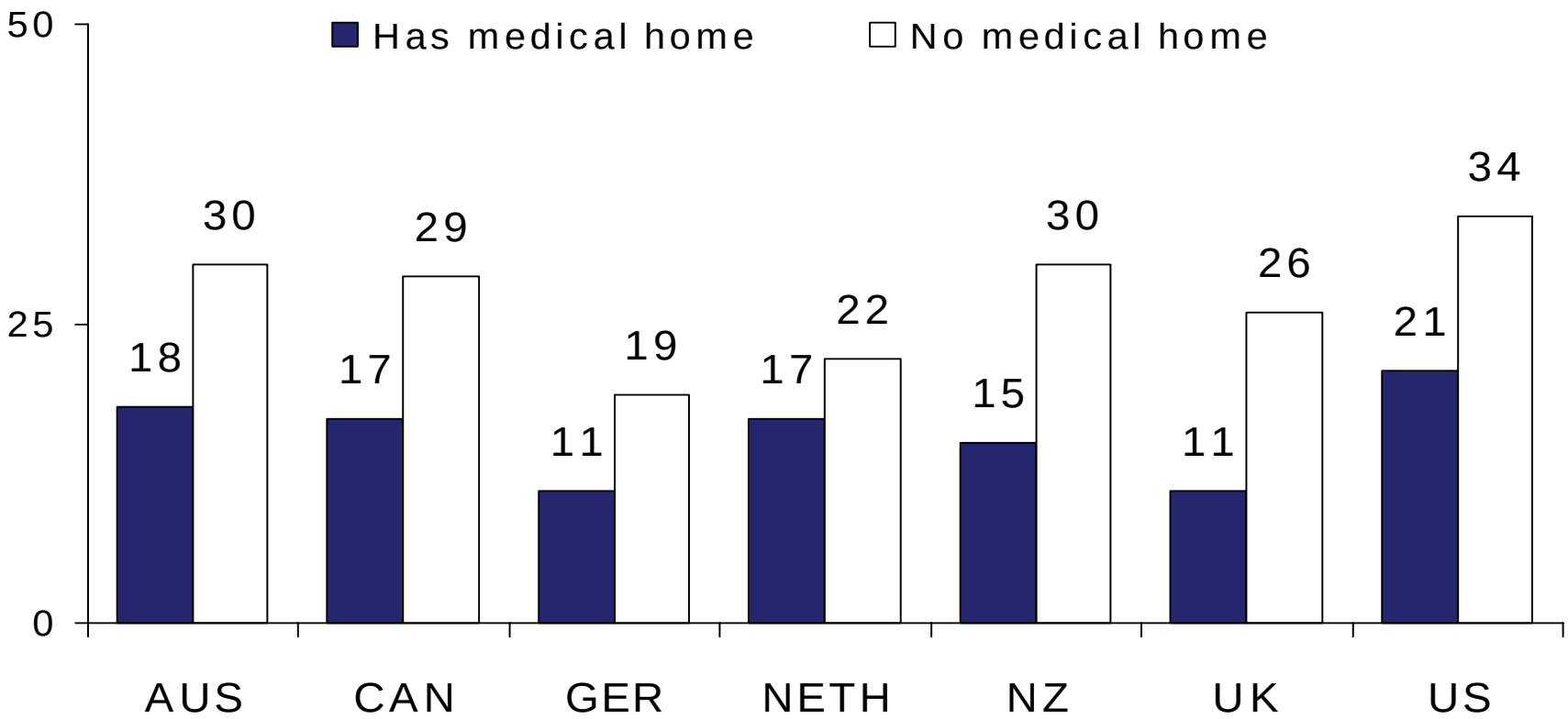


Note: Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.
Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.

Figure 11. Safety: Any Patient-Reported Error

Base: Adults with chronic condition

Percent any medical, medication, or lab error

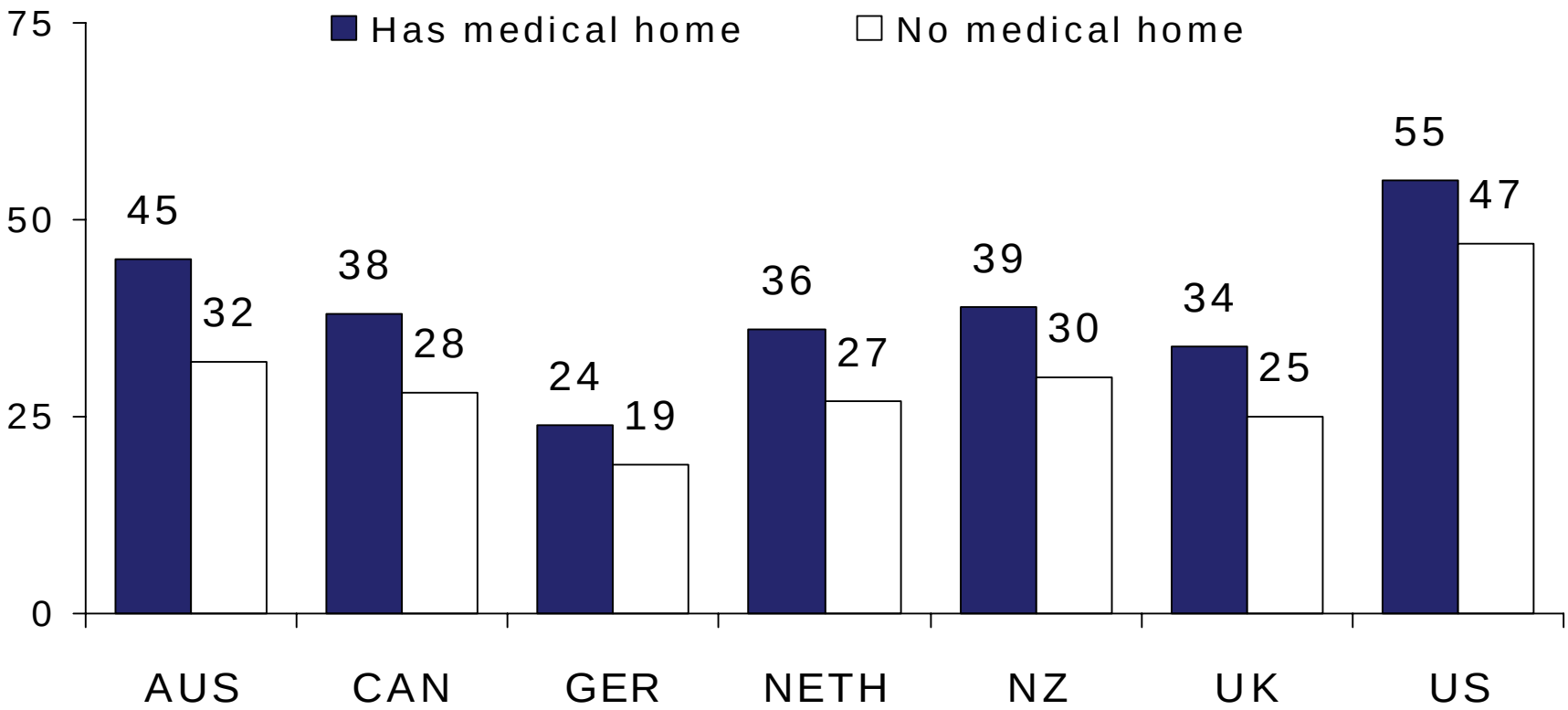


Note: Errors include medical mistake, wrong medication/dose, or lab/diagnostic errors. Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.
Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.

Figure 12. Chronically Ill: Doctor Gives You Written Plan for Managing Care at Home, by Medical Home

Base: Adults with chronic condition

Percent with care plan

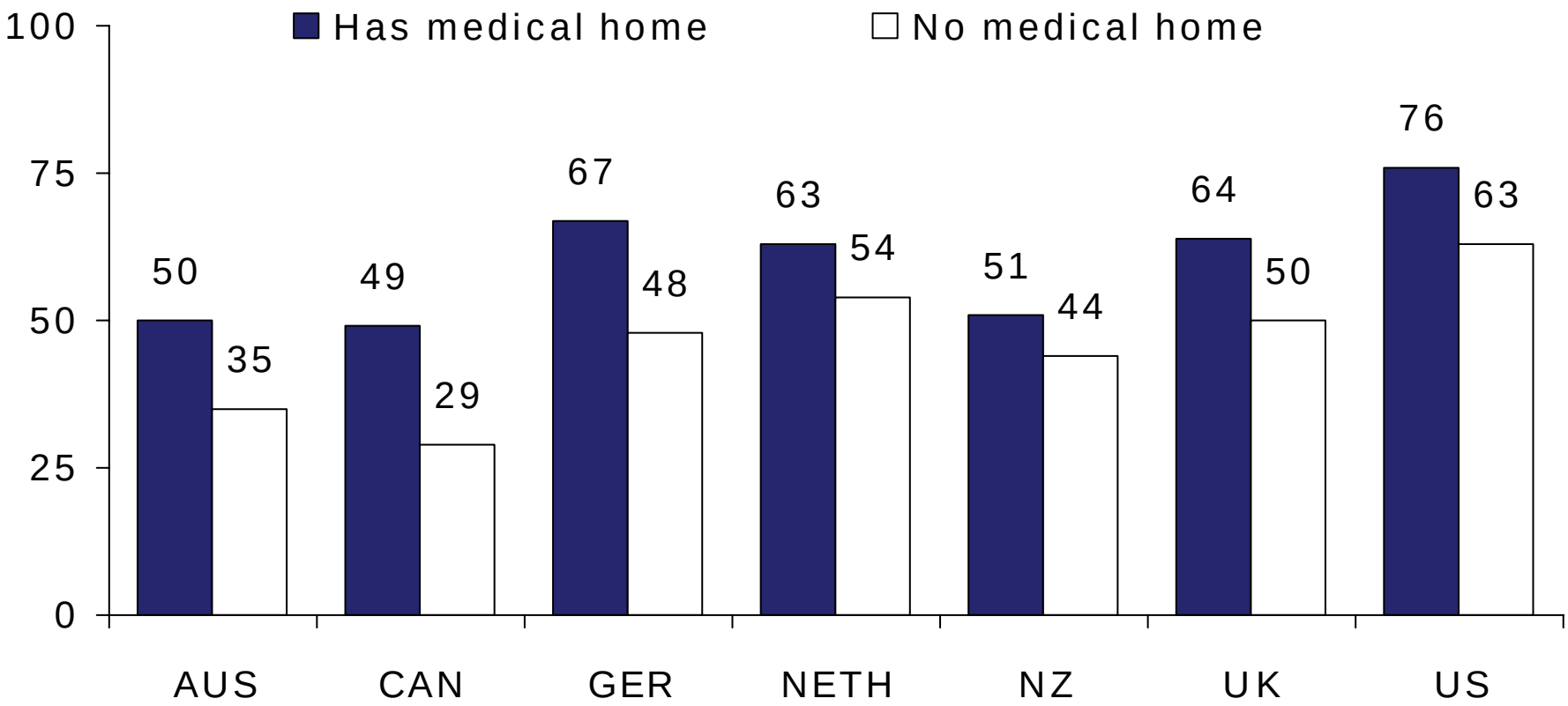


Note: Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.
Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.

Figure 13. Receive Reminder for Preventive/Follow-Up Care, by Medical Home

Base: Adults with a chronic condition

Percent with reminder



Note: Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.
Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.

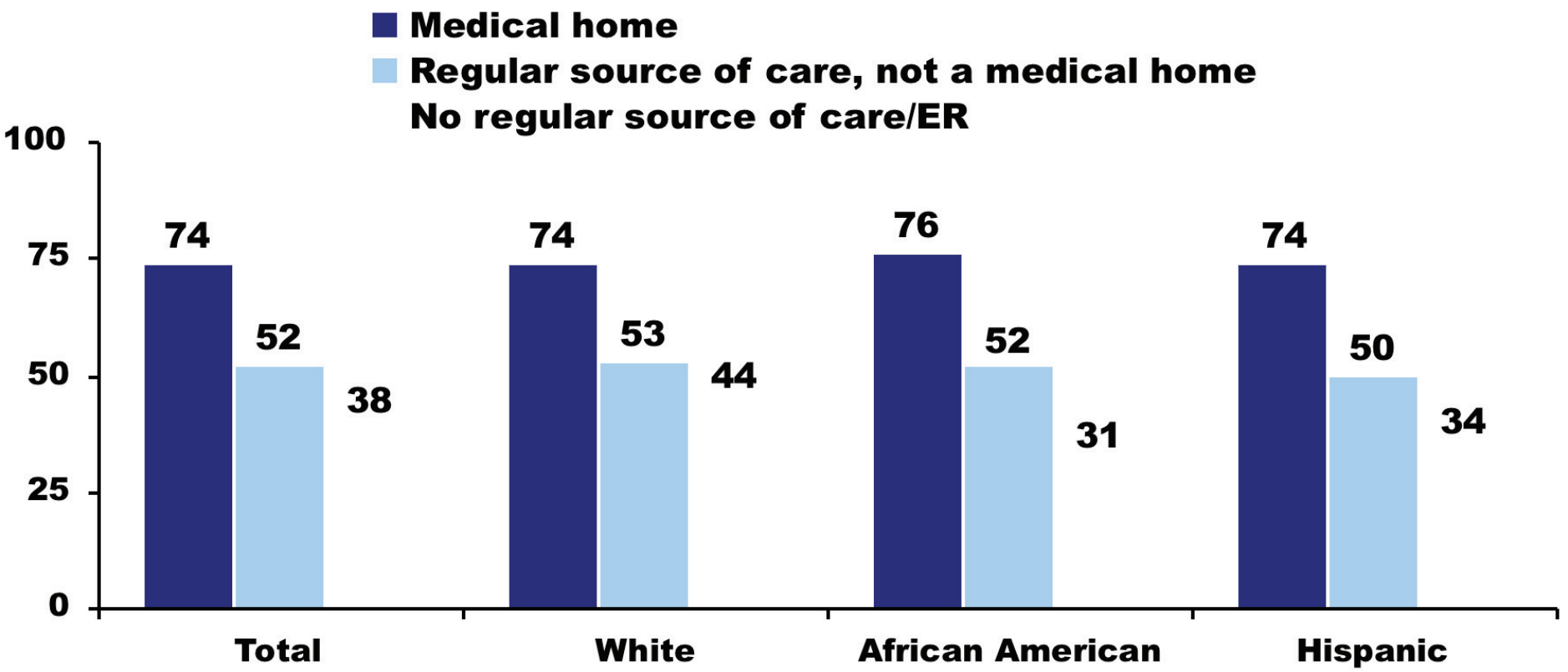
Figure 14. 2006 Fund Quality of Care Survey
Indicators of a Medical Home
(adults 18–64)

	Total		Percent by Race			
Indicator	Estimated millions	Percent	White	African American	Hispanic	Asian American
Regular doctor or source of care	142	80	85	79	57	84
Among those with a regular doctor or source of care . . .						
Not difficult to contact provider over telephone	121	85	88	82	76	84
Not difficult to get care or medical advice after hours	92	65	65	69	60	66
Doctors' office visits are always or often well organized and running on time	93	66	68	65	60	62
All four indicators of medical home	47	27	28	34	15	26

Source: Commonwealth Fund 2006 Health Care Quality Survey.

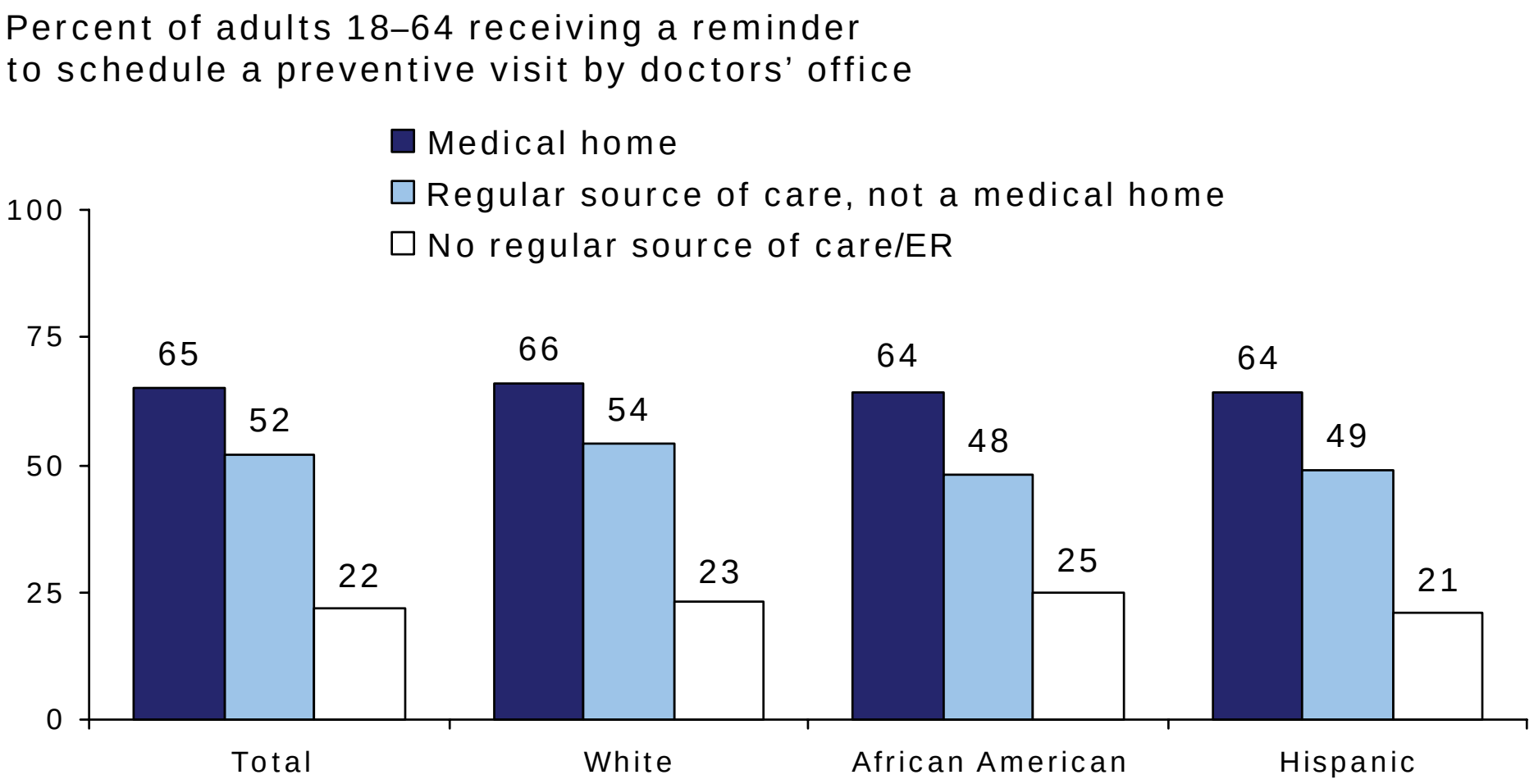
Figure 15. Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it



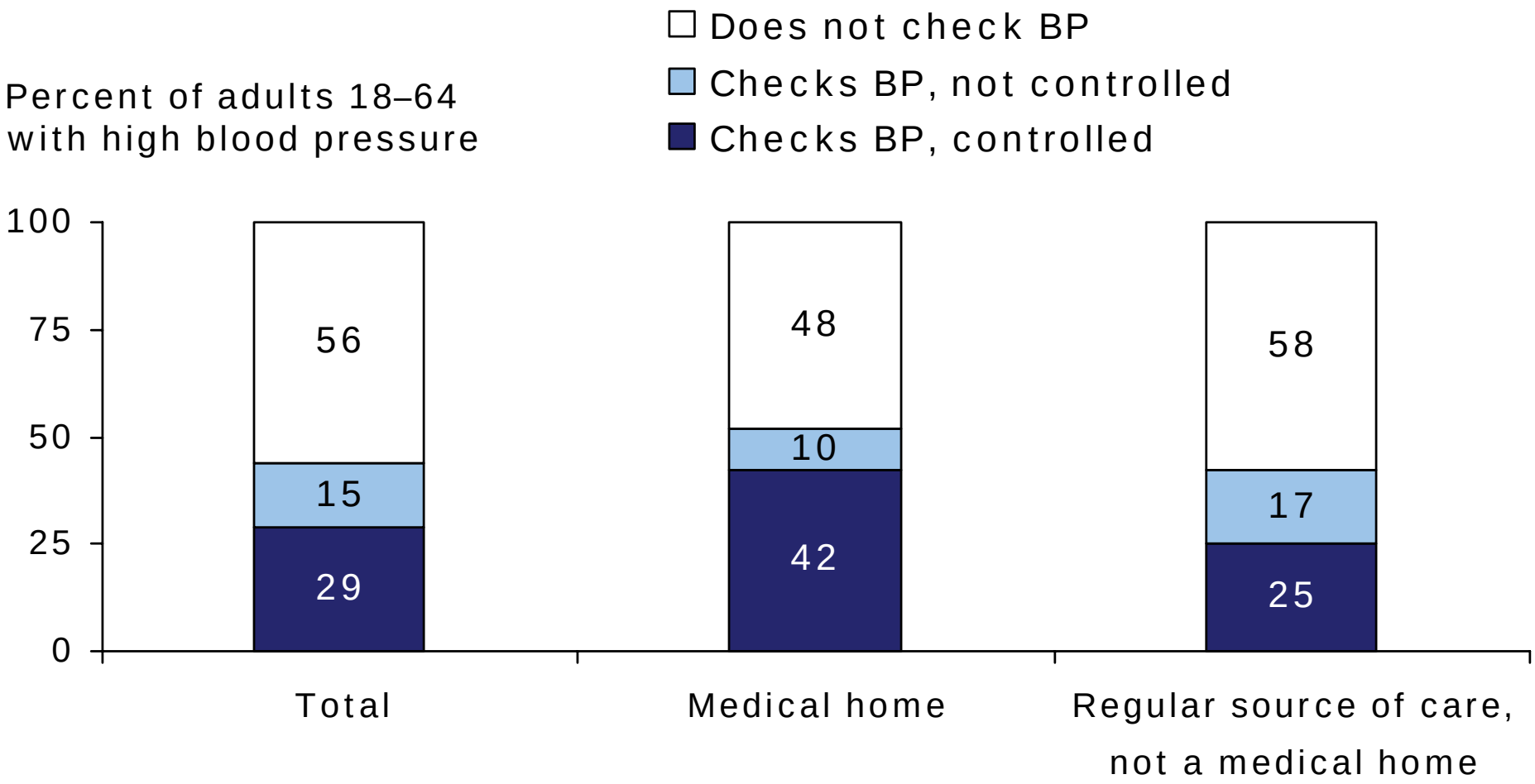
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Figure 16. When African Americans and Hispanics Have Medical Homes They Are Just as Likely as Whites to Receive Reminders for Preventive Care Visits



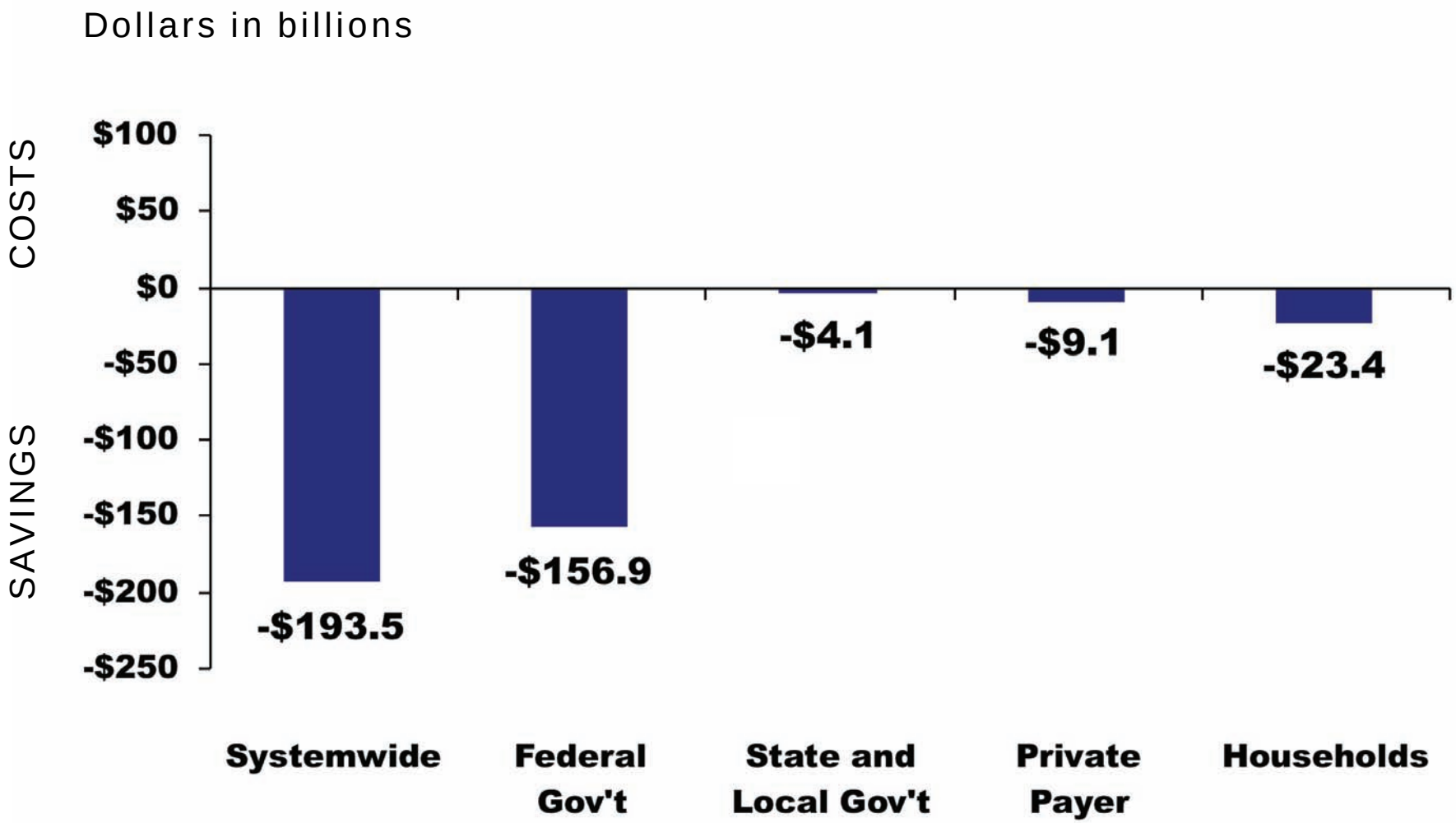
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Figure 17. Adults with a Medical Home Are More Likely to Report Checking Their Blood Pressure Regularly and Keeping It in Control



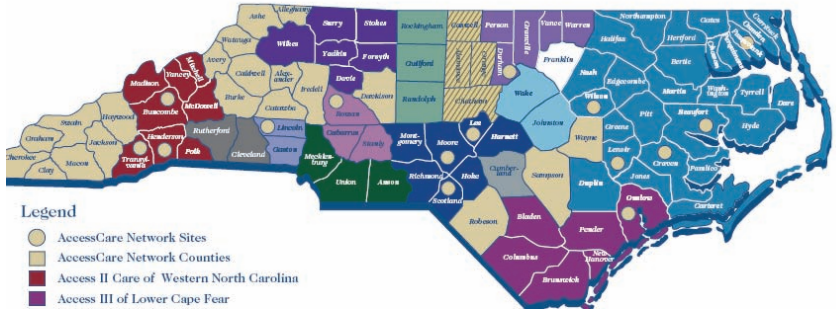
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Figure 18. Estimated Distribution of 10-Year Impact on Spending from Strengthening Primary Care and Care Coordination



Source: Based on estimates by The Lewin Group for The Commonwealth Fund, 2007.

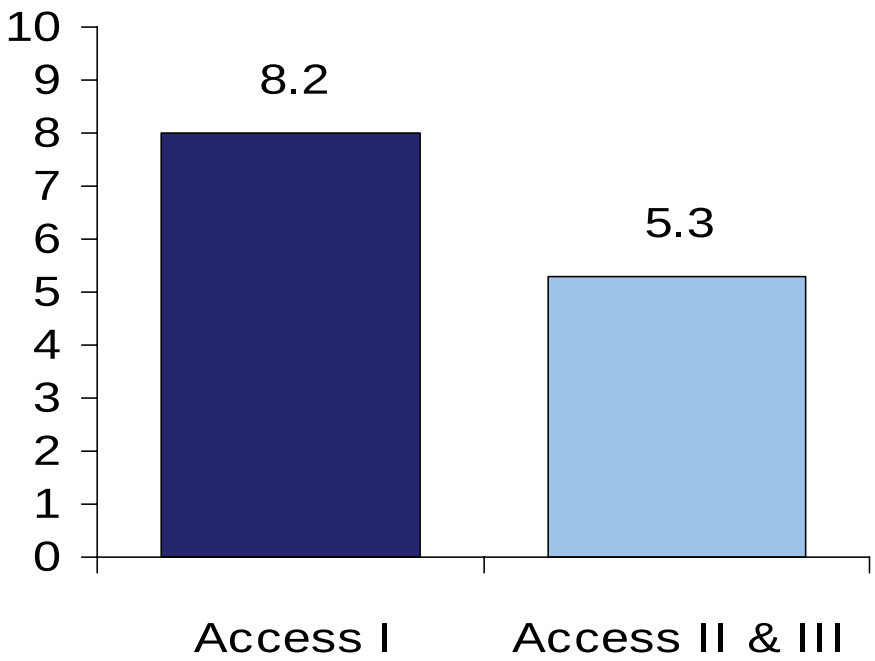
Figure 19. Community Care of North Carolina: Medical Homes Can Save Health Care Costs



Asthma Initiative: Pediatric Asthma Hospitalization Rates

(April 2000–December 2002)

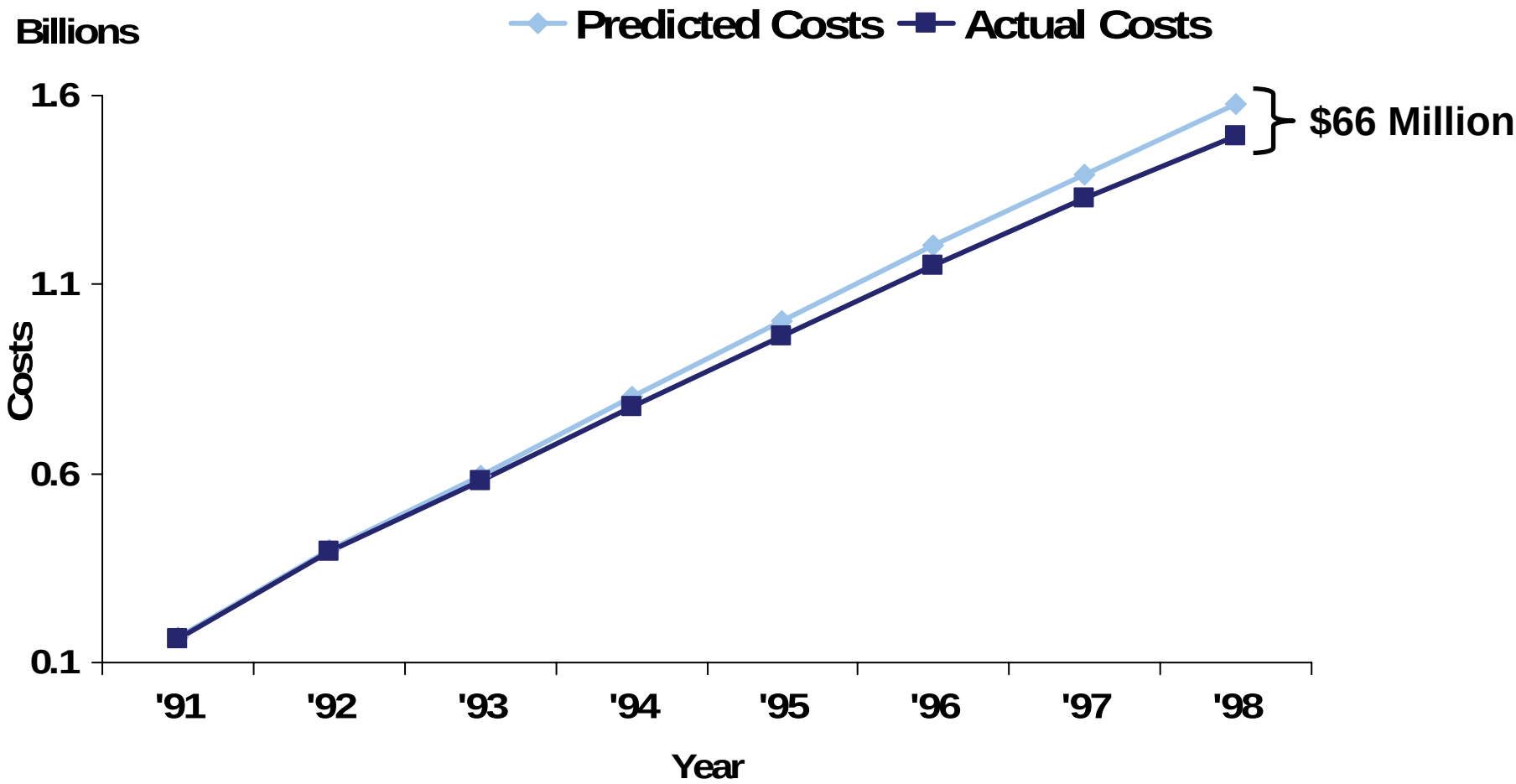
In patient admission rate per 1,000 member months



- 14 networks, 3,200 MDs, >800,000 patients
- $3 PMPM to each network
- Hire care managers/medical management staff
- $2.50 PMPM to each PCP to serve as medical home and participate in disease management
- Care improvement: asthma, diabetes, screening/referral of young children for developmental problems, and more!
- Case management: identify and facilitate management of costly patients
- Cost (FY2004) - $10.2 Million investment; Savings: $124M compared to FY2003 and $225M compared to Medicaid FFS (Mercer Consulting)

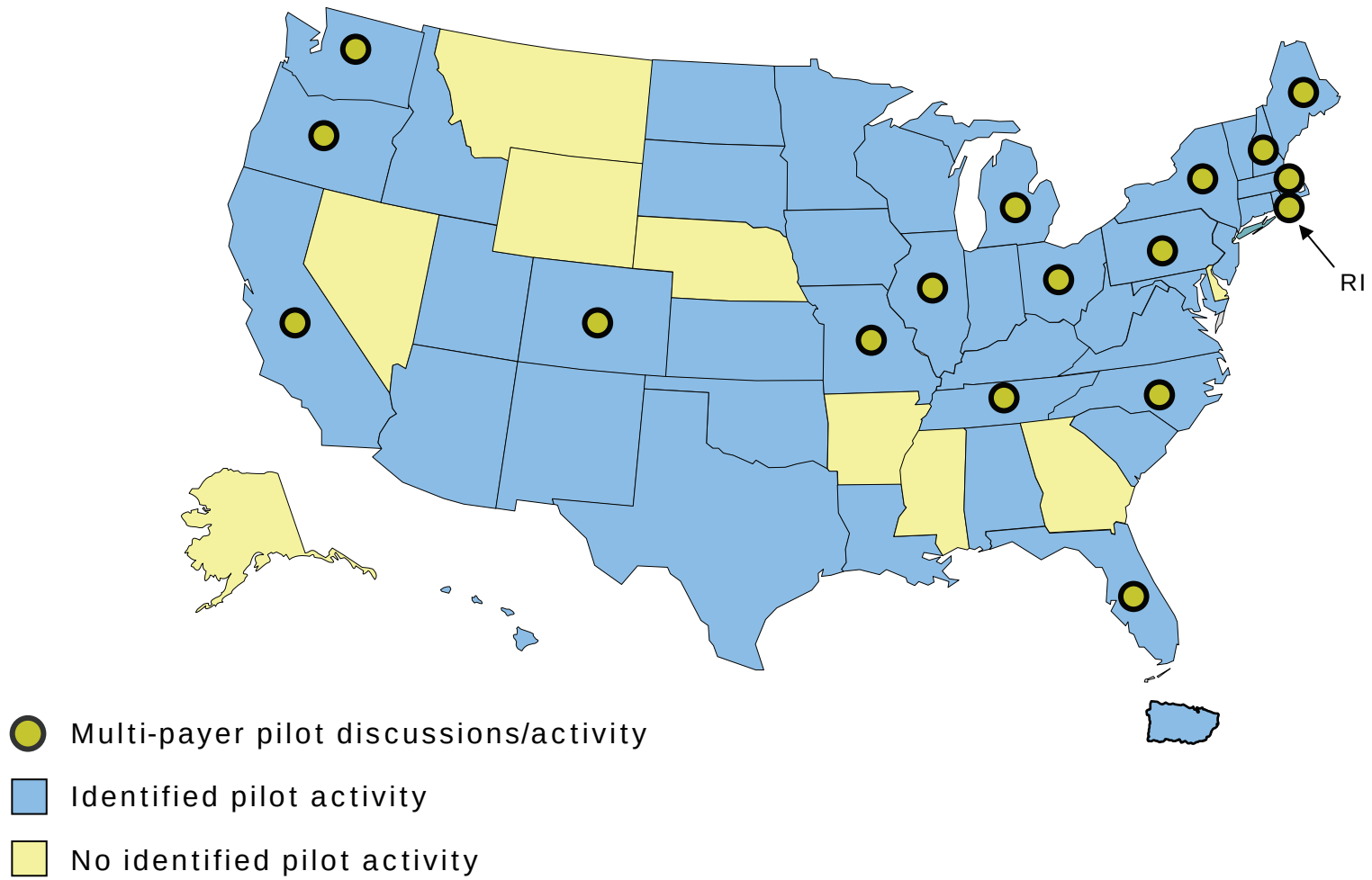
Source: L. A. Dobson, Presentation to ERISA Industry Committee, Washington, D.C., Mar. 12, 2007 (Updated June '08).

Figure 20. Iowa Medicaid Saved $66 million (1991–1998)



Source: E. T. Momany, S. D. Flach, F. D. Nelson et al., "A Cost Analysis of the Iowa Medicaid Primary Care Case Management Program," *Health Services Research,* Aug. 2006 41(4 Pt 1):1357–71.

Figure 21. Overview of Current Pilot Activity and Planning Discussions of the PCMH (as of July 2008)



Source: Patient-Centered Primary Care Collaborative, July 16, 2008.