

Capsule Commentary on Wong et al., Patient-Centered Medical Home Implementation in the Veterans Health Administration and Primary Care Use: Differences by Patient Comorbidity Burden

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The patient-centered medical home (PCMH) was first introduced in pediatrics in 1967 as a primary care model to provide accessible, comprehensive, family-centered care to children with special health care needs.¹ Close to five decades later, the PCMH model has been widely endorsed as an ideal primary care model for all populations, with ongoing questions on its impact on access, care quality, and patient experience. This primary care model has faced heightened scrutiny over the past decade, with mixed results on evaluations of its potential benefits.^{2,3} Despite this, PCMH has continued to be front and center in the national discourse and debate on how best to deliver primary care. Wong and colleagues add to this ongoing discourse with their evaluation of PCMH implementation within the Veterans Health Administration (VHA) system and its effects on primary care utilization. Their inquiry is timely with the expansion of insurance coverage under the Affordable Care Act and the projected increased demand for primary care services. We currently lack sufficient knowledge about the effects of the PCMH model on primary care visits, but a majority still contend that implementing PCMH will generate efficiencies for a practice that could either be applied to increase the number of primary care visits offered, or applied elsewhere, such as lengthening the time of existing patient visits.⁴ In their study, Wong and colleagues conducted a longitudinal analysis of a random sample of 9.3 million patients enrolled in the VHA over 10 years, and found that the PCMH model increased primary

care provider (PCP) visits among patients with higher comorbidity.⁵ Whether increasing the number of PCP face-to-face visits for complex patients is the way to improve care quality or patient satisfaction remains a question. Alternatives such as lengthening visit times or virtual visits may prove to be more effective in addressing the needs of patients with greater comorbidities. Regardless, the historical intent of the PCMH was to serve a high-comorbidity patient population; thus, on the eve of the 50th anniversary of this model of care, the authors' findings are apropos.

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Compliance with Ethical Standards:

Conflict of Interest: The author declares that she does not have a conflict of interest.

REFERENCES

1. Sia C, Tonniges TF, Osterhus E, Taba S. History of the medical home concept. *Pediatrics*. 2004;113(5 Suppl):1473-8.
2. Friedberg MW, Marcille J. A conversation with Mark W. Friedberg, MD. Medical homes haven't proven themselves—yet. *Manag Care*. 2014;23(10):28-31.
3. Aysola J, Werner RM, Keddem S, SoRelle R, Shea JA. Asking the patient about patient-centered medical homes: a qualitative analysis. *J Gen Intern Med*. 2015;30(10):1461-7. doi:10.1007/s11606-015-3312-8.
4. Aysola J, Rhodes KV, Polsky D. Patient-centered medical homes and access to services for new primary care patients. *Med Care*. 2015;53(10):857-62. doi:10.1097/mlr.0000000000000412.
5. Wong ES, Rosland AM, Fihn SD, Nelson KM. Patient-centered medical home implementation in the Veterans Health Administration and primary care use: differences by patient comorbidity burden. *J Gen Intern Med*. 2016. doi:10.1007/s11606-016-3833-9.