CAPSULE COMMENTARIES

Capsule Commentary on Stevens et al., Primary Care Medical Home Experience and Health-Related Quality of Life Among Adult Medicaid Patients with Type 2 Diabetes

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The U.S. healthcare system can be characterized as providing low value; it is very expensive compared to the outcomes it achieves. One recent system reform is the patient-centered medical home (PCMH), a model of care delivery that emphasizes access, comprehensiveness, and integration into the family and community to improve the health of people and populations.¹ Full adoption of the PCMH model is stymied by the current payment system that emphasizes procedures and office visits. Full adoption of PCMH models has occurred only in capitated systems (such as the DOD and the VA) or as a payment reform experiment in limited markets. Unfortunately for those wanting data on PCMH outcomes, most pilots lack adequate evaluation plans.² The National Committee for Quality Assurance (NCQA) has developed criteria for recognizing practices that have adopted PCMH principles, and several studies have found that adoption of these principles improves patients' satisfaction with their experience, although data regarding the impact on health outcomes has been limited.³ Stevens et al.⁴ attempt to help inform that debate by providing evidence that practices with a greater number of PCMH features, as defined by the NCQA, have had better health-related quality of life among diabetics.

This type of research is important; proof that drastic reform of our primary care health care system could result in improved quality of care at comparable costs and with improved

patient satisfaction would help build a case for the types of payment reform required to adopt the PCMH model. Unfortunately, the type of research that would settle the question would be difficult to accomplish; practices that have greater PCMH-like features likely have other confounding characteristics that might affect patient outcomes. Many of the principles of PCMH are at the heart of good primary care. Care that is comprehensive, coordinated, continuous, and longitudinal is a goal nearly all primary care providers strive to achieve, regardless of the fragmented and contrary health systems they may find themselves in.

Conflicts of interest: The authors declare that they have no conflict of interest.

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REFERENCES

1. Stange KC, Nutting PA, Miller WL, Jaen CR, Crabtree BJ, Flocke SA, Gill JM. Defining and measuring the patient centered medical home. *J gen Intern Med.* 2010;25(6):601-612.
2. Bitton A, Martin C, Landon BE. A nationwide survey of patient centered medical home demonstration projects. *J Gen Intern Med.* 2010;25(6):584-592.
3. Friedberg MW, Schneider EC, Rosenthal MB, Volpp KG, Werner RM. Association between participation in a multipayer medical home intervention and changes in quality, utilization, and costs of care. *JAMA.* 2014;311(8):815-25.
4. Stevens GD, Shi L, Vane C, Nie X, Peters AL. Primary Care Medical Home Experience and Health-Related Quality of Life Among Adult Medicaid Patients with Type 2 Diabetes. *J Gen Intern Med.* DOI:10.1007/s11606-014-3033-4.