

# Capsule Commentary on Gao, et al., Characteristics Associated with Patient-Centered Medical Home Capability in Health Centers: A Cross-Sectional Analysis

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This study by Gao et al. examined characteristics of federally qualified health centers (FQHCs) to determine factors that were predictive of patient-centered medical home (PCMH) capability.<sup>1</sup> The authors abstracted FQHC data from several sources and identified variables likely to be associated with PCMH capability. They then identified correlations between these HC characteristics and PCMH capability. Their results showed that the presence of an electronic health record (EHR), the number of types of financial performance incentives, and the number of types of hospital–health center affiliations were predictive of PCMH capability.

The authors rated PCMH capability using the Safety Net Medical Home Scale (SNMHS)<sup>2</sup> which was created by this research team using data from the 2009 Commonwealth Fund National Survey of Federally Qualified Health Centers. The data source for the three predictive characteristics identified in the study was the same survey used to create their capability assessment tool, the SNMHS. As the Commonwealth Fund Survey specifically assessed the presence and use of EHRs, it is not surprising that having an EHR in place was found to be predictive of greater PCMH capability based on the SNMHS. In addition, as the authors point out, identifying the EHR as a factor in predicting PCMH capability is less important given that, by 2014, 97 % of FQHCs had adopted an EHR.

More interesting, however, are the findings that PCMH capability was associated with provider financial incentives and network affiliations. These data support the ongoing

incorporation of PCMH and National Committee for Quality Assurance (NCQA) standards in both FQHC designation requirements and provider incentives.<sup>3</sup> What remains unclear is how to properly align financial incentives to support increased PCMH capability.

It is important to note that these authors evaluated PCMH capability, as assessed by their survey instrument, and did not include any patient-level outcomes. Assessment of PCMH achievement via outcomes rather than structural or process elements remains an essential yet elusive goal. Outcomes data related to FQHC PCMH implementation, including ongoing demonstration projects, will likely contribute substantially to the growing base of evidence related to the PCMH.

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**Compliance with Ethical Standards:**

**Conflict of Interest:** The author has no conflict of interest with this article.

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