Capsule Commentary on Woodard et al., Impact of Patient-Centered Medical Home Implementation on Diabetes Control in the Veterans Health Administration

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Since the induction of the Affordable Care Act, care outcomes for Patient-Centered Medical Homes (PCMH) while important, have proven difficult to assess. The Veterans Affairs Healthcare system version of the PCMH is the Patient-Aligned Care which was launched in 2010 and offers an opportunity to compare outcomes to the traditional provider model that was in place prior to implementation of PACT.

A previous study found significant improvement in lipid values and blood pressure with PACT implementation in over 800 VA primary care clinics¹. The study reviewed here analyzed PACT's impact on glycemic control among Midwestern veterans². The authors focused on two outcomes as measures of the quality of care: glycemic control (hemoglobinA1c <9%) and lipid management (low-density lipoprotein cholesterol (LDL-C <100 mg/dL). Tracking over 20,000 diabetic patients demonstrated that the percentage that attained HbA1c levels below 9% declined in the PACT system, while LDL-C control improved slightly. However, this improvement disappeared when adjusted for patient, provider, and facility. While the results should not be surprising, because in the general population only 29% of diabetics meet the target HbA1c levels³, they do not suggest that PACT did better than traditional models of care.

The authors also investigated the PACT's influence on gender and racial health disparities. A narrowing of the glycemic control gap between non-Hispanic White and Black patients was reported. However, the difference was insignificant with the introduction of gender into the model, which may be due to heterogeneity of female primary care delivery within the VA system⁴. Although PCMH/PACT adoption has

increased significantly, a recent systematic review reported that the number of high quality publications are limited⁵. While PACT had no impact on diabetic outcomes, Woodward et al. supports previous publications suggesting small improvements toward health equity with PACT that are promising and should continue to be investigated.

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Compliance with Ethical Standards:

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

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