

ACP says subspecialist 'neighbors' vital part of patient centered medical home

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(Washington) In order to realize the full potential of the Patient Centered Medical Home (PCMH) model of patient care to improve coordination and integration, the cooperation of subspecialist physicians and other health care professionals must be ensured, says a new policy paper from the American College of Physicians (ACP).

The paper, The Patient Centered Medical Home Neighbor: The Interface of the Patient Centered Medical Home with Specialty/Subspecialty Practices, defines the concept of the PCMH neighbor and lays out a framework for how improved collaboration can be fostered between the PCMH and its medical neighbors. Delineating the concept of the PCMH neighbor allows the PCMH model of patient care to take an important step forward as it gains wider acceptance.

"For a patient, the PCMH practice operates as the central hub for their health care information, providing both primary care and care coordination across different health care settings," said J. Fred Ralston, Jr., MD, FACP, president of ACP. "For a PCMH to be functioning properly it must have an effective relationship with specialty/subspecialty physicians, hospitals, pharmacists, care managers, and others; making these "neighboring" physicians and other health care providers of the utmost importance to patient care."

A PCMH neighbor is defined as a specialty or subspecialty medical practice that:

- Ensures effective communication, coordination, and integration with PCMH practices in a bidirectional manner to provide high-quality and efficient care.
- Ensures appropriate and timely consultations and referrals that complement the aims of the PCMH practice.

- Ensures the efficient, appropriate, and effectively flow of necessary patient and care information.
- Effectively guides determination of responsibility in co-management siturations.
- Supports patient-centered care, enhanced care access, and high levels of care quality and safety. And,
- Supports the PCMH practice as the provider of whole person primary care to the patient and as having overall responsibility for ensuring the coordination and integration of the care provided by all involved physicians and other health care professionals.

"Unfortunately, our current system of care doesn't facilitate strong collaboration between the patient's source of primary care and these medical neighbors, While the exact details still need to be determined, it is reasonable to believe the incentives, both financial and non-financial, need to be aligned to encourage the support of the PCMH neighbors and to compensate them for any additional work needed to provide the high level of care coordination," continued Dr. Ralston.

The conclusions of the paper, developed by a workgroup of ACP's Council of Subspecialty Societies (CSS), are widely supported by subspecialist physicians.

"To provide the best patient care, there must be a shared responsibility between a patient's medical home or primary care physician and other needed non-primary care specialists. It is essential to realizing high quality and cost appropriate care," said American Academy of Family Physicians President Roland Goertz, MD, MBA. "This paper establishes a basis upon which to build and strengthen those relationships; it is another step



toward the goal of creating a valuable patientcentered health care delivery system." unrealized."

"The American College of Cardiology (ACC) fully supports the patient-centered care coordination model and is pleased to have been part of the work group to discuss the critical role specialists will play as this concept is tested and refined," said Jack Lewin, M.D., chief executive officer of the ACC. "We recognize the need for strong relationships and coordination of the medical community and will do our part in strengthening them in order to ultimately benefit the patient."

"The American Gastroenterological Association (AGA) is pleased that the PCMH-N recognizes the value and contribution of specialists in the delivery of care to patients," said Joel Brill, MD, AGAF, CHCMQ, representative of the AGA to ACP's CSS. "Familiarity with the principles of PCMH-N is a component, along with registries, in physicians demonstrating to providers, purchasers and payers that the care they deliver improves outcomes for patients."

"As the number of patients suffering from multiple, chronic conditions continues to grow at an alarming rate, ensuring that a patient's physicians are working together is vital to providing comprehensive, high quality care," said Kelly E. Mayo, PhD, president of The Endocrine Society. "The Patient Centered Home-Neighbor will put into place the tools and processes necessary to allow improved collaboration between the PCMH and its medical neighbors."

"Collaboration between all the physicians caring for a patient is critical for quality patient care," said Gary Rosenthal, MD, president of the Socity of General Interal Medicine. "The framework this paper outlines is necessary to facilitate that collaboration between different practices and across specialties."

"The PCMH shows great promise for enhancing the patient experience and outcome in our fragmented, overburdened health care system," concluded Dr Ralston. "We need to make sure that we are all working together to the best of our abilities to ensure that we don't let this opportunity go

Provided by American College of Physicians



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