Why the Medical Home Works: A Framework

Feature	Definition	Sample Strategies	Potential Impacts
Patient-Centered	**Supports patients and families** to manage & organize their care and participate as **fully informed partners** in health system transformation at the **practice, community, & policy** levels	• **Dedicated staff help patients navigate system** and create care plans • **Focus on strong, trusting relationships** with physicians & care team, open communication about decisions and health status, compassionate/culturally sensitive care	Patients are more likely to seek the right care, in the right place, and at the right time
Comprehensive	**A team of care providers** is wholly accountable for patient's **physical and mental health** care needs – includes prevention and wellness, acute care, chronic care	• Care team focuses on '**whole person**' and **population health** • Primary care could **co-locate** with behavioral, oral, vision, OB/GYN, pharmacy, etc • Special attention paid to **chronic disease** and complex patients	Patients are less likely to seek care from the emergency room or hospital, and delay or leave conditions untreated
Coordinated	Ensures care is **organized across all elements** of broader health care system, including specialty care, hospitals, home health care, community services & supports, & public health	• Care is **documented and communicated** effectively across providers and institutions, including patients, primary care, specialists, hospitals, home health, etc. • Communication and connectedness is enhanced by **health information technology**	Providers are less likely to order duplicate tests, labs, or procedures
			Better management of chronic diseases and other illness improves health outcomes
Accessible	Delivers **consumer-friendly services** with shorter wait-times, extended hours, 24/7 electronic or telephone access, and strong communication through health IT innovations	• Implement efficient appointment systems to offer **same-day or 24/7 access** to care team • Use of **e-communications and telemedicine** to provide alternatives for face-to-face visits and allow for after hours care	Focus on wellness and prevention reduces incidence / severity of chronic disease and illness
Committed to quality and safety	Demonstrates commitment to quality improvement through use of **health IT** and other tools to ensure patients and families make informed decisions	• **EHRs, clinical decision support, medication management** to improve treatment & diagnosis. • Establish **quality improvement goals**; use data to monitor & report about patient populations and outcomes	Cost savings from less avoidable ER, hospital visits, readmissions, tests, procedures & appropriate use of medicine.