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## **PCPCC LEADERSHIP RESPONDS TO LATEST MEDICAL HOME “SYSTEMATIC REVIEW”**

December 3, 2012 (WASHINGTON, DC) – As the leading coalition dedicated to advancing the medical home, the Patient-Centered Primary Care Collaborative (PCPCC) offers the following response to the recent article “The Patient-Centered Medical Home: A Systematic Review” published in the November 27th issue of the *Annals of Internal Medicine*. In it the authors conclude that: “current evidence is insufficient to determine [the medical home’s] effects on clinical and most economic outcomes

“While we are pleased that increasing attention is being paid to the medical home and its impact on quality and costs, we must recognize first and foremost that success requires *transformative efforts*,” said CEO **Marci Nielsen, PhD, MPH**. “This transformation requires upfront investment of time and resources, staff and workforce training, adoption of health IT, monitoring of patient outcomes, and new payment models. To expect short-term cost savings and health improvements sets unrealistic expectations for an already overlooked primary care sector that is essential to strengthening our costly and inefficient health care system.”

Several media reports have overlooked limitations acknowledged by the authors, including that the review was limited to:

- Peer-review studies, a majority of which were published in 2010 or earlier
- Lack of a consistent definition and nomenclature for medical home
- Medical homes in operation for less than two years
- Fewer than half of the studies described any new payment model

However, more recent studies from peer-reviewed and industry research—particularly those using new payment models—tell a far more encouraging story. Earlier this year PCPCC reviewed 46 medical home initiatives across the U.S. demonstrating cost savings and quality improvements for dozens of health systems, state Medicaid programs, health plans, and purchasers. Recent *Health Affairs* studies reveal Colorado payers earning a 250-400% return on investment; one of the country’s largest insurers achieving decreases in costs and utilization rates; and similar improvements for Medicaid populations.

While we agree with the authors that medical home evaluations require more rigor and consistent definitions and standards, we also recognize that medical home transformation is a journey that requires patience and leadership. We have great confidence in the work that is being done and look forward to supporting our members, partners and advocates throughout these efforts.

**About PCPCC:** Founded in 2006, the mission of the PCPCC is to advance an effective and efficient health system built on a strong foundation of primary care and the Patient-Centered Medical Home. The PCPCC achieves its mission through the work of its five Stakeholder Centers, dedicated volunteer groups focused on issues of U.S. health care transformation through delivery reform, payment reform and benefit redesign. Today, PCPCC’s membership represents more than 1,000 stakeholder organizations and 50 million health care consumers throughout the U.S. Our activities include: disseminating results and outcomes from medical home initiatives; advocating for public policy that advances and builds support for primary care and the medical home; and convening health care experts and thought leaders from across the private and public sectors.