

# Patient-Centered Medical Homes: A Pathway to Accountable Care

Rob W. Fields

As the medical director of a large network of primary care and specialist physicians, I spend lots of time having conversations with providers about how value-based payment systems will change our work. If your practice has completed the process of becoming a patient-centered medical home (PCMH), then your journey towards value-based care has already begun, and the tools are likely in place for your practice to succeed as new payment models become reality.

Certification as a PCMH implies that your practice has started to measure performance on aspects of care that drive outcomes, implements plans for improvement, and measures access and communication to improve patient care. The best PCMHs evaluate the entire patient experience to make health care more efficient by coordinating care, communicating with specialists, educating patients and families, and empowering patients to achieve their health care goals. While PCMHs are familiar territory for many primary care physicians, they are new to many specialists. However, specialists are starting to understand that they too must be prepared to evaluate, measure, and improve in order to be sustainable and relevant in the changing reimbursement landscape.

At the practice level, PCMHs help providers and staff members think about their operations through the eyes of the patient. While we may do a good job empathizing with an educated, motivated patient with chronic illness, how good are we at providing resources and education for those who need more services? We may have processes in place to appropriately screen patients who come to the office regularly, but what awareness do we have of those who come less often? PCMHs hope to inspire more intentional thinking about our work in order to improve outcomes for all our patients and, at the same time, reduce the overall cost of care. In turn, this can make practices more successful in the journey towards value.

While other industries have long been in the business of evaluating their processes and working on greater efficiency and value, health care has been relatively absent from that discussion. Traditionally, quality was assumed by the nature of the profession. For decades, America's health care providers (both small practices and large

health care systems) were allowed to operate without any requisite demonstration of value. The "best" systems received that designation largely based on tradition and name recognition, not necessarily on performance. Over the past 10 years or so, the conversation has changed. Consumers now have more investment in choosing providers, and they are demanding more transparency in terms of cost, access, convenience, and coordinated care. In parallel fashion, information systems have evolved so that consumers can gather more information and paint a more complete picture of physicians' performance.

Another driver of value is that our country's growing deficit has forced our largest health care payer, the Centers for Medicare & Medicaid Services (CMS), to seek greater accountability and demonstration of value in the services that systems provide. CMS has published aggressive timelines for the move towards value-based payments, and where CMS goes, other payers will certainly follow.

If you are feeling unprepared for the changes to come, the PCMH process may help you learn the skills necessary to be successful. Some providers are offended or angry that we now have to justify our worth. I am hopeful that we can change this viewpoint and, instead of feeling like victims, we can start to think critically about our work. We can always do better, and ultimately it is the patient who wins if efficiency and coordinated care are improved. In a country that prides itself on its innovation and technology, health care providers should think like innovators: measure, test, and improve. NCMJ

**Rob W. Fields, MD** medical director, Mission Health Partners ACO, Asheville, North Carolina.

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Address correspondence to Dr. Rob W. Fields, 267 McDowell St, Asheville, NC 28803 (Robert.Fields@msj.org).

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