patient-**centered** medical home

Facts for providers

Nearly 16,000 physicians are currently implementing at least one PCMH capability.

What is a patient-centered medical home?

A care team led by a primary care physician who:

- Focuses on the health needs of each patient
- Coordinates patient care across all settings

How does the Blue Cross Blue Shield of Michigan PCMH program work?

Through financial support from the Blues' Physician Group Incentive Program, the PCMH program has two phases:

- **Phase I:** Apply PCMH capabilities and tools to transform physician practices
- **Phase II:** Designate PCMH practices and maintain designation status

Our award-winning PCMH program is the largest of its kind in the country.

When can a practice gain designation status?

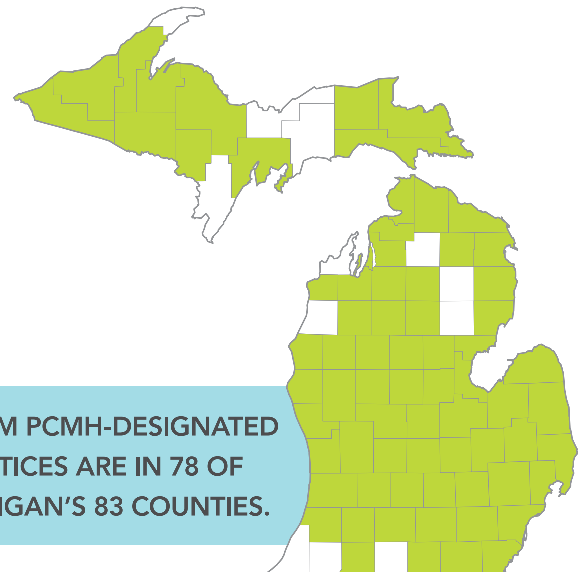
We make our PCMH designations every July. Practices are nominated by their physician organizations.

PCMH statistics

- More than 4,000 primary care physicians in 1,400-plus practices participate in the program, which has tripled in size since 2009.
- More than 1.2 million Blue Cross members — and close to 2 million patients across the state — have access to one of our PCMH-designated practices.

Examples of PCMH capabilities include:

- Developing and strengthening the patient-provider partnership
- Establishing and maintaining a patient registry
- Creating reports to analyze practice performance
- Providing self-management education and support to chronic condition patients
- 24-hour access to a clinical decision-maker
- Working with patients to set personal health goals
- Administering appropriate tests and communicating results in a timely manner
- Coordinating care across all facilities, including hospitals and skilled nursing facilities
- Actively screening, counseling and educating on preventive care
- Coordinating referrals and lab or test results with specialists
- Providing connections to community services and resources
- Making available secure, online electronic communication tools



BCBSM PCMH-DESIGNATED PRACTICES ARE IN 78 OF MICHIGAN'S 83 COUNTIES.

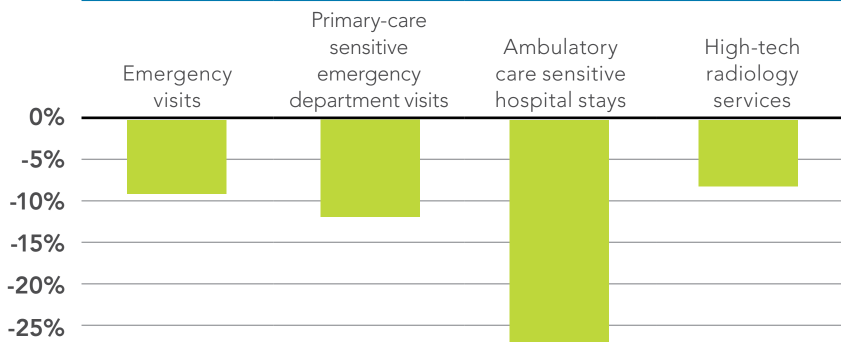
patient-**centered**
medical home

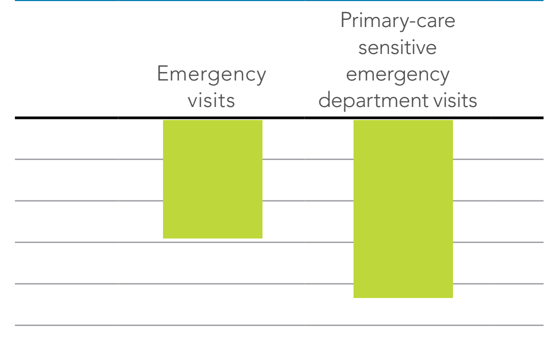
Program results to date

When the Blues compare PCMH practices with non-designated practices, we see that PCMH physicians are successfully managing their patients' care. They're keeping their patients healthy and preventing complications that require treatment with expensive medical services.

Patients of Michigan PCMH practices are less likely to visit the ER or be hospitalized than patients of other practices.

PCMH practices compared to other practices



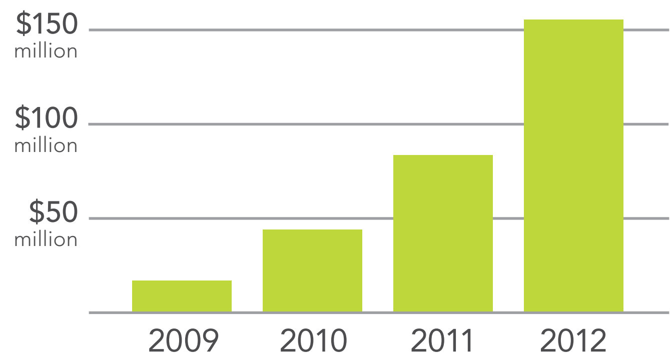


**As of July 2014, BCBSM, Department of Clinical Epidemiology and Biostatistics*

Program savings to date

Our PCMH program saved approximately $155 million over its first three years (2009 to 2011). Improved quality of care and preventive care helped patients avoid emergency room visits and hospital stays.

Savings associated with the PCMH model*



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Improving Health Care in Michigan

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