Reshaping Primary Care Practice to Support Behavior Change: On the Road to the Patient-Centered Medical Home

Joint Principles of the Patient-Centered Medical Home

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and/or Integrated
- Quality and Safety
- Enhanced Access
- Reformed Payment

Background

- Primary care is the largest platform of health care delivery in the United States and the recognized cornerstone to high quality, equitable, sustainable health care.

- The redesign of health care, and specifically primary care, offers important and timely opportunities to address important behavioral risk factors in the evolving Patient-Centered Medical Home.

- The Prescription for Health experience confirms that primary care clinicians and their teams are ready, willing and able to seize this opportunity to the benefit of millions.

About Prescription for Health

Prescription for Health is national program of the Robert Wood Johnson Foundation with support from the Agency for Healthcare Research and Quality.

It focused on 4 leading health risk behaviors: smoking, unhealthy diet, physical inactivity, and risky use of alcohol.

Its purpose was to develop effective, practical strategies for promoting healthy behaviors in redesigned primary care practices.

The program warded two rounds of research grants to 22 primary care practice based research networks (PBRNs) across the United States.

In round two, 10 PBRNs studied the effectiveness of various health behavior change strategies and the necessary expenses incurred by practices to provide these services.
Important Determinants of Health

- Behavioral factors and medical care explain 50% of why individuals get sick and die prematurely in the United States.

- Cigarette smoking, unhealthy dietary practices, physical inactivity, and risky alcohol consumption are the biggest contributors to premature death and suffering in our nation.

Lessons from Prescription for Health

- Effective behavioral change counseling is:
  - personalized
  - based on an ongoing relationship with a personal doctor
  - delivered by a multi-specialty team
  - proactive and reactive
  - focused both on the individual and the population
  - systems-based
  - integrated to provide whole-person care
  - NOT free
  - shared among the clinical, community, business, and policy worlds

- The systems described by the Chronic Care Model provide the necessary platform to successfully address both chronic illness and prevention in a large segment of the population.

- Changing a micro system of health care while sustaining 24/7 service delivery is very hard work. Practices could use a little help.

- All roads to this transformative change go through payment reform that appropriately recognizes the added value provided to patients who have a patient-centered medical home.