



patient-centered medical home



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

Facts for providers

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 Blue Cross' 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?

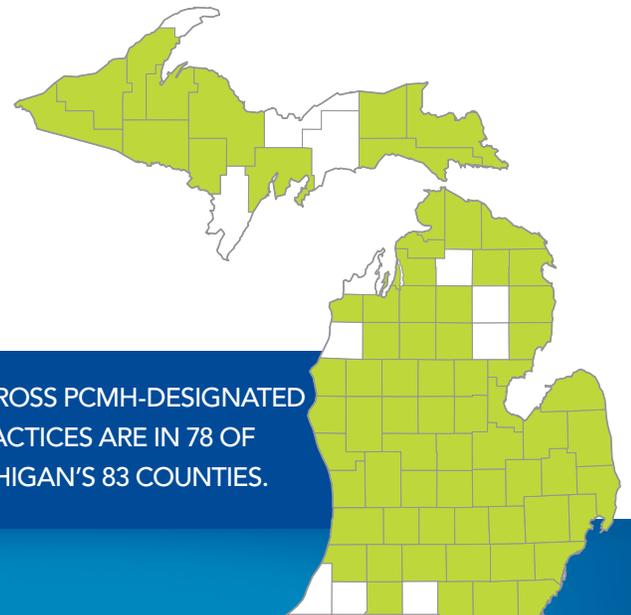
We make our PCMH designations every July. Practices are nominated by their physician organizations.

PCMH statistics

- More than 4,300 primary care physicians in 1,551 practices participate in the program, which has nearly quadrupled in size since 2009.
- More than 1.2 million Blue Cross members 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





Program results to date

When Blue Cross compares 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.

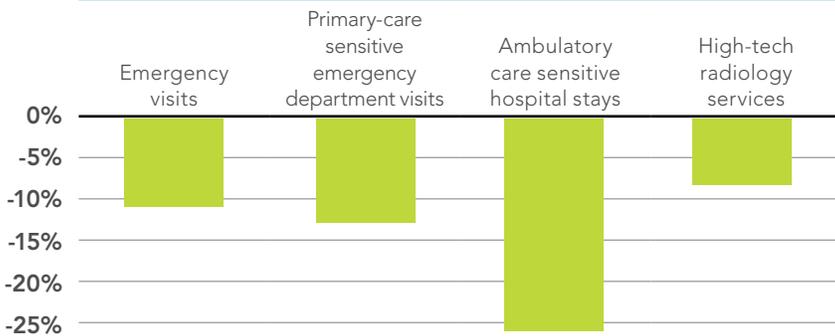
Program savings to date

Our PCMH program saved an estimated \$427 million from July 2008 through June 2014. Improved quality of care and preventive care helped patients avoid emergency room visits and hospital stays.

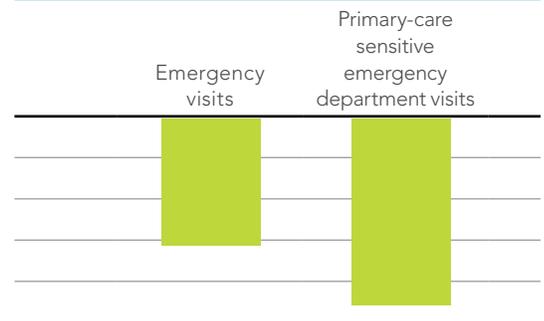
Patients of Michigan PCMH practices are less likely to visit the ER or be hospitalized than patients of other practices.

PCMH practices compared to other practices

For adults ages 18-64



For children ages 0-17



*As of 2015, Blue Cross, Department of Clinical Epidemiology and Biostatistics

Nationally published results for Blue Cross' PCMH program

Our PCMH program has been highlighted in national peer-reviewed literature, including:

- **Medical Care Research and Review**, April 2015, presented evidence suggesting that both the level and amount of change in PCMH practices are positively associated with quality of care and use of preventive services. Also, lower overall medical and surgical costs are associated with higher levels of PCMH implementation.
- **JAMA Internal Medicine**, February 2015, examined breast, cervical and colorectal cancer screening rates for practices' with Blue Cross patients. Evidence suggested that implementation of the PCMH model was associated with higher breast, cervical and colorectal cancer screening rates across most socioeconomic levels.
- **Health Services Research**, July 2013, showed a link between the level of PCMH transformation in a practice and cost savings. A practice that fully implemented the PCMH program would have, on average, \$26.37 lower per-member, per-month costs than a practice that implemented no PCMH capabilities.



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