

PCPCC's Annual Evidence Report
Frequently Asked Questions (FAQ)

1. Why do we gather the evidence every year? What are we trying to learn?

Because the patient-centered medical home (PCMH) is an evolving innovation, we publish an annual summary of the cost, quality and utilization evidence to provide policymakers and the public with a snapshot of what we've learned – and where we believe we still have work to do. This year's report has expanded to also look at evidence gathered from other forms of advanced primary care beyond the PCMH model. This broader review reflects the tremendous amount of innovation occurring across the country, which is focused on enhancing the value of primary care from the perspective of those who receive, deliver, and pay for this care.

Although this report includes 15 months of studies examining cost, quality, and utilization, it should not be considered a formal "meta-analysis" of the data. Instead, we aggregate cost, quality and utilization measures from individual studies and examine the trends. This was the first year that included quality as a measure along with cost and utilization, and we intend to look at evidence around the concept of clinician joy in practice in reports moving forward.

2. Why do we include separate studies by type of publication (peer-reviewed, industry, government)?

Given the size and budget for this report, we are unable to analyze the quality of each individual study's design. Instead, we catalog the studies based on the type of publication in order to acknowledge differences across type. For example, a review of the peer-reviewed evidence gives us an externally validated view of the data, but often long after there are lessons to be learned and disseminated.

A total of 45 reports from the peer-reviewed literature were assessed for this year's report. We then turned our attention to outcomes from CMS initiative reports and independent state evaluations, once again reporting on the effects on cost, quality and utilization. The reports from CMS and the states – which we characterize as the grey literature – met our rigorous standards with respect to scientific methods.

3. What did we learn from the latest report?

The new report highlights that positive outcomes related to the PCMH and high performing primary care continue to mount, while acknowledging that this is not uniformly true and that the PCMH model has evolved since the Joint Principles for PCMH were first defined in 2007.

See the chart below which summarizes the major findings from 45 peer reviewed studies, with the overwhelming preponderance of studies showing positive or mixed results:

Summary of Outcomes: Peer Reviewed Articles

Number of articles reporting: ■ Positive results ■ Mixed results ■ Negative results

Cost (n=13)



Quality (n=24)



Inpatient Utilization (n=6)



ED Utilization (n=10)



PCP Utilization (n=7)



Due to the evolution of the PCMH and the emergence of new models of high performing primary care, assessment of the evidence has been challenging. In addition, the researchers found that:

- Overall, analysis of the studies revealed that the longer a practice had been transformed, and the higher the risk of the patient pool in terms of comorbid conditions, the more significant the positive effect of practice transformation, especially in terms of cost savings
- Peer-reviewed, CMS-initiative and state-specific data showed either a trend toward a positive effect on quality, or no impact on quality, though few results were statistically significant
- All studies that reported on patient satisfaction showed positive results
- Team-based interventions, including case management, and having a usual source of care have positively impacted the patient experience
- Utilization outcomes were mixed. While most studies and state reports did show an increase in outpatient visits, this didn't uniformly result in a concomitant decrease in ER visits or inpatient stays

4. What is the Patient-Centered Primary Care Collaborative (PCPCC)?

For more than a decade, the Patient-Centered Primary Care Collaborative (PCPCC) – a not-for-profit

membership organization – has advocated a vision of an effective and efficient U.S. health system built on a strong foundation of advanced primary care and the PCMH.

The PCPCC’s mission is to serve as the unifying voice of advanced primary care to improve delivery and payment systems. We do this by convening diverse stakeholders — including patients, providers, payers, and many other interested partners; communicating timely and accurate information to key influencers and the public; advocating and educating about priority issues that show promise in improving health care delivery for all stakeholders; and developing tools to help practices become more robust and patient centered. The PCPCC achieves its mission through the work of its executive members, experts, and thought leaders focused on key issues of delivery reform, payment reform, patient and family/caregiver engagement, and benefit redesign to drive health system transformation.

5. Who wrote the report?

The primary authors of this year’s report were researchers from the Robert Graham Center of the American Academy of Family Physicians (AAFP). The Graham Center is a division of the AAFP but has editorial independence.

The Robert Graham Center staff is made up of a group of clinician researchers, as well as a variety of social scientists from sociologists to geographers to economists whose aim is to improve individual and population healthcare delivery through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.