## Why the Medical Home Works: A Framework

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<th>Feature</th>
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| **Patient-Centered**     | Supports patients and families to manage & organize their care and participate as fully informed partners in health system transformation at the practice, community, & policy levels | • Dedicated staff help patients navigate system and create care plans  
• Focus on strong, trusting relationships with physicians & care team, open communication about decisions and health status  
• Compassionate and culturally sensitive care | Patients are more likely to seek the right care, in the right place, and at the right time |
| **Comprehensive**        | A team of care providers is wholly accountable for patient’s physical and mental health care needs – includes prevention and wellness, acute care, chronic care | • Care team focuses on ‘whole person’ and population health  
• Primary care could co-locate with behavioral and/or oral health, vision, OB/GYN, pharmacy  
• Special attention is paid to chronic disease and complex patients | Patients are less likely to seek care from the emergency room or hospital, and delay or leave conditions untreated |
| **Coordinated**          | Ensures care is organized across all elements of broader health care system, including specialty care, hospitals, home health care, community services & supports, & public health | • Care is documented and communicated across providers and institutions, including patients, specialists, hospitals, home health, and public health/social supports  
• Communication and connectedness is enhanced by health information technology | Better management of chronic diseases and other illness improves health outcomes |
| **Accessible**           | Delivers consumer-friendly services with shorter wait-times, extended hours, 24/7 electronic or telephone access, and strong communication through health IT innovations | • More efficient appointment systems offer same-day or 24/7 access to care team  
• Use of e-communications and telemedicine provide alternatives for face-to-face visits and allow for after hours care | Focus on wellness and prevention reduces incidence / severity of chronic disease and illness |
| **Committed to quality and safety** | Demonstrates commitment to quality improvement through use of health IT and other tools to ensure patients and families make informed decisions | • EHRs, clinical decision support, medication management improve treatment & diagnosis.  
• Clinicians/staff monitor quality improvement goals and use data to track populations and their quality and cost outcomes | Cost savings result from:  
• Appropriate use of medicine  
• Fewer avoidable ER visits, hospitalizations, & readmissions |

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