

1 **American Academy of Family Physicians (AAFP)**
2 **American Academy of Pediatrics (AAP)**
3 **American College of Physicians (ACP)**
4 **American Osteopathic Association (AOA)**
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6 **Joint Principles for the Medical Education of Physicians as**
7 **Preparation for Practice in the Patient-Centered Medical Home**
8 **December 2010**
9

10 **INTRODUCTION**
11

12 The Patient-Centered Medical Home (PCMH) is an approach to providing
13 comprehensive, continuous healthcare that is based on the foundation of a
14 healing personal relationship between a patient, their physician, and members of
15 a proactive, collaborative care team. Care provided through a PCMH is facilitated
16 through partnerships between these individuals and the patients' families. Since
17 the original adoption of the Joint Principles of the Patient Centered Medical
18 Home in February 2007, it has been recognized that a remaining need exists for
19 a similar set of principles to guide the education of medical students, in order to
20 provide a foundation in primary care medicine and PCMH relevant for all
21 students, irrespective of their eventual specialty choice.
22

23 In June 2010, representatives from the AAFP, AAP, ACP and AOA (the original
24 organizations that ratified the Joint Principles of the PCMH) re-engaged to create
25 the following principles to guide the education of physicians who graduate from
26 medical schools within the United States. While similar principles can, and
27 should, be applied to other health professions students, it was the specific charge
28 of this committee to create training principles for physician education.
29

30 A matrix was created to support the cross-walk among the original Joint
31 Principles of the PCMH, the attributes and competencies needed to address
32 them, and the corresponding educational sub-principles to support each one. In
33 addition, each educational sub-principle was linked with the pertinent
34 ACGME/ABMS core competencies of medical education. [Appendix A]
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36 **PRINCIPLES OF THE PATIENT CENTERED MEDICAL HOME**
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38 *Personal physician* - Each patient has an ongoing relationship with a personal
39 physician trained to provide first contact, continuous and comprehensive care.
40

41 Attributes/Competencies Needed

42 Medical students should demonstrate knowledge about the definition_of
43 patient-centeredness and must be able to demonstrate the ability to
44 provide patient centered care in their clinical encounters.
45

46 Corresponding Educational Sub-Principles

- 47 Medical students are expected to:
- 48 1. experience continuity in relationships with patient(s) in a
- 49 longitudinal fashion within practices that deliver first-contact,
- 50 comprehensive, integrated, coordinated, high-quality and affordable
- 51 care.
- 52 2. communicate effectively and demonstrate caring and respectful
- 53 behaviors when interacting with patients and their families and
- 54 fellow professionals.
- 55
- 56 *Physician directed medical practice* - The personal physician leads a team of
individuals at the practice level who collectively take responsibility for the ongoing

- 93 3. promote patient and family self-efficacy and shared decision-
 94 making.
 95 4. experience partnerships with health coaches and care coordinators
 96 who care for patients with complex conditions.
 97 5. demonstrate sensitivity and responsiveness to patients' culture,
 98 age, gender and disabilities via opportunities to elicit from patients
 99 and/or their families their cultural, spiritual, and ethical values and
 100 practices.
 101 6. understand the importance of health literacy and its impact on
 102 patient care and outcomes; utilize effective listening and other skills
 103 in the assessment of health literacy.
 104 7. describe and discuss strategies needed to address patient
 105 transition(s) of care.
 106

107 *Care is coordinated and/or integrated* across all elements of the complex health
 108 system (e.g. subspecialty care, hospitals, home health agencies, nursing homes)
 109 and the patient's community (e.g. family, public and private community based
 110 services). Care is facilitated by registries, information technology, health
 111 information exchange and other means to assure that patients get the indicated
 112 care when and where they need and want it, in a culturally and linguistically
 113 appropriate manner.
 114

115 Attributes/Competencies Needed

116 Medical students should be able to demonstrate an awareness of and
 117 responsiveness to the larger context and system of health care and the
 118 ability to effectively call on system resources to provide care that is of
 119 optimal value.
 120

121 Corresponding Educational Sub-Principles

122 Medical students are expected to:

- 123 1. know how the economics of health care systems across a
 124 community, including all settings of care, affect patient care and
 125 outcomes.
 126 2. apply knowledge of the relationship between payment models and
 127 health care delivery models.
 3. experience the use of electroni

- 140 9. demonstrate knowledge of community resources and the
 141 importance of working with non-physician partners
 142 10. understand how to collaborate with specialists from various
 143 disciplines to provide patient-focused co-management of care over
 144 time.
 145

146 *Quality and safety are hallmarks* of the medical home:

- 147 - Advocacy for attainment of optimal, patient centered outcomes defined by
 148 collaborative care planning process
- 149 - Evidence based medicine and clinical decision support tools guide decision
 150 making
- 151 - Physicians accept accountability for quality improvement (QI) through
 152 voluntary engagement in performance measurement and improvement
- 153 - Patients actively participate in decision making and patient feedback is sought
 154 to assure expectations are being met
- 155 - HIT is used to support optimal patient care performance measurement,
 156 patient education and enhanced communication
- 157 - Practices go through a voluntary recognition process to demonstrate that they
 158 have PCMH capabilities
- 159 - Patients and families participate in quality improvement activities at the
 160 practice level

161

162 Attributes/Competencies Needed

163 Medical students should be able to use of point-of-care evidence-based
 164 clinical decision support and know principles of performance improvement,
 165 measurement and how to use information to make decisions within
 166 practice via interpretation of quality reports, patient and family
 167 engagement, self-assessment of one's own performance, knowledge of
 168 the principles of community health assessment and awareness of the
 169 need for patient and family advocacy skills.
 170

171

172 Corresponding Educational Sub-Principles

173 Medical students are expected to:

- 173 1. understand evidence-based medicine as the standard of care.
- 174 2. participate in teams within practices as they develop a culture of
 175 learning to improve the care process and patient experience.
- 176 3. learn how health care is operationalized outside of the hospital
 177 setting.
- 178 4. participate in multi-disciplinary patient safety training experiences.
- 179 5. engage in opportunities to review quality data and recommend
 180 evidence-based systems changes to respond to performance
 181 measurement.

182

183 *Enhanced Access* to care is available through systems such as open-access
 184 scheduling, extended hours, and new options for communications between
 185 patients, their personal physician and practice staff.
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Attributes/Competencies Needed

Medical students should be able to demonstrate knowledge about the rationale and principles of enhanced access and practice the use of non-traditional encounter types including telephone medicine, E-visit care, group visits, visits with non-physician providers, and care outside of the location of the physical practice.

Corresponding Educational Sub-Principles

Medical students are expected to:

1. experience a variety of different encounter types such as face-to-face, telephone and electronic messaging, home-based care and group visits.
2. use information technology to support patient care decisions and patient education.
3. apply knowledge of care partnership support and demonstrate understanding of the role of that support in addressing patient access and communication related to roles/responsibilities, appointments, emergency/urgent situations, etc.

Payment , an

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3. be informed of the public and private policy development processes that establish and/or influence coverage and payment determinations.

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279 The American Academy of Pediatrics (AAP) introduced the medical home
280 concept in 1967, initially referring to a central location for archiving a child's
281 medical record. In its 2002 policy statement, the AAP expanded the medical
282 home concept to include these operational characteristics: accessible,
283 continuous, comprehensive, family-centered, coordinated, compassionate, and
284 culturally effective care.

285
286 The American Academy of Family Physicians (AAFP) and the American College
287 of Physicians (ACP) have since developed their own models for improving
288 patient care called the "medical home" (AAFP, 2004) or "advanced medical
289 home" (ACP, 2006).

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291 **WORKING GROUP CONTRIBUTORS**

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293 Members of the working group who volunteered their time and expertise to
294 prepare this document are listed in Appendix B.

295

296 **FOR MORE INFORMATION:**

297

298 American Academy of Family Physicians

299 <http://www.futurefamilymed.org>

300 <http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>

301 <http://www.transformed.com/>

302 <http://www.stfm.org/fmhub/fm2007/January/Ardis24.pdf>

303

304 American Academy of Pediatrics:

305 http://aappolicy.aappublications.org/policy_statement/index.dtl#M

306 <http://www.medicalhomeinfo.org>

307 <http://www.pediatricmedhome.org>

308 http://www.medicalhomeinfo.org/how/performance_management.aspx

309

310 American College of Physicians

311 http://www.acponline.org/running_practice/pcmh/

312 http://www.acponline.org/advocacy/where_we_stand/medical_home/

<ul style="list-style-type: none">• Practices go through a voluntary recognition process to demonstrate that they have PCMH capabilities• Patients and families participate in quality improvement activities at the practice level			
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