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Joint Principles of a Patient-Centered Medical Home Released by Organizations Representing More Than 300,000 Physicians

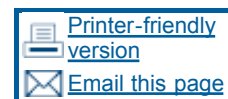
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Principles Call for Changes at the Physician Practice Level to Improve Outcomes

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Washington -- Four physician membership organizations today released "Joint Principles of the Patient-Centered Medical Home (PC-MH)."

The four groups – the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA) – represent some 333,000 physicians. The pediatricians, family physicians, internists and osteopathic physicians represented by the four organizations provide the vast majority of primary care services to children, adolescents, and adult patients in the United States.

"The AOA is honored to join with these groups in support of these principles. The fact that the organizations representing a majority of the nation's primary care physicians have unified behind these principles, signals our belief that, if implemented, the PC-MH will improve the health of patients and the viability of the health care delivery system," said John Strosnider, D.O., president of the American Osteopathic Association. "These principles represent a set of reforms that we believe would strengthen the physician-patient relationship and improve the overall health of all patients. Additionally, the PC-MH would improve the quality of health care, increase efficiency through care coordination, and reduce overall health care spending."

The set of seven principles describes the characteristics of a practice-based care model for providing comprehensive primary care for children, youth and adults in a health care setting. The PC-MH facilitates partnerships between individual patients and their personal physicians and – when appropriate – the patient's family. The Joint Principles define the following key characteristics of the PC-MH:

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation – the personal physician is responsible for providing for all the patient's health

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care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.

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

"On behalf of patients, the AAFP is pleased to join our medical specialty colleagues to develop and support the PC-MH principles," said Larry S. Fields, Board Chair of the AAFP. "These principles define and articulate the health care environment our patients need and want --where patients have a relationship with a doctor who knows them, their medical history and their family. Where doctors and other health care professionals provide comprehensive and continuous care in an environment that nurtures patient/ physician collaboration, improves quality and is cost effective."

The Joint Principles state that quality and safety are hallmarks of the PC-MH. The statement features eight sub-points highlighting specific responsibilities, education, decision making, technology, participation and other necessary elements to improve quality and safety.

"By its very definition, a medical home is a quality improvement approach that promotes a partnership between the child, the family and the physician care team," said AAP President Jay E. Berkelhamer, MD, FAAP. "This partnership not only optimizes quality care, but also minimizes patient risk because the medical home forges a safe bond and quality connection between the care delivered and the specific needs of the child and the family."

The Joint Principles also spell out a proposed payment framework for the PC-MH. This framework would reflect the value of physician care management work that falls outside of a face-to-face visit. It would pay for services associated with coordination of care, support adoption and use of health information technology for quality improvement and support provision of enhanced communication access. It would also recognize the value of physician work associated with remote monitoring of clinical data using technology, allow for separate fee-for-service payments for face-to-face visits, and recognize case mix differences in the patient population being treated within the practice.

In summary, ACP President Lynne M. Kirk, MD, FACP emphasized, "It is important to adequately support the time and systems required to assure that all who choose can receive the high quality health care that is delivered in a patient-centered medical home."

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well being of infants, children, adolescents, and young adults.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 120,000 internal medicine physicians (internists), related subspecialists, and medical students. Internists specialize in the prevention, detection and treatment of illness in adults.

The American Osteopathic Association proudly represents over 59,000 osteopathic physicians (D.O.s) practicing in 31 specialties and subspecialties, promotes public health, encourages scientific research, serves as the primary certifying body for D.O.s and is the accrediting agency for all osteopathic medical schools and health care facilities. More information on D.O.s/osteopathic medicine can be found at www.osteopathic.org.

Founded in 1947, the AAFP represents nearly 94,000 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Nearly one in four of all office visits are made to general and family physicians. That is 207 million office visits each year – 62 million more than to any other medical specialty. Today, family physicians provide the majority of care for America’s underserved and rural populations.

In the increasingly fragmented world of health care where many medical specialties limit their practice to a particular organ, disease, age or sex, family physicians are dedicated to treating the whole person across the full spectrum of ages. Family medicine’s cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

To learn more about the American Academy of Family physicians and about the specialty of family medicine, please visit <http://www.aafp.org> .

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