be diagnosed with depression. Twelve-month remission rate was 60.31%. Detection status and baseline PHQ-9 severity were not predictive of remission, however doctor identification was associated with better improvements in mental health-related quality of life. Twelve-month incidence of PHQ-9 screened-depression was 5.25%. Screened-negative patients who received a diagnosis of depression at baseline were the most likely to become PHQ-9 positive over 1 year. Over 1 year, 19.7% of screened-positive subjects had consulted a psychiatrist, 8.9% other psychological services, and 37.5% had used psychotropic medications.

Conclusions: Around 1 in 10 primary care patients screen positive for depression. Most have mild, self-limiting symptoms, poor mental health-related quality of life, and increased use of primary and secondary care services. Doctor detection does not affect 12-month remission but enhances health-related quality of life.

From the Agency for Healthcare Research and Quality

Ann Fam Med 2014;12:586. doi: 10.1370/afm.1728.

AHRQ UPDATES ON PRIMARY CARE RESEARCH: THE AHRQ PATIENT-CENTERED MEDICAL HOME RESOURCE CENTER

Developed as an evidence-based primary care approach to improve the quality, efficiency, and experience of care,[1] the Patient-centered medical home (PCMH) model is designed to provide primary care that is: (1) patient-centered, (2) comprehensive, (3) coordinated, (4) accessible, and (5) focused on quality and safety.[2] The PCMH model affords new opportunities for providers, clinical teams, and health care systems to provide coordinated, patient-centered care to improve the overall health of the growing number of Americans living with multiple chronic conditions.

To support PCMH research, evaluation, and implementation, AHRQ developed the Web-based Patient-Centered Medical Home Resource Center. The PCMH Resource Center provides tools and resources to aid researchers, clinicians, and policy makers interested in learning about the patient-centered medical home and adapting the model to transform and strengthen the organization and delivery of primary care services. Resources that can be found at http://www.pcmh.ahrq.gov include: explanatory and definitional materials and research; evidence and evaluation tools and resources; implementation manuals for practice facilitation in primary care; a catalog of Federal PCMH activities; and a citations database.

Resources to Improve Care for People Living with Multiple Chronic Conditions

These white papers available on the PCMH Resource Center site examine important issues in designing and delivering appropriate care for people living with multiple chronic conditions:

Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms

"Neighbors" in the medical neighborhood include the medical home, specialists, hospitals, health plans, and other stakeholders. This paper describes how these neighbors could work together better, thus allowing the medical home to reach its full potential to address patients' needs and improve outcomes.

Coordinating Care for Adults with Complex Care Needs in the Patient-Centered Medical Home: Challenges and Solutions

Patients who have complex health needs typically require both medical and social services and support from a wide variety of providers and care givers. This paper discusses strategies to help primary care practices perform as effective medical homes to coordinate such services for patients with complex care needs.

Enhancing the Primary Care Team to Provide Redesigned Care: The Roles of Practice Facilitators and Care Managers

Efforts to redesign primary care require multiple supports. Two potential members of the primary care team—practice facilitator and care manager—can play important but distinct roles in redesigning and improving care delivery.

PCMH Citations Collection

For individuals interested in learning more about the PCMH model of health care delivery, the PCMH Resource Center also features a searchable citations database with more than 1,100 PCMH- related citations of journal articles, reports, policy briefs, and newsletters.

Visit the AHRQ Patient Centered Medical Home Resource Center to learn more: http://www.pcmh.ahrq.gov.

References

1. Patient Centered Medical Home Resource Center. 2011. Agency for Healthcare Research and Quality. Rockville, MD. http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483.
2. Patient-centered Primary Care Collaborative. Defining the medical home. http://www.pcpcc.net/about/medical-home.