

- Does the PCMH make care more effective, efficient, equitable, safe, timely, and/or patient-centered?
- What are the effects of the PCMH on: trust, healing relationships, patient-oriented results, prioritization of care?
- What are the effects of the PCMH on: understanding primary care, other health care enterprises, student and clinician interest in primary care, workforce requirements, scopes of practice for various health care givers, practice size, liability?
- What are the effects of the PCMH at different levels: individual, small groups, local community, system, society?
- What are the best ways to transform an existing practice to be a PCMH and to start a new practice aspiring to be a PCMH?
- What training is necessary to prepare people to work in the PCMH and for people to fully use the PCMH?
- What are the natural experiments now emerging that should be compared?
- How can patient-centeredness be operationalized to become routine reality?
- What are the effects of scale on the PCMH, specifically small vs larger practices?
- What constitutes comprehensiveness, how can it be measured, and what are the effects of its presence or absence?
- What current legal and regulatory requirements enable and impede the PCMH?
- What are the critical technologies of the PCMH?
- What motivates different constituencies to change?
- What are the number and levels of ways to engage patients?
- What are the proper relationships among the PCMH, mental health, and public health?
- Does improving various proposed parts of the PCMH improve the whole?
- Which technologies help and which hinder the PCMH?
- What influences corrupt the PCMH as envisioned?
- What was useful and unuseful in initial National Center for Quality Assurance (NCQA) measures of the PCMH?
- What constitutes the PCMH team, what is the irreducible minimum and the optimum configuration, and how do health care workers learn to collaborate effectively?
- How long does it take to make the transformative change from past practice to the PCMH?
- What are the key linkages between the PCMH and the community in which it resides?

- What professional rivalries and political developments helped and hurt the development and implementation of the PCMH?
- What are the best approaches to paying for the PCMH?
- What practical techniques and skills enable "fixing the bike, while riding it?"
- What are the expected effects of modeling different approaches to the PCMH?
- What does history teach us about how the PCMH is likely to evolve?
- What could and should be the proper role of government in the PCMH?
- What should the name of the PCMH be?

The discussion was arbitrarily limited to 70 minutes and concluded with participants having further ideas and suggestions not expressed. Thus, this recounting is only a partial listing of what was an invigorating moment of sharing hopes, concerns, and investigative opportunities by a forthcoming convenience sample of the 2008 NAPCRG attendees.

Acknowledgements: Richard Deyo, Ron Epstein, Rebecca Etz, Marji Gold, Carlos Jaen, Mark Johnson, Ardis Olson, Jim Puffer, and Diane Rittenhouse volunteered to initiate this discussion with brief personal remarks. Robert Graham, Will Miller, and Kurt Stange manned the flip charts and uttered not a word. Larry Green organized and lightly facilitated the discussion.

Larry Green



Ann Fam Med 2009;7:184-185. DOI: 10.1370/afm.967.

AAFP RELEASES MEDICAL HOME RECOGNITION GUIDE, RELAUNCHES ENHANCED FAMILYDOCTOR.ORG WEB SITE

The AAFP is continuing its commitment to the patient-centered medical home (PCMH) with the release of a guide to medical home recognition and the relaunch of its popular consumer Web site, FamilyDoctor.org, with enhanced video capabilities.

As a service to members, the AAFP has produced a guide to help FPs who are interested in achieving PCMH recognition from the National Committee for Quality Assurance (NCQA).

"Road to Recognition—Your Guide to NCQA Medical Home," which was supported in part by grants from the United Health Foundation and Pfizer Inc, is available free to Academy members and can be downloaded from the Academy's Web site.

NCQA, a not-for-profit organization dedicated to improving health care quality, introduced its Physician Practice Connections—Patient-Centered Medical Home program in January 2008. The NCQA program uses standards that are aligned with the Academy's Joint Principles of the Patient-Centered Medical Home to designate family medicine practices as medical homes.

For a fee, practices can achieve 1 of 3 levels of recognition as they implement and document program requirements.

Bruce Bagley, MD, the AAFP's medical director of quality improvement, said the Academy acted to produce the guide after hearing member feedback that the NCQA medical home documentation process was complex and nearly unmanageable.

"We've provided tools, examples, and templates to make that process as painless and as easy as possible," said Bagley. "We've tried to break it down into manageable steps." The first step in using the multi-faceted guide is to read through the NCQA standards to understand how they are constructed and scored, he said.

Bagley added that NCQA medical home recognition would do more than give FPs in some markets an opportunity to earn bonus payments. "The process also benefits physicians in terms of improved practice efficiency and practice organization."

In addition, the AAFP has collaborated with multi-platform video distributor AnswersMedia Inc, to redesign the Academy's award-winning consumer Web site, FamilyDoctor.org.

The redesigned site integrates FamilyDoctor.org's existing peer-reviewed health information with interactive, high-definition video-on-demand. Coproduced by the Academy and Chicago-based AnswersMedia under the name Primetime HealthNet, FamilyDoctor.org is the only medical association-sponsored Web site offering vetted health care information in text-based, video, and combined formats.

According to AAFP President Ted Epperly, MD, of Boise, Idaho, "FamilyDoctor.org is taking health information to a whole new level."

"Visitors will not only be able to read about their own health issues, they'll be able to see and hear the latest clinical information on the same site," he says in an introductory video posted on the site. "Health videos, news and perspectives, interactive tools, and quizzes will soon all be found on FamilyDoctor.org."

"Video-on-demand is the new frontier in information-sharing, and there is no more important topic than health care," said AAFP Vice President for Publishing and Communications Michael Springer.

"Changes in the health care system will demand that patients are better informed and take more responsibility for their own health and wellness,"

Springer added. "The new FamilyDoctor.org will give them the tools to do this even more effectively. Now patients will not only be able to read about various conditions, they will be able to see and to hear what these conditions mean to them and to their families."

For example, video content on FamilyDoctor.org can provide visuals on health care information that may be difficult to convey in text format, such as how to do a breast self-examination or what to expect during a colonoscopy.

The redesigned site features nearly 100 videos, including many in Spanish, on common medical conditions, treatments and preventive health services. The videos are drawn from health programming created by AnswersTV, a division of AnswersMedia. More videos and a variety of other resources will be added in the coming months, including

- A daily newscast that features health-related news;
- Assigned trigger points in videos that will allow visitors to access bonus content, including promotional materials;
- Expandable and searchable text surrounding video content; and
- Content that can be e-mailed to others.

*Sheri Porter
Cindy Borgmeyer
AAFP News Now*



**From the American
Board of Family Medicine**

Ann Fam Med 2009;7:185-186. DOI: 10.1370/afm.970.

ABFM CONTINUES AS PQRI REGISTRY PARTICIPANT

In August 2008, the Center for Medicare and Medicaid Services (CMS) approved the ABFM Performance in Practice Registry as 1 of 32 qualified registries that may submit Physician Quality Reporting Initiative (PQRI) data to CMS on behalf of its Diplomates. The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) authorized CMS to make PQRI incentive payments for satisfactory reporting of quality measures data in 2008. It also established alternative reporting periods and criteria for the reporting of measure groups and for the reporting of PQRI quality measures through an approved clinical data registry.

Last year, 128 ABFM Diplomates participated in the initiative, which was made available on September 4,