American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American College of Physicians (ACP)
American Osteopathic Association (AOA)

Joint Principles for the Medical Education of Physicians as Preparation for Practice in the Patient-Centered Medical Home

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INTRODUCTION

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

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

A matrix was created to support the cross-walk among the original Joint Principles of the PCMH, the attributes and competencies needed to address them, and the corresponding educational sub-principles to support each one. In addition, each educational sub-principle was linked with the pertinent ACGME/ABMS core competencies of medical education. [Appendix A]

PRINCIPLES OF THE PATIENT CENTERED MEDICAL HOME

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

Attributes/Competencies Needed

Medical students should demonstrate knowledge about the definition of patient-centeredness and must be able to demonstrate the ability to provide patient centered care in their clinical encounters.

Corresponding Educational Sub-Principles

Medical students are expected to:

1. experience continuity in relationships with patient(s) in a longitudinal fashion within practices that deliver first-contact, comprehensive, integrated, coordinated, high-quality and affordable care.
2. communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families and fellow professionals.

Physician directed medical practice **-** The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing

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

Care is coordinated and/or integrated across all elements of the complex health 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.

Attributes/Competencies Needed

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

Corresponding Educational Sub-Principles

Medical students are expected to:

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

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

Quality and safety are hallmarks of the medical home:

- Advocacy for attainment of optimal, patient centered outcomes defined by collaborative care planning process
- Evidence based medicine and clinical decision support tools guide decision making
- Physicians accept accountability for quality improvement (QI) through voluntary engagement in performance measurement and improvement
- Patients actively participate in decision making and patient feedback is sought to assure expectations are being met
- HIT is used to support optimal patient care performance measurement, patient education and enhanced communication
- 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

<u>Attributes/Competencies Needed</u>

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

<u>Corresponding Educational Sub-Principles</u>

Medical students are expected to:

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

Enhanced Access to care is available through systems such as open-access scheduling, extended hours, and new options for communications between patients, their personal physician and practice staff.

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.

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

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

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

WORKING GROUP CONTRIBUTORS

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

FOR MORE INFORMATION:

American Academy of Family Physicians
http://www.futurefamilymed.org
http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html
http://www.transformed.com/
http://www.stfm.org/fmhub/fm2007/January/Ardis24.pdf

American Academy of Pediatrics:
http://aappolicy.aappublications.org/policy_statement/index.dtl#M
http://www.medicalhomeinfo.org
http://www.pediatricmedhome.org
http://www.medicalhomeinfo.org/how/performance_management.aspx

American College of Physicians
http://www.acponline.org/running_practice/pcmh/
http://www.acponline.org/advocacy/where_we_stand/medical_home/

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