

OHIO MEDICAL HOME DEFINITION AND CHARACTERISTICS

Recommendations of the HCCQC Medical Homes Task Force (January 2010)

Definition¹: A medical home is an enhanced model of primary care in which care teams attend to the multi-faceted needs of patients, providing whole person comprehensive and coordinated patient-centered care.

Characteristics of Medical Homes in Ohio²:

1. **Patient-Centered:** Each patient has access to care based on an ongoing relationship with a licensed clinician³ who provides continuous and comprehensive primary care;
2. **Team-Based Approach:** The model employs a multidisciplinary team of individuals, including the patient, who is the center of the care team, who collectively take responsibility for the ongoing needs and care of a patient. Patients actively participate in decision-making and feedback to ensure expectations are met;
3. **Whole Person Orientation:** The licensed clinician provides for each patient's comprehensive health care needs or appropriately arranges care with other qualified professionals. This includes care for all stages of life, including acute, chronic, preventative and end of life care;
4. **Care Coordination and Integration:** Care is coordinated and/or integrated across all elements of the complex health care system and the patient's community (family, public, and private [for-profit and non-profit] community-based services). Care is facilitated by the use of office practice systems such as registries, information technology, health information exchange, and other systems to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner;
5. **Quality and Safety:** Quality and safety are hallmarks, including clinician advocacy for patient-centered outcomes driven by a compassionate, robust partnership among licensed clinicians, patients, and the patient's family. Evidence based care and clinical decision-support tools guide decision making, and clinicians accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement. Information technology is utilized to support optimal patient care, performance measurement, patient education, and enhanced communication. Practices go through a voluntary recognition process by a nationally recognized entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model;
6. **Enhanced Access:** Enhanced access to care is available through systems such as open scheduling, expanded hours, and new options for communication among patients, licensed clinicians, and staff.
7. **Payment:** Payment appropriately recognizes the added value provided by care coordination, care that falls outside of the face to face visit, health information technology for quality improvement, enhanced communication access, work associated with remote monitoring of clinical data, and case mix differences.

¹ This definition was adopted by the National Academy of State Health Policy (NASHP).

² These characteristics are largely modeled after the *Joint Principles of the Patient Centered Medical Home*, endorsed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and the American Osteopathic Association.

³ For the purpose of this recommendation, "licensed clinician" is a physician licensed under Chapter 4731 of the Revised Code, and any other health care professional, acting under their respective licensure statutes. This recommendation is not intended nor shall be construed to either expand or limit the scope of a health care professional while providing services to patients within a medical home.