

Putting patients at the centre of health care in the US

The US healthcare system is currently undergoing a significant transformation through the patient-centered medical home.¹ The patient-centered medical home is an approach to providing comprehensive primary care for children, youths, and adults. It is not a specific place but rather a model of care that facilitates partnerships between various aspects of the healthcare system, with the patient's needs and personal goals at the centre of activity.

Elevating the patient to prominence within health care is fraught with complications that often have more to do with the US' historical healthcare fragmentation than the desire to have patients more involved. Primary care, as the largest platform of healthcare delivery in the US is currently being modified through the lens of the patient-centered medical home.² This change has helped underscore the central role of the patient and community in health care, but how well has the US included the patient in its healthcare redesign? We offer examples across three domains that speak to the role of the patient within the clinical, structural, and financial worlds of health care.

CLINICAL

Patients are being asked to take a more central and active role in their own health. Self-management and shared decision making have emerged as important clinical innovations in health care.^{3,4} Rather than the provider always telling the patient what to do, they work collaboratively with them to show how to make changes that are in line with the patient's goals, not just the goals of the provider.

STRUCTURAL

Structurally, care teams are becoming more prominent in primary care to meet the comprehensive needs of the patient.⁵ Fragmentation has often required patients to

work harder to access other critical specialties, like behavioural health.^{6,7} Integration of specialty providers into primary care is an effort to be more comprehensive and efficient all in one setting.

FINANCIAL

Private and public healthcare payers are making patient-centered care a priority through incentives in reimbursement for coordinated, interdisciplinary care. Eventually, these incentives will likely be replaced with penalties and downside risk for practitioners who do not change their core operations to be consistent with high value, patient-centred care. As with any redesign, there remains an opportunity for the system to be more accommodating of what the patient and his or her community needs and wants.

The medical home can be the vehicle by which health care becomes more patient-centred. Will providers, payers, and policy makers take advantage of this opportunity to extend our knowledge around how we can further engage the patient in decisions that impact their health, or will there be increased resistance from providers who might be threatened by a loss of autonomy or financial risk? After all, the name chosen for this redesign was the 'patient-centred medical home' not the 'provider-centred medical home'.

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