



The Patient's Medical Home

Why PMH?

Reference Chart

Year	Research	Summary of Findings	PMH Goals
2014	Kamrul, R., Malin, G., & Ramsden, V. (2014). Beauty of patient-centred care within a cultural context. <i>Canadian Family Physician</i> , 60, 313.	This journal article discusses the importance of patient-centred care, primarily in a Canadian culturally diverse context. The researchers encourage a level of cultural competency as a powerful component in comprehensive, patient centred care.	1, 5, 6, 8
2014	Oswald, A., Czupryn, J., Wiseman, J., & Snell, L. (2014). Patient centred education: What do students think? <i>Medical Education</i> , 48(2), 170-180. doi:10.1111/medu.12287	In this study, pre-clinical medical students were asked to submit written assignments on patient-centredness. Most students reported seeing illness in the context of patients lives as a primary component of quality care, emphasising the necessity of patient-centredness as a core aspect of a healthcare system.	1, 8, 9
2014	Muller, S. (2014). Electronic medical records: the way forward for primary care research?. <i>The Journal of Family Practice</i> , 31, 127-129.	This article suggests electronic medical records may also be used as a valuable medical research tool with patient consent. Research suggests this information may be a valuable quality improvement tool for patient-centred care.	1, 7, 8
2014	Lakbala, P., & Dindarloo, K. (2014). Physicians' perception and attitude toward electronic medical records. <i>The Journal of Family Medicine</i> , 3, 63.	This cross-sectional survey found that physician's perceptions of Electronic Medical Records are largely positive. Over 85% of physicians surveyed believe EMR's should be implemented with the help of government and policy makers to provide incentives.	7, 8, 9, 10
2014	Mautner, D., Pang, H., Brenner, J., Shea, J., Gross, K., Frasso, R. (2013). Generating Hypotheses About Care Needs of High Utilizers: Lessons from Patient Interviews. <i>Population Health Management</i> , 16, S26.	This qualitative study interviews patients that are high utilizers of health services to define which characteristics determine excess use. The findings include lack of access to a personal family physician and healthcare team as indicators of overuse of healthcare services.	1, 2, 3, 5, 6
2014	Sukalich, S., Elliott, J., Ruffner, G. (2014). Teaching medical error disclosure to residents using patient-centered simulation training. <i>Journal of Academic Medicine</i> , 89, 136-143.	This study evaluates medical error disclosure to patients as a part of medical training as this is an important part of patient-centred care. Residents with training in medical error disclosure show statistically significant improvements in comprehensive care.	8, 9
2014	Wald, H., George, P., Reis, S., & Taylor, J. (2014). Electronic health record training in undergraduate medical education: bridging theory to practice with curricula for empowering patient- and relationship-centered care in the computerized setting. <i>Academic Medicine</i> , 89, 380-386.	This study discusses the benefits of Electronic Medical Record (EMR) use as part of a physicians undergraduate medical education, exemplified at the Alpert Medical School of Brown University. Graduates of the program are exponentially more confident in intergrating electronic medical records into the patient-physician relationship.	5, 7, 8, 9, 10
2014	Rutten, L. F., Vieux, S., Sauver, J. S., Arora, N., Moser, R., Beckjord, E., et al. (2014). Patient perceptions of electronic medical records use and ratings of care quality. <i>Journal of Patient Related Outcome Measures</i> , 2014, 17-23.	This study examines patient perceptions on how electronic medical records relate to quality of care. Patients with a personal family physician using electronic medical records reported higher qualities of care.	1, 7, 9
2014	Ivers, N., Barnsley, J., Upshur, R., Tu, K., Shah, B., Grimshaw, J., et al. (2014). "My approach to this job is...one person at a time": Perceived discordance between population-level quality targets and patient-centred care. <i>Canadian Family Physician</i> , 60, 258.	This qualitative study interviews family physicians to determine gaps between quality improvement initiatives and patient centred care. The study recommends a quality improvement framework.	1, 5, 9

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2014	Wetmore, S. (2014). Patient satisfaction with access and continuity of care in a multidisciplinary academic family medicine clinic. <i>Canadian Family Physician</i> , 60(4), E230	This study assesses patient satisfaction with access and continuity of care in an multidisciplinary family medicine clinic. Patients who were less satisfied with care had longer wait times and less continuity with their personal family physician.	2, 3, 6
2014	Shaw, N. (2014). The role of the professional association: A grounded theory study of electronic medical records usage in Ontario, Canada. <i>International Journal of Information Management</i> , 34(2), 200-209. doi:10.1016/j.ijinfomgt.2013.12.007	This grounded theory study examines physician's experiences with electronic medical record use through interviews and surveys. Physicians reported significant benefits such as ease of use, improvement to comprehensiveness of care and more efficient use of clinical resources.	5, 7, 8
2014	Oslin, D. W. A Randomized Clinical Trial of Alcohol Care Management Delivered in Department of Veterans Affairs Primary Care Clinics Versus Specialty Addiction Treatment. <i>Journal of general internal medicine : JGIM</i> , 29, 162. Retrieved June 27, 2014	This randomized clinical trial demonstrates patient centred team-based care has the greatest impact on reducing heavy alcohol consumption in patients suffering from alcohol use disorder. Patients also showed significantly greater levels of treatment compliance and engagement in comparison to outpatient programs with less focus on patient-centred care.	1, 3, 5, 6
2013	Michael, M., Schaffer, S., Egan, P., Little, B., & Pritchard, P. (2013). Improving Wait Times and Patient Satisfaction in Primary Care. <i>Journal for Healthcare Quality</i> , 35, 50-60.	This study compares two frameworks designed to improve patient satisfaction by minimizing wait times. Both were able to reduce wait times by 10 minutes, leaving room for further research and quality improvement to build on these frameworks to increase quality of care.	1, 4, 9
2013	Brown, A. E., & Pavlik, V. N. (2013). Patient Centred Research Happens in Practice-Based Research Networks. <i>Journal of the American Board of Family Medicine</i> , 26, 481-483.	This article discusses the benefits of conducting medical research in a clinic setting in order to obtain the best patient-centred results. Research suggests that policy makers invest in patient-centred research in these settings for outcomes that can be applied to actual medical practice.	5, 8, 9, 10
2013	Hudon, C., Tribble, D. S., Bravo, G., Hogg, W., Lambert, M., & Poitras, M., et al. (2013). Family physician enabling attitudes: a qualitative study of patient perceptions. <i>BMC Family Practice</i> , 14.	This descriptive qualitative study of patients with at least one chronic illness finds that a positive relationship with their personal family physician was one of the most crucial components to their quality of care. Patients report that physician understanding of their specific illness experience is directly related to health outcomes.	1, 2, 5, 6
2013	Freeman, T., Brown, J., Reid, G., Stewart, M., Thind, A., & Vingilis, E. (2013). Patients' perceptions on losing access to FPs: qualitative study. <i>Canadian Family Physician</i> , 59, 195-201.	This qualitative study interviews individuals on their health-related experiences after losing their personal family physician. A majority of participants reported distress, as they no longer had consistent access to preventative care. The quality of chronic illness management also decreased significantly.	1, 2, 4, 6, 10
2013	Haggerty, J., Roberge, D., Freeman, G., & Beaulieu, C. (2013). Experienced continuity of care when patients see multiple clinicians: a qualitative metasummary. <i>Annals of Family Medicine</i> , 11, 262-271.	This qualitative study reviews patient surveys on continuity of care. A majority of patients who experienced continuity of care also had a close relationship with a personal family physician and healthcare team.	1, 2, 3

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2013	Kristjansson, E., Hogg, W., Dahrouge, S., Tuna, M., Mayo-Bruinsma, L., & Gebremichael, G. (2013). Predictors of relational continuity in primary care: Patient, provider and practice factors. <i>BMC Family Practice</i> , 14(1), 72. doi:http://dx.doi.org/10.1186/1471-2296-14-72	This cross-sectional study compared a variety of clinics sizes, for example number of physicians practicing, determined that continuity of care is best achieved in clinics with a smaller more cohesive health panel.	1, 3, 6
2013	Sung, N., Markuns, J., Park, K., Kim, K., Lee, H., Lee, J. (2013). Higher quality primary care is associated with good self-rated health status. <i>The Journal of Family Practice</i> , 30, 568-575.	This study determines that there is a high association between quality of primary care and patient reported health outcomes across a majority of demographics. Patients with the most positive health outcomes reported high levels of personalized, comprehensive, coordinated care from their personal family physician.	1, 2, 3, 5, 6, 9
2013	Fawole, O., Dy, S., Wilson, R., Lau, B., Martinez, K., Apostol, C., et al. (2013). A Systematic Review of Communication Quality Improvement Interventions for Patients with Advanced and Serious Illness. <i>Journal of General Internal Medicine: JGIM</i> , 28, 570.	This study evaluates the impact of various quality improvement methods on physician-patient communication. It finds that patient-centred consultative care is the most effective quality improvement intervention, especially among the chronically ill.	1, 5, 8, 9
2013	Henschen, B., Garcia, P., Jacobson, B., Ryan, E., Woods, D., Wayne, D, et al. (2013) The Patient Centered Medical Home as Curricular Model: Perceived Impact of the "Education-Centered Medical Home". <i>Journal of general internal medicine : JGIM</i> , 28, 1105-1109.	This study tests the effectiveness of a program called the Education-Centred Medical home, which implements patient-centred care oriented goals into the final years of medical training. Students reported significantly higher levels of confidence in practicing continuity of care and patient centred care.	1, 6, 8
2013	Giordano, C., Arenson, C., Lyons, K., Collins, L., Umland, E., Smith, K. (2013). Effect of the health mentors program on student attitudes toward team care. <i>Journal of the American Board of Family Medicine</i> , 42, 120.	This study evaluates the effects of a longitudinal study on an education program to train future health professionals skills for efficient team-based care. The program resulted in a significant improvement in attitudes toward team care in addition to a higher quality of care.	3, 5, 8, 9
2013	Mittelstaedt, T., Mori, M., Lambert, W., Saultz, J. (2013). Provider practice characteristics that promote interpersonal continuity. <i>Journal of the American Board of Family Medicine</i> , 26, 356.	This mixed method study examined the relationship between provider practice characteristics and interpersonal continuity. It determined patients receive greater continuity of care when they have access to nurses and physicians assistants in addition to their own personal family physician.	1, 2, 3, 6, 9
2013	Siminoff, L. A. (2013). Incorporating patient and family preferences into evidence-based medicine. <i>BMC Medical Informatics and Decision Making</i> , 13, S6. doi:http://dx.doi.org/10.1186/1472-6947-13-S3-S6	This study evaluates the importance of socio-cultural influences of health and it's relationship to evidence based medicine. The author stresses the importance of patient-centred care and comprehensive care in order to achieve the best health outcomes.	1, 2, 5
2013	Hilts, L., Howard, M., Price, D., Risdon, C., Agarwal, G., & Childs, A. (2013). Helping primary care teams emerge through a quality improvement program. <i>Family Practice</i> , 30.	This study measured the relationship between healthcare team perceptions on their care roles and patient health outcomes. Healthcare teams with a better understanding of their role tended to see higher positive patient health outcomes.	1, 3, 5, 8, 9

Year	Research	Summary of Findings	PMH Goals
2013	Daniel, D., Wagner, E., Coleman, K., Schaefer, J., Austin, B., & Abrams, M. (2013). Assessing Progress toward Becoming a Patient Centered Medical Home: An Assessment Tool for Practice Transformation. <i>Health Services Research</i> , 48, 1879-1897.	This study provides a Patients Medical Home implementation guide to monitor clinic progress in transitioning to patient-centred care. It highlights the importance of clinic quality improvement to ensure the best possible patient outcomes.	1, 5, 8, 9
2013	Sibbald, S. L., McPherson, C., & Kothari, A. (2013). Ontario primary care reform and quality improvement activities: An environmental scan. <i>BMC Health Services Research</i> , 13(1), 209. doi: http://dx.doi.org/10.1186/1472-6963-13-209	This study evaluates current quality improvement initiatives in Ontario, Canada and recommends an organized framework to ensure Patient's Medical Home goals are met.	8, 9, 10
2013	Cauch-Dudek, K., Victor, J. C., Sigmond, M., & Shah, B. R. (2013). Disparities in attendance at diabetes self-management education programs after diagnosis in ontario, canada: A cohort study. <i>BMC Public Health</i> , 13, 85. doi: http://dx.doi.org/10.1186/1471-2458-13-85	This study finds that only 1 in 5 patients newly diagnosed with diabetes attend diabetic publicly funded self-management education programs. Emphasising the need for greater comprehensive care, especially in communities with low rates of health program utilization.	1, 3, 5, 9
2013	Green, B. B. (2013). Caring for Patients with Multiple Chronic Conditions: Balancing Evidenced-based and Patient-Centered Care. <i>The Journal of the American Board of Family Medicine</i> , 26, 484-485.	This study discusses the need for team-based care due to the increasingly high rates of patients suffering from multiple chronic illnesses. Patients with well controlled chronic illnesses are significantly more likely to have access to a health care team, in addition to their personal family physician.	3, 9
2013	Cook, D., M.D., Rocker, G., D.M., & Heyland, D., M.D. (2013). Enhancing the quality of end-of-life care in canada. <i>Canadian Medical Association Journal</i> , 185(16), 1383-4. Retrieved from http://search.proquest.com/docview/1476500531?accountid=14771	This study interviews hospitalized Canadians on which aspects of end-of-life treatment they find to be most important. Trust in a personal family physician and effective communication among health care team members were consistently reported to play a pivotal role in the quality of palliative care.	1, 2, 3, 5, 6, 9
2012	Lawrence, M., & Kinn, S. (2012). Defining and measuring patient-centred care: an example from a mixed-methods systematic review of the stroke literature. <i>The Journal of Health Expectations</i> , 15, 295-326.	This study uses stroke patients as a way to demonstrate the importance of patient-centred interventions. The research finds that patient relevance, communication and quality of care are essential components of patient centred care and must be considered when developing treatment plans.	1, 2, 5
2012	Uijen, A., Schers, H., Schellevis, F., & van den Bosch, W. (2012). How unique is continuity of care? A review of continuity and related concepts. <i>The Journal of Family Practice</i> , 29, 264-271.	This study examines the universality of the relationship between the patient and their personal family physician, communication between healthcare professionals. Researchers recommend health policy makers prioritize these aspects of the Patient's Medical Home as it has proven to be instrumental to high quality care.	1, 2, 3, 5, 8, 9
2012	Nasser, M., van Weel, C., van Binsbergen, J., & van de Laar, F. (2012). Generalizability of systematic reviews of the effectiveness of health care interventions to primary health care: concepts, methods and future research. <i>The Journal of Family Practice</i> , 29, i94-i103.	This study systematically reviewed a variety of primary care guidelines, such as patient-centred care and continuity of care and determined these goals improved quality of care and patient in among a majority of patient demographics. The researchers additionally note the importance of team-based care, especially in communities of lower socio-economic status.	1, 6, 9

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2012	Sternlieb, J. (2012). Teaching the value of continuity of care: a case conference on long-term healing relationships. <i>Family, Systems & Health: The Journal of Collaborative Family Healthcare</i> , 30, 302-307.	This study discusses the importance of continuity of care as part of medical training. Physicians that prioritize continuity of care are far more likely to provide a high quality of comprehensive patient centred care. Their patients are also more likely to have better control over chronic illnesses.	1, 2, 3, 5, 9
2012	Klemenc-Ketis, Z., Vanden Bussche, P., Rochfort, A., Emaus, C., Eriksson, T., & Kersnik, J. (2012). Teaching quality improvement in family medicine. <i>Education For Primary Care</i> , 23(6), 378-381.	This research report discusses the importance of teaching quality improvement measures throughout medical education. System performance, professional development and patient outcomes significantly benefit from consistent quality improvement systems so that policy makers can make informed decisions on the best practices for patient-centred care.	5, 8, 9, 10
2012	Randall, E., Crooks, V., Goldsmith, L. (2012). In search of attachment: a qualitative study of chronically ill women transitioning between family physicians in rural Ontario, Canada. <i>BMC Family Practice</i> , 13, 125.	This qualitative study interviews women in rural Ontario, Canada with chronic illnesses on continuity of care and stresses the necessity of personal family physicians. There is a shortage in physicians practicing in rural areas, which causes patients to frequently transition through personal family physicians, limiting their continuity of patient-centred care and worsening their health outcomes.	1, 2, 3, 4, 6
2012	Bryant, S., Lande, G., & Moshavi, D. (2012). A Knowledge-based view of improving the physician-patient relationship. <i>Academy of Health Care Management Journal</i> , 8(1), 9-19. Retrieved from http://search.proquest.com/docview/1037802664?accountid=14771	This qualitative study uses hypertension to describe the importance of increased information sharing between patients and physicians. The research stresses physicians to gain a better understanding of patient lifestyles and cultures that may influence comprehensive care.	1, 2, 5
2012	Alexander, J. A., Herald, L. R., Mittler, J. N., & Harvey, J. (2012). Patient-Physician Role Relationships and Patient Activation among Individuals with Chronic Illness. <i>Health Services Research</i> , 47, 1201.	This cross-sectional study finds that the physician-patient relationship is strongly correlated to patient engagement. Patients with strong longitudinal relationships with their personal family physicians are more likely to adhere to treatment plans and experience better health outcomes.	1, 2, 5, 6
2012	Specialized community-based care: an evidence-based analysis. (2012). <i>Ontario health technology assessment series</i> , 12, 1.	This study reviews the effects of comprehensive community care on diabetes, heart disease, and chronic obstructive pulmonary disease. Populations that receive comprehensive community care are significantly less likely to require emergency services and self report greater quality of life than those who do not have these services.	1, 2, 3, 5, 9
2012	MacCarthy, D., Kallstrom, L., Kadlec, H., & Hollander, M. (2012). Improving primary care in british columbia, canada: Evaluation of a peer-to-peer continuing education program for family physicians. <i>BMC Medical Education</i> , 12, 110. doi: http://dx.doi.org/10.1186/1472-6920-12-110	This study determines a Practice Support Program (PSP) in British Columbia, Canada is an effective way to improve physician office efficiency, strategize wait time reduction methods. Additionally, after participating the PSP program, over 82% participants felt more comfortable diagnosing and treating mental health conditions.	5, 8, 9, 10
2012	(2012). Specialized community-based care: an evidence based analysis. <i>Ontario health technology assessment series</i> , 13.	This qualitative study examines how patients with chronic diseases, such as coronary artery disease, are able to self manage their illness. The patients studied who had a longitudinal relationship with their personal family physician and had access to a healthcare team had better control of their illness.	1, 2, 3, 5

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2012	Lisa Kern et al., "Electronic Health Records and Ambulatory Quality of Care," <i>Journal of General Internal Medicine</i> , Oct. 3, 2012	This study determines that physicians that utilize electronic medical records (EMR) provide significantly higher quality of care compared to practices that are not using EMR's. Specifically, patients experienced a higher quality of care in diabetes management, clamidia screening and cancer screening.	5, 7
2012	Aarts, J. W. M., Huppelschoten, A. G., van Empel, I. W. H., Boivin, J., Verhaak, C. M., Kremer, J. A. M., & Nelen, W. L. (2012). How patient-centred care relates to patients' quality of life and distress: A study in 427 women experiencing infertility. <i>Human Reproduction</i> , 27(2), 488-495. doi:10.1093/humrep/der386	This study uses a cross-sectional questionnaire determines patient centredness in family planning and fertility care strongly relates to patient quality of life. Specifically, participants that received quality patient centred care experienced far fewer instances of anxiety and depression than participants who did not receive the same care.	1, 2, 5, 6, 9
2010	Ferrante JM, Balasubramanian BA, Hudson SV, Crabtree BF. Principles of the patient-centered medical home and preventive services delivery. <i>Ann Fam Med</i> . 2010;8(2):108-116.	This study assessed clinics utilizing the principles of the Patient's Medical Home, such as a personal family physician, were far more likely to receive preventative services.	1, 2, 3, 4, 5, 6
2010	Zhou YY, Kanter MH, Wang JJ, Garrido T. Improved quality at Kaiser Permanente through e-mail between physicians and patients. <i>Health Aff</i> . 2010;29(7):1370-1375.	Implementing secure patient to physician e-mail as part of their EMR system, the clinic saw a statistically significant improvement in the overall health of diabetic patients.	1, 2, 3, 7, 8
2010	Miller WL, Crabtree BF, Nutting PA, Stange KC, Jaén CR. Primary care practice development: a relationship centered approach. <i>Ann Fam Med</i> . 2010;8(Suppl 1):S68-S79.	Building on existing research on primary care practices, this study further demonstrated the determinants of successful practice development such as comprehensive care and continuity of care. Prioritizing these aspects of the patients medical home dramatically increased chronic disease prevention and treatment.	1, 2, 3, 6
2009	Reid RJ, Fishman PA, Yu O, et al. Patient-centered medical home demonstration: a prospective, quasi-experimental, before and after evaluation. <i>Am J Managed Care</i> . 2009;15(9):e71-e87.	This study surveyed clinics practicing a patient-centred medical home system and found that patients achieve better outcomes at a lower cost compared to clinics not using the PCMH model.	1, 3, 4, 7, 9
2009	Atlas SJ, Grant RW, Ferris TG, Chang Y, Barry MJ. Patient-Physician connectedness and quality of primary care. <i>Ann Intern Med</i> . 2009;150(5):325-335.	This study demonstrates a strong correlation between a patient's adherence to treatment and a good relationship with their personal family physician.	1, 2, 5
2009	Walker J, Harris/Decima. Poll: Nine in ten Canadians have a family doctor. 2009. Available at: http://www.harrisdecima.ca/sites/default/files/releases/061909E.pdf . Accessed August 18, 2011.	Almost 90% of Canadians have a personal family doctor. Of those Canadians, 88% rate the care they receive as excellent or good.	2, 9
2008	Clatney L, MacDonald H, Shah SM. Mental health care in the primary care setting: family physicians' perspectives. <i>Can Fam Physician</i> . 2008;54(6):884-889.	This survey reveals that primary practitioners are unsatisfied with the quality of mental health care they are able to provide for their patients due to barriers in accessing mental health specialists urging the need for increased team-based care.	1, 3, 4, 5, 6, 9

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2007	Soklaridis S, Oandasan I, Kimpton S. Family health teams: can health professionals learn to work together? <i>Canadian Family Physician</i> . 2007;53(7):1198-1199.	This study finds the need for more effective opportunities in academic primary care settings for future primary physicians are able to practice teamwork and collaboration with other health professionals.	1, 3, 5, 8, 9, 10
2008	Haggerty JL, Pineault R, Beaulieu M-D, et al. Practice Features Associated With Patient-Reported Accessibility, Continuity, and Coordination of Primary Health Care. <i>Ann Fam Med</i> . 2008;6(2):116-123.	This study compares the relationship between patient-centred care and the sustainability of the Canadian healthcare system. It emphasizes the increased demand for primary care as the population ages, and recommends a shift to patient-centred care in order to sustain the healthcare system and better health outcomes.	1, 2, 4, 5, 6, 9, 10
2008	Khan S, McIntosh C, Sanmartin C, Watson D, Leeb K. Primary Health Care Teams and Their Impact on Processes and Outcomes of Care. Ottawa, ON: Statistics Canada; 2008. Available at: http://www.statcan.gc.ca/pub/82-622-x/82-622-x2008002-eng.pdf .	According to this recent survey, Canadians who have regular access to team based care are significantly less likely to require emergency medical services than those who are not connected to a healthcare team.	1, 2, 3, 5
2005	Coleman MT, Newton KS. Supporting self-management in patients with chronic illness. <i>Am Fam Physician</i> . 2005;72(8):1503-1510.	Chronic disease patients who participated in this study that had access to a cohesive health care team were able to better self-manage their illness leading to a higher satisfaction with their care.	1, 2, 6, 7
2004	Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? <i>JAMA</i> . 2004;291(10):1246-1251.	This study demonstrates that health care teams are more likely to achieve measurable goals than less cohesive clinics environments, exemplified by significantly improving diabetes management.	1, 3, 4, 5, 6, 9
2000	Murray M, Tantau C. Same-day appointments: exploding the access paradigm. <i>Fam Pract Manage</i> . 2000;7(8):45.	Three different primary care appointment booking models are compared. Clinics that have embraced the advanced same-day care model were able to reduce appointment wait times from 55 days to 1 day.	1, 2, 3, 4