





Patients say that patient-centred family practices are where they are most comfortable—most at home—discussing their personal and family health concerns.

Family practices serve a vital role caring for patients and communities across Canada. The Patient's Medical Home (PMH) 2019 is a vision for the future of family practice that emphasizes patient-centredness, community adaptiveness, and interprofessional collaboration. In PMH 2019, every family practice across Canada offers the medical care that Canadians want-seamless care that is centred on individual patient's needs, within their community, throughout every stage of life, and integrated with other health services. A PMH aims to provide each patient with a central hub for all their health care needs.

These foundations are necessary to enable the PMH practices to thrive

within their communities



1. Administration and Funding

Practices need financial support delivered through appropriate remuneration models that enable governance, leadership, and management.



2. Appropriate Infrastructure

Physical space, staffing, electronic records and other digital supports, equipment, and virtual networks facilitate the delivery of timely, accessible, and comprehensive care.



3. Connected Care

Practice integration with other care settings and services across the health care system, a process enabled by effectively integrating health information technology.

Care provided in a PMH is characterized by the following functions



4. Accessible Care

Advanced and timely access, virtual access, and team-based approaches ensure care that's there when it's needed.



5. Community Adaptiveness and Social Accountability

A PMH responds to the needs of a community it serves on the patient, practice, community, and policy level.



6. Comprehensive Team-Based Care with Family Physician Leadership

A broad range of services is offered by a well-connected interprofessional team. The team might not be co-located but the patient is always seen by a professional with relevant skills who can connect with a physician (ideally the patient's own personal physician) as necessary.



7. Continuity of Care

Patients live healthier, fuller lives when they receive care from a provider who knows them and how their health changes over time.

8. Patient- and Family-Partnered Care

Family practices respond to the unique needs of patients and their families within the context of their environment, involving them as active partners in care.

Commitment to these ongoing development areas keep PMH practices constantly growing and improving



9. Measurement, Continuous Quality Improvement, and Research

Family practices strive for progress through performance measurement and CQI. Patient safety is always a focus, and new ideas are brought in through patient engagement.



10. Training, Education, and Continuing Professional Development

Emphasis on training and education ensures that the unique knowledge and expertise of family physicians can be shared with the broader health care community, while ongoing development ensures constantly staying at the forefront of best practice.

PMH 2019 outlines 10 pillars with key attributes that make up a PMH and is intended to support all family practices to be better aligned with the PMH principles. PMH 2019 is a vision to which every practice can aspire. Strong patient-provider continuity in primary care results in improved health outcomes and cost-savings to the health care system, and it is also of great importance to patients.¹



79% of studies reviewed show cost savings

Visit **www.patientsmedicalhome.ca** for:



Practical Best Advice tools for family physicians



Province-specific PMH Implementation Kits

Self-assessment tool to measure how well a practice fits the Patient's Medical Home model

More information about the PMH vision and its benefits

The Patient's Medical Home is an initiative championed by the College of Family Physicians of Canada (CFPC). The CFPC represents more than 38,000 members. It is the national professional organization responsible for establishing standards for the training, certification, and lifelong education of family physicians and it is the voice of family medicine.

1. Association of Family Health Teams of Ontario. Optimizing the value of team-based primary care - Review of the literature. Toronto, ON: Association of Family Health Teams of Ontario; 2015. Available from: www.afhto.ca/wp-content/ uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf. Accessed 2019 March. 2. Toward Optimized Practice. Benefits of a Patient's Medical Home-A Literature Summary of 175 Articles / 2017 Update. Edmonton, AB: Toward Optimized Practice; 2017. Available from: www.topalbertadoctors.org/file/top--evidence-summary--benefits-of-ben.bdf. Accessed 2019 March.