

Study #2 – A 2010 study led by researchers at Harvard Medical School analyzed seven medical home programs (Figure 5) to assess features of those deemed successful.⁸ Sponsors of these programs included prominent commercial health plans, integrated health systems and government-sponsored programs: Colorado Medical Homes for Children, Community Care of North Carolina,

Geisinger Health System, Group Health Cooperative, Intermountain Health Care, MeritCare Health System and Blue Cross Blue Shield of North Dakota, and Vermont’s Blueprint for Health. The selected programs were measured on improvements in the number of hospitalizations and savings per patient.

Figure 5: Analysis of Seven PCMH Pilot Programs⁹

Pilot	# of Patients	Population	Incentives	Results		
				Hospitalization reduction (%)	ER visit reduction (%)	Total savings per patient
Colorado Medical Homes for Children	10,781	Medicaid CHP+	Pay for Performance (P4P)	18%	NA	\$169-530
Community Care of North Carolina	> 1 million	Medicaid	Per Member Per Month (PMPM) payment	40%	16%	\$516
Geisinger (ProvenHealthNavigator)	TBD	Medicare Advantage	P4P; PMPM payment; shared savings	15%	NA	NA
Group Health Cooperative	9,200	All	TBD	11%	29%	\$71
Intermountain Health Care (Care Management Plus)	4,700	Chronic disease	P4P	4.8-19.2%	0-7.3%	\$640
MeritCare Health System and Blue Cross Blue Shield of North Dakota	192	Diabetes	PMPM payment; shared savings	6%	24%	\$530
Vermont BluePrint for Health	60,000	All	PMPM payment	11%	12%	\$215

Adapted from Fields D, Leshen E, and Patel K. “Driving quality gains and cost savings through adoption of medical homes,” *Health Affairs*, May 2010; 29(5): 819-826. Appendix Exhibit 1.

⁸ Fields D, Leshen E, Patel K. “Driving quality gains and cost savings through adoption of medical homes,” *Health Affairs*, May 2010; 29(5): 819-27.

⁹ Ibid