



The Patient -Centered Medical Home Neighbor: The Interface of the Patient -Centered  
Medical Home with Specialty/Subspecialty Practices

ACP recognizes that there are situations in which the specialty or subspecialty practice can serve as the PCMH with the requirement of additionally addressing the patient's primary care needs.

x ACP approves of the following definition of a PCMH-N:

A specialty/subspecialty practice recognized as a Patient-Centered Medical Home Neighbor (PCMH-N) engages in processes that:

- o Ensure effective communication, coordination, and integration with PCMH practices in a bidirectional manner to provide high-quality and efficient care
- o Ensure appropriate and timely consultations and referrals that complement the aims of the PCMH practice
- o Ensure the efficient, appropriate, and effective flow of necessary patient and care information
- o Effectively guide determination of responsibility in co-management situations
- o Support patient-centered care, enhanced care access and high levels of care quality and safety
- o Support the PCMH practice as the provider of whole-person primary care to the patient, and as having overall responsibility for ensuring the coordination and integration of the care provided by all involved physicians and other health care professionals

x ACP approves of several aspirational guiding principles for the development of care coordination agreements between PCMH and PCMH-N practices, including an







































































son, comprehensive care. This situation is best represented by a specialty practice that is seeing a patient frequently over a relatively long period for the treatment of a complex condition that affects multiple aspects of their physical and general functioning.

- € A 25-year-old patient with no other medical issues is diagnosed with acute lymphoblastic leukemia. This patient's care will be completely coordinated by the PCMH-N hematology/oncology specialty practice who sees the patient weekly for 2 years of active therapy. The hematology/oncology practice assumes all responsibilities for care and is first call/first responder to any health issue.
- € A 30-year-old patient with Crohn's disease is on a complex medication regimen, including steroids and immunosuppressants, and is being started on anti-TNF agents. The patient suffers from malnutrition, spondylitis, fistulas, and major depression. The patient requires surveillance for potential adverse effects of steroids, including osteoporosis and opportunistic infections. Due to complexity of medications, malnutrition, and need for periodic endoscopic procedures, GI PCMH-N manages this patient as his primary care provider.
- € A 46-year-old patient with a long history of HIV/AIDS, with multi-drug resistant HIV on a 5-drug third-line regimen is having progressive AIDS-related complications. The patient has had a number of opportunistic infections, including Pneumocystis disseminated *Mycobacterium avium* complex, and CNS toxoplasmosis. He also had hyperlipidemia and hypertension and receives a number of medications that have known interactions with his ART regimen. After discussion, the PCP transfers the patient to receive primary care from the PCMH-N.



