


Volume 13, 18 December 2013

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2013; WCIC Conf Suppl; [URN:NBN:NL:UI:10-1-116011](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-116011)

Copyright: 

Conference Abstract

Is use of a patient-centered medical home associated with reduced health care utilization and costs? Empirical evidence from a US nationally representative sample

H. Xin, Health Care Organization and policy, University of Alabama at Birmingham, Birmingham, USA

M. Kilgore, Health Care Organization and policy, University of Alabama at Birmingham, Birmingham, USA

B. Sen, Health Care Organization and policy, University of Alabama at Birmingham, Birmingham, USA

N. Menachemi, Health Care Organization and policy, University of Alabama at Birmingham, Birmingham, USA

Correspondence to: **Dr. Haichang Xin**, Statistician, University of Alabama at Birmingham USA, E-mail: hxin@uab.edu

Abstract

Objective: The patient-centered medical home (PCMH) integrates healthcare from various settings to meet patient's needs and holds promise to improve healthcare quality while reducing costs. This study is among the first to examine the PCMH's effect on changes in utilization and costs for emergency department (ED) and inpatient care in the US.

Methods: This retrospective cohort study used data from the 2009-2010 Medical Expenditure Panel Survey. Using ordered logit models, we assessed the effectiveness of PCMH use controlling for health status and healthcare costs besides other covariates in 2009. We identified both a PCMH and a partial PCMH cohort (with a usual source of care but not a PCMH).

Results: The study sample consisted of 8,804 individuals. The partial PCMH group consistently demonstrated higher odds of reducing utilization and costs for ED and inpatient care than individuals without a usual source of care: OR=1.29 for ED visits ($p=0.056$), OR=1.35 for hospital admissions ($p=0.033$), OR=1.32 for ED costs ($p=0.034$), and OR=1.35 for inpatient costs ($p=0.039$).

Conclusions: Overall, having a usual source of care is associated with reduced utilization and costs in ED and inpatient care in US nationwide. Findings from this study have shed light on cost saving strategies for policy-makers.
