

Do Patient-Centered Medical Homes Reduce Emergency Department Visits?

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Abstract

This paper assesses whether adoption of the Patient-Centered Medical Home (PCMH) reduces emergency department (ED) utilization among patients with and without chronic illness. We use administrative data from approximately 460,000 Independence Blue Cross patients enrolled in 280 primary care practices which converted to PCMH status from 2008-2012. We estimate the effect of a practice becoming PCMH certified on ED visits and costs for its patients using a difference-in-differences approach, employing either practice or patient fixed effects. We analyzed patients with and without chronic illness across six chronic illness categories. We find that among chronically ill patients, transition to PCMH status was associated with 5-8% reductions in ED utilization. This finding was robust to a number of specifications, including analyzing avoidable and weekend ED visits alone. The largest reductions in ED visits are concentrated among chronic patients with diabetes and hypertension. Hence, the adoption of the PCMH model was associated with lower ED utilization for chronically ill patients, but not for those without chronic illness. The effectiveness of the PCMH model varies by chronic condition. Analysis of weekend and avoidable ED visits suggests that reductions in ED utilization stem from better management of chronic illness rather than expanding access to primary care clinics.

Key Words: Patient-centered medical home, emergency department, chronic illness

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