

IBM Global Business Services

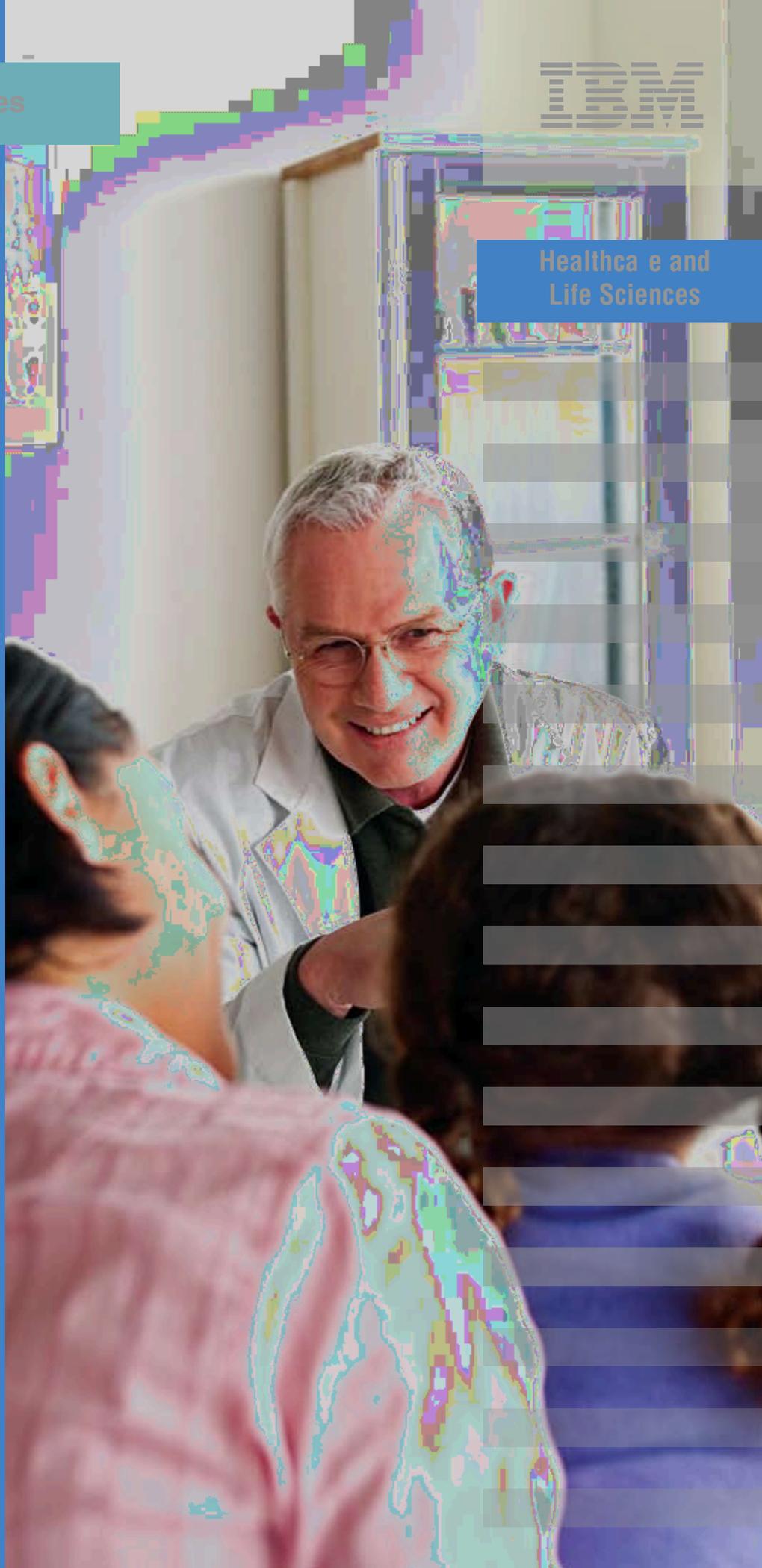


IBM Institute for Business Value

Patient-centered medical home

What, why and how?

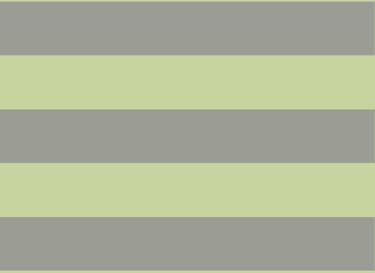
Healthcare and
Life Sciences



IBM Institute fo Business Value

IBM Global Business Services, through the IBM Institute for Business Value, develops fact-based strategic insights for senior executives around critical public and private sector issues. This executive brief is based on an in-depth study by the Institute's research team. It is part of an ongoing commitment by IBM Global Business Services to provide analysis and viewpoints that help companies realize business value. You may contact the authors or send an e-mail to iibv@us.ibm.com for more information.





m m m t
 ft f m, t y t v t,
 y c d c f m, t m y
 m t v m t
 t t f y z t ft .F
 am , t f f m m t d
 m v c t d t f m d
 c c t m v v t ,
 c c t d m t; c t
 c f t t c (m , t
 y c , t c , c c , m y ,
 v m t c f c
 c m t c); c c t f c t t
 t t m v , d c .

B ft , v , m y m d c t .
 A t c f c y ff t
 c c m t c v t m c f c t
 m m .Ev , t c d v
 v c . *Status quo* t
 c t , t c c t v y
 c t d c c d v y c c m
 c f c , t c c , -V c c c
 y t m

A f c t t c f m d ft U .
 c c y t m c c m m t ,
 v t m t v t
 c c f m c y c c t
 PCMH.M c m c d *now*
 c c t ft t c f m d .E c y m c
 m t c v m t d
 y c c c m v c t y, d
 d t m c c m ff t v
 f c c v .P , t t c
 t c f t m c m
 m c t c c c f
 c c .F m c f c c t v ,
 t v c c t PCP t c f m
 t c t .

M c m d m c
 m y t d v c t y .Ev
 , d m t t v t t m t v c
 f c c f c t t d ,
 c m m t d .F t d y,
 t c t c m t d t c
 t t .A d y c y t
 c t c t f
 f c t c t c t c c
 m . f c m c v
 c t z t t c t
 m m t c m c m , ff
 v d c m m d t
 t c ft t d v .

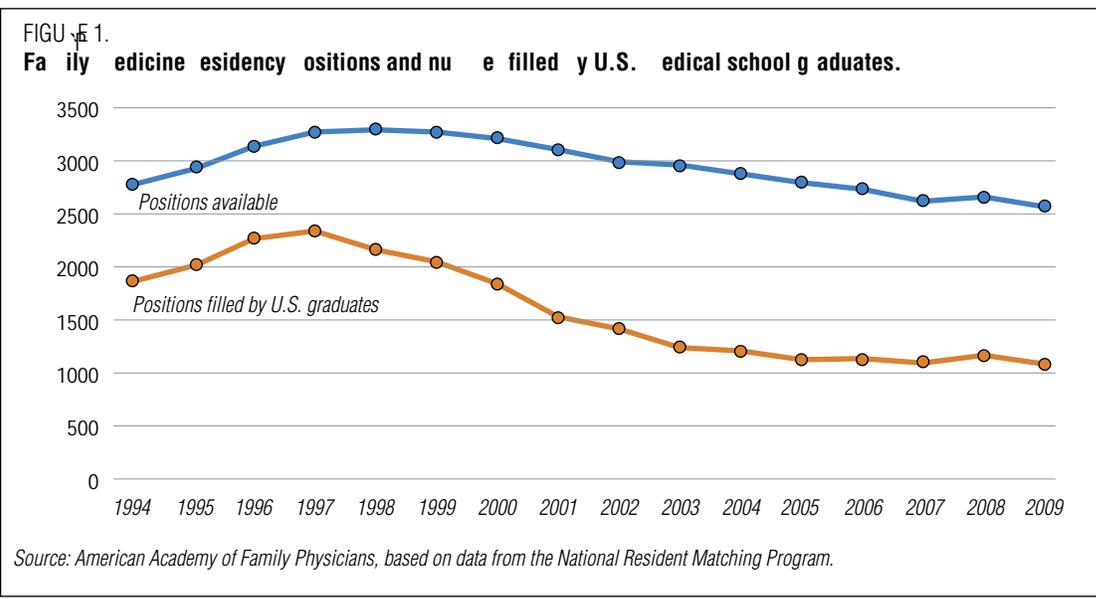


Cost, quality and access issues take toll on U.S. health care system

U.S. health care system faces a crisis of confidence, a new report says. The report, published by the U.S. House of Representatives, says that the health care system is in a state of crisis and that the government must take action to address the issues.

It is important to note that the number of family medicine residency positions available in the United States has been declining since 1994. In 1994, there were approximately 2,800 positions available, which increased to a peak of about 3,300 in 1997. Since then, the number of positions available has steadily declined, reaching approximately 2,600 by 2009. This decline is largely due to the fact that many medical schools have stopped offering family medicine residency programs, and those that remain have reduced the number of positions they offer. This has led to a significant shortage of family medicine physicians, particularly in rural and underserved areas. The American Academy of Family Physicians (AAFP) has expressed concern about this trend and has called for increased support for family medicine residency programs. The AAFP has also advocated for the creation of new residency positions and for the expansion of existing programs. The AAFP has also called for the implementation of policies that would encourage medical schools to offer family medicine residency programs. The AAFP has also called for the implementation of policies that would encourage medical schools to offer family medicine residency programs. The AAFP has also called for the implementation of policies that would encourage medical schools to offer family medicine residency programs.

The number of family medicine residency positions filled by U.S. graduates has also been declining since 1994. In 1994, approximately 1,900 positions were filled by U.S. graduates, which increased to a peak of about 2,400 in 1997. Since then, the number of positions filled by U.S. graduates has steadily declined, reaching approximately 1,100 by 2009. This decline is largely due to the fact that many medical schools have stopped offering family medicine residency programs, and those that remain have reduced the number of positions they offer. This has led to a significant shortage of family medicine physicians, particularly in rural and underserved areas. The American Academy of Family Physicians (AAFP) has expressed concern about this trend and has called for increased support for family medicine residency programs. The AAFP has also advocated for the creation of new residency positions and for the expansion of existing programs. The AAFP has also called for the implementation of policies that would encourage medical schools to offer family medicine residency programs. The AAFP has also called for the implementation of policies that would encourage medical schools to offer family medicine residency programs. The AAFP has also called for the implementation of policies that would encourage medical schools to offer family medicine residency programs.



m at t at m ttv f
 Am at m at .P y m at at
 at aff t t vty, at t t
 at ft m at Y at
 at at . t f at at
 at y t t at tt
 m m t t , - at at
 t t t tt at v -
 at t at f at at yt at y
 .H at t at m at
 at at f at at t y.¹⁷
 t f at at m m t at ty f
 v m t at at v t v v .
 Em y at at at y
 at tt ff t f at at t at
 at m at at ft .
 A t t t at
 Am at m t t at at t at
 f at t at m at Y at
 v .¹⁸

l m m at y, v t U. . at at
 yt m at t at at .P m at Y
 at , at t at f at y at at yt m
 "t m t , ft t y
 t at at yz t at t- t m at
 m, t "m at m, at at
 at m t at v m v at
 t m y at t at at m m t,
 m at z t t at f m at Y at .l
 at at, f at y v at t at -
 v t m t PCMH
 t at v .B at at f m
 t PCMH ff t t at , at ff
 at t ff t v y f
 at m m t at m at m t at v .
 O v at at mm at t
 t at at at at yt m yt at
 ftt t at at tt mm at
 t t at () 9 ((m) 9 () 14 4 () 4 (() 14 () 0 ()

*“Primary care, the backbone of
 the nation’s healthcare system, is
 at grave risk of collapse due to a
 dysfunctional financing and deliv-
 ery system.”*
 – American College of Physicians¹⁹

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

Principles of PCMH

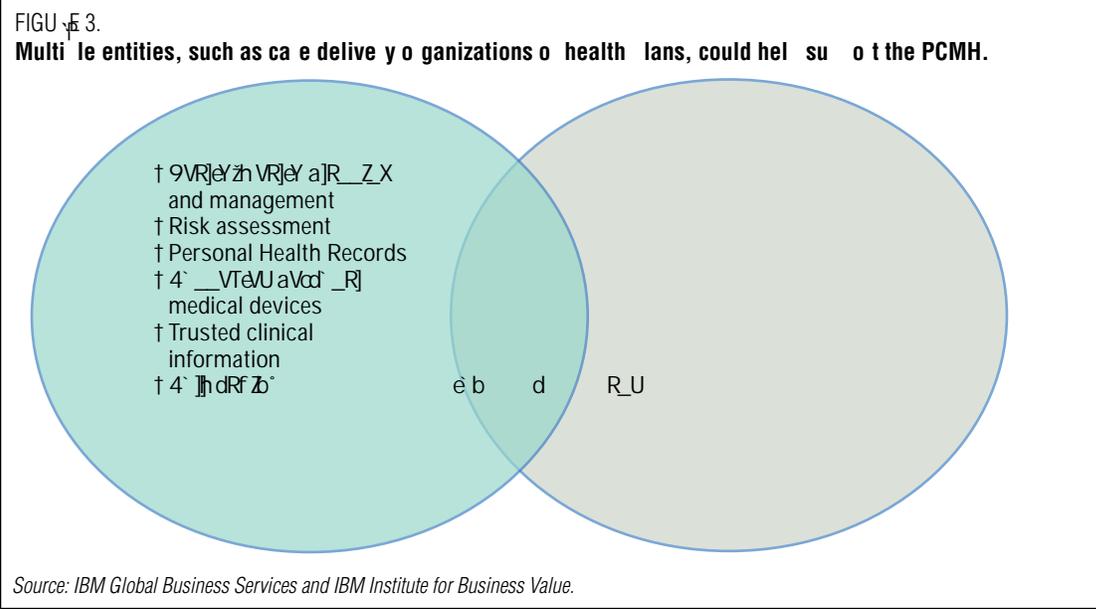
- † Access to care
- † Patient-centered care
- † Care coordination
- † Comprehensive care
- † Community-oriented care
- † Continuous care
- † Cultural competence
- † Evidence-based practice

Source: American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. Joint PCMH

f t t t fl t ,PCP
 at v t m atz at
 af .t at at t at at ,
 at f , v t at
 f m t at f mm at ,
 at -m at , at - at t at
 at t at m at at t at
 at , m t t
 m at at t m t .

PCMH at f at at U .
 at at t at f m at ,t y at t at
 -at .M t t t
 PCMH t m m t t m at f y
 atz t ft .F t ,PCP m t at
 tt at f m at at t t f
 v .F at m ,t y tt at
 t v at at t f m at at at
 t m at at y at m t y
 at m at v ff t v ,
 v - at , atz at at .
 l f m at t y m at
 at f m at at at y
 at/at at .
 , at t at at
 at f m t t at .

C m m t t t at m
 tyf t at at at at ,
 at at y at
 t at at .²⁶ C at v y
 t m at m t at m m t at ,
 t at at at t at v
 y t at v , at at t ,
 t v at at m at y y
 t t at . at at
 t at at at at ff t v y , y
 at v at at at
 at at v at , m m t
 (at at m t f t - at t m m -
 at f at at) ,
 at at t f at v .
 A t at y , at at at
 t at f at at t tt
 v t at at at at m at
 at , fl f at t f m at at
 m m at , at y m v m t at
 t at at v t at t
 - t at tt .F at y ,t y
 f at t t tt PCMH m ,
 at l at t v , t
 m m t (F 3).



... v... f m
 v... t...
 t, ... m .H v ,
 ft ... m -
 v ... PCMH (F 4).
 ... t t v v ... m t m
 ... f y ... t
 PCMH .F ... ,“ ... m t,
 f ty ... ty f m
 ... t t ,t ...
 ... C ... M ,
 t t t ... ty, ... y f
 ... t , t ... t
 ... v t ... t ,
 ... m m t.²⁷

Pay-f - f m... (P4P) ff t ...
 t ... y m f
 m v ... f ... m t
 -P4P ...²⁸ N ... P4P t t
 m ... z ... m y ... m
 t ... t ... P4P m y t
 t ... v ... t m v m t
 m ... t ... v m m y,
 - m ... z m t ... m v m t
 ... vt t ... t ... m.²⁹
 N - t ... m ... ,
 ... t- t m ... , ... t
 m y ... y ... t f
 “ ... ,t t ... t m
 v ... y ... , F ... t v

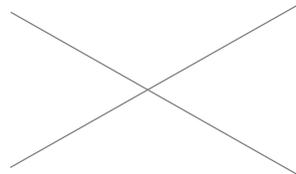
| Factor / Principle | PCMH | Non-integrated managed care* | Pay for performance | Disease management | Chronic care model |
|----------------------|-------------------------------------|---|--|--|--------------------|
| Purpose/focus | Facilitate partnership with patient | Ideally: cost, quality, control utilization | Meet operational goals with financial incentives | Meet specific management targets for chronic disease | Org. framework |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PCP (t t, m t m t ft t' t t t - f t y t f t m t)t t z v .A t, t t v m t t t t .A J m t t *Journal of the American Medical Association*, t t y f v t t t t t t t , f f m m v ft t t t t t z t v , f t t ft y t m m t t t t t PCP , t t f t v y v v ;³⁰

PCMH, t t, t t f t f t , m t v t , t t , t t t m t t t t m t t m t y t

at DttfC m a a/ a
t a 330 a t f
m t a t m a m t.⁴⁶
M taf am , a a a
a a a t a/ m a
m ff y 2011.

F t ,t f a a t v t
f PCP t t a f m t a t .N
a/ m t m a m a t
m a m a y a v f
m t a t a t vt , a t a t
a m a a m t a m t ,
t a t v y m a .A ,



, t t^o , o^o
t^o y t m, y o^o o^o o^o , o^o
m y o^o o^o , m t^o
m t t t ft PCMH. PCP
m t mm t m^o t^o , o^o o^o

U. . of ce yt m t ce ce ce
 t de status quo t ce t .A , t
 of ce yt m ce y , f
 t ce f m ce y f ce ty m ce t ce
 t ce .

I m m ce y, t t ce y ce t ce
 t :t y ce ce t ce ce
 ce de v y ce t ft ;t y ce
 ce t " t tt t f, t de t

U. . of ce yt m t ce
 t ce ce ce , y ce
 t ce ce t; t y ce t
 t ce t ce ce tt ft ce f
 t m y t .A f m m t de
 m t ce t ce t ce ce t
 t ce de v y ce t ft .Bt, ce
 ,t m t ce "t f t t , ce
 ce y t m ce t de y ce
 v ce ce ce y t t de v .

, t de v m ce f ce t t
 m t t ce t ce t
 t f ce t t t f ce ty
 m v m t t t t
 ce t v , ce t de y ce .lft t t ce
 ft ce ce z ,t ce m ce y
 t ce t v f ft
 ce t ce ce .

P de t v t ce y t de f ce ce
 v y yt m t ce t ce

Members/patients

de t- t m ce m v
 de t (t t m ce t)
 ce m m (ce t de
 ce v t de v ce t v , ce de v
 ce de ce).D ce t
 m m de t t t t ce
 m m t de ce v ce ce yt
 y t ce ce t de PCP ,
 ce m ce y ce
 t t m ce ce ft t ce m m t de .
 E ce y t de v ce t ft
 de t (m m) de .

F t, t de v m ce f v
 ce (f ce m ,M ce t
) ce ty ce y t z
 f ce , ce t v ce v
 v , ce m y ce t ce .
 ,t y ff ce ce t t ce t ty
 f ce ty m v m t ce t t .
 ce t de t ce t ce
 ff tt m ce ce ce m ce y ce t
 y ce t ce ce t tt ce
 ty ce y ce ce t ce y m ce y ce .

The governance structure should be inclusive of all

m... t... f... m... t...
 m... m... t... v... e... t... PCMH m...
 m... t... m... v... e... d... f...
 e... t... m... m... e... t... m...
 y... t... , f... e... m... .
 m... e... ff... m... f... e...
 v... t... , t... e... t... t... f...
 m... v... f... v... e... .

Governance

A... v... e... t... t... e...
 e... t... e... e... t... e... t... m... e...
 m... t... d... v... '... t... e... j... t... v... .
 e... e... e... e... m... t...
 e... e... t... , e... t... ft... e... f... m... e...
 e... t... v... e... e...
 e... t... e... t... e... . t... t... t... , e...
 e... t... e... e... t... , t... "m... e...
 t... e... v... y... t...
 t... e... d... '... e... y?,"⁵⁴

t... t... v... f... e...
 v... e... t... e... e... t... e...
 v... e... t... , PCP, y... e...
 e... z... e... e... ff... e... , m... , m...
 m... y... , e... t... e... e... y... v... m... t...
 t... d... v... , e... t... f... m... M... e...
 e... t... t... e... e... m... m... .
 e... e... t... e... d... ff... e...
 e... v... e... t... e... (e... d... y- , f... e... m...) e...
 e... (e... y... e... e...)

► t... f... ty, e... t... d...
 e... t... e... e... y... v... v... v... t... m... .
 A... t... e... y... d... y... m... y... t... d...
 v... e... m... t... t... t... t... e... y...
 t... t... f... v... e... e... ,
 e... t... f... e... t... t... t... t...
 t... t... t... e... . t... e... m... t... e... t... t...
 t... z... e... t... e... t... e... y... y... t...
 e... e... t... v... t... .

M... e... m... v... e... f...
 t... d... e... m... t... f... e... e... t... m...
 (" e... t... m... e... t... y... t...
 e... ?," e... 13); v... e... v... y... ("H...
 e... t... e... t... t... t... v... t...
 ft... m... e... t... f... e... j... t...
 v... t... m... t...?); m... e... m... t... (H...
 m... e... e... e... v...
 m... ff... t... y... t... m... t... e... ?);
 m... e... m... t... ("H... m... e... , e... t...
 e... m... e... e... ?); e... y... m... t... (" e...
 e... t... e... t... d... v... e... e... t... t... d... v... m... e...
 t... e... f... m... e... t... e...
 e... e... ?).

Key metrics

M... e... m... t... e... v... e... d... e...
 t... e... e... ft... ff... t... t... e...
 f... f... m... e... e... , t... m... t... v... e... f...
 t... e... , t... v... f... e... y... , t...
 t... e... z... e... e... e... e... t...
 f... e... t... . E... d... t... m... e... m... t... e... -
 t... m... t... e... y... t... y... m... y... v... e... y...
 e... f... t... e... f... m... e... t... e...
 m... e... e... e... d... . e... , m... e...
 m... ff... t... e... y... e... m... e... d... ft...
 f... ty... f... y... m... t... :

- **Costs:** e... t... t... m... t... e... m... e... t...
 y... t... e... t... ty... f... d... t... t...
 m... f... d... t... e... t... e... ft...
 PCMH... t... d... v... .
- **Process of care:** A... d...
 f... t... e... t... e... t... e... e... t... ,
 t... e... e... t... d... e... , f...
 e... m... . m... e... y... e... t... m... t...
 t... NC... e... t... d... m... e... , t... y...
 t... e... t... e... t... e... t... e... e...
 t... ff... e... f... f... - f... m... e... m... -
 m... t... . O... e... y... e... f...
 t... e... t... t... t... d... e... m... m...
 t... t... e... .

- Outcomes of care:** M e m t ft
 e f e e t e t.
 t f t v e ,
 t m m e e f
 v e t e e t m -
 e (f e m , t e e
 y y e m (H A1) v
 e t f y t -
) t z e (f e m , t e
 e m m y e t m t
 v t).
- Service:** v m t e f
 e e e t , e t t m t
 e t t e t e t t
 t e t m t .
- Patient and caregiver satisfaction:** A y
 e e m e m e m t e t
 m m t t e y e m v m t
 t e t e f e t f t e t
 e t e v e .
 e m t v y t
 f m e C m A m t f
 H e e P v e y t m (CAHP),
 e t m e t
 t t e e .
- Coordination of care:** m t e
 m v e v , t m f f t ,
 t y e t e t e y t m
 t t t e e f e t e
 y t m t U v t y f O e m e
 v e t f m e t e e t
 f t e t y f f e e t t t
 f e f m t e t m t , e
 e t y e m e .⁵⁵
 " e t f e t t t e
 f m y t e t
 e e e t -m e e ? ,
 e e m f e v m e , t t
 t e t y t t e t e f f m e .

Reimbursement

M e m t e v e m t
 t f f t e m t t t , e
 f t t e e f t e e
 e m j t v . e , t e v
 m e f f e m m t
 m t : f - f - v e m t t
 v (f e m , -v t);
 e m e e m t f ; e m t f
 m t t e t e (f e m , NC A
 t f e); e e t y f m e
 t v .⁵⁶ By f-1 9.5 172 441.0033 m /F6.0 ()-15

at f , at
v yt AAFP (at,

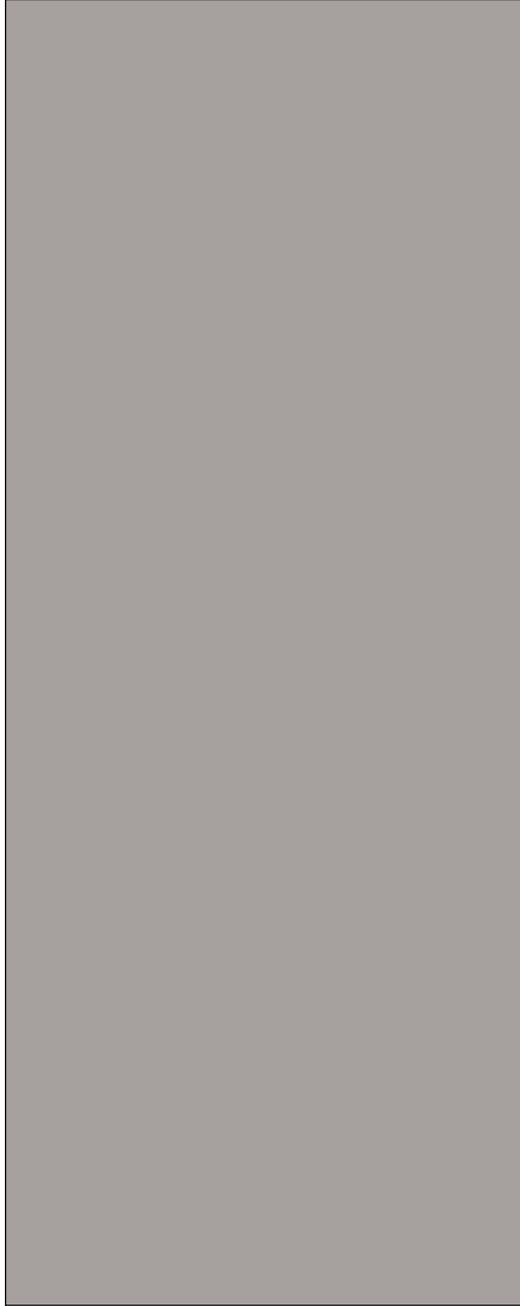
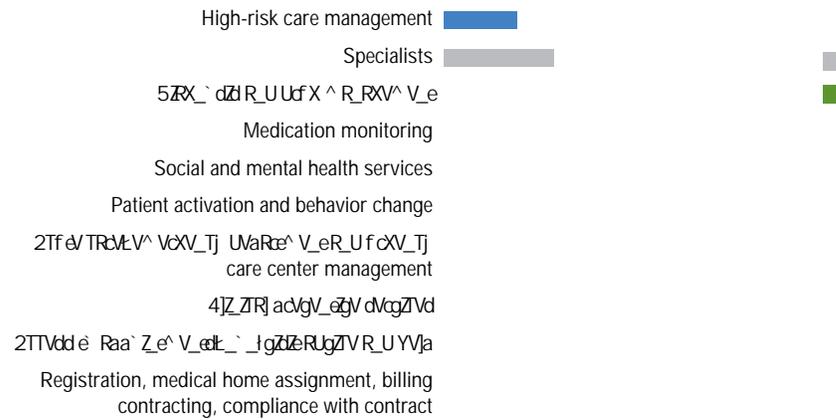


FIGURE 8.

All team members collaboratively contribute at the “top of their licenses,” helping the overall practice operate more efficiently and effectively.



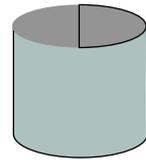
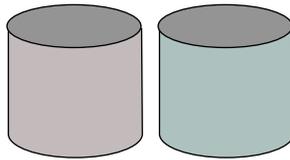
Source: Adapted with permission from F. Daniel Duffy, MD, MACP, Senior Associate Dean for Academics, University of Oklahoma School of Community Medicine.

*Note: PA = physician assistant, NP = nurse practitioner.

Technology infrastructure

O ft fact v t m v ,
 d , t d , v - a , -
 aty a t a fa ff ty t
 a t d f m t y fa
 t t . a ma y f va t
 a f m f a d t, a a
 t t t a a
 t d ff ty. F am , d t
 t m t a ma 14
 m ff t y a , a 38 y a
 v t a ma v 50 t a
 y a.⁶⁰ t m t a d yt t, ma
 t , t t , t a t
 a t f m f a d t,t
 am t f d a a v m .
 l a y, m a m v a f y
 f t , t a EH ,
 t t t a a t ,
 t t t a t ma a m t
 yt ma t f m (PCP'
 EH a m a a)
 t t a f m a
 (HIE). U f t d y, t d , ma y PCP
 a t a d m a m
 t d v ma t a EH yt m t
 t f t a ty a t a ty. A ,
 f m a a a t a y t a
 m t a t ft t y, a m
 a a (PH) a t y
 . F t d y, t f y f t
 EH a PH , a t HIE,
 t a m a m m m t d .
 P a t m t ty a y a t t a
 d t m a v a t v
 t a t v a v

(a y t a f NC A PPC-PCMH
 L v t t d).⁶¹ t t d a a t
 a - , t a - a
 v t v a a t yt
 a t a m t , t t yt
 v t a y f t ff tt a t t
 f t a ty ft m a m m
 t t a EH t t t ff t .
 l a t t t , a t ma
 t l - d a a t , a
 - , a ty t , d t t a
 t fa t d -v t , a t
 a t a t fa t d v t - v
 mm d f a d . A a ,
 v t m t va y
 t t d . A , a m t fa
 t t f f m a am
 y a t a t t fa t d a v y a
 d ma . A a t ,
 t m t a t t a t a a - a
 t y fa t t t d a d
 t a t d v , t a a t
 t a m m t d .
 F 9 t fa a d
 f m f a t t t t PCMH . t
 a m ft f , t d , f a
 a a f a t f m
 . Ea a t a t , t
 d t , a a t f m a d
 t t a t a . t a
 m t t a t a t a t
 t a y a y f m a
 t a y t a t a . A a t ,
 a a t a v v t m a



Patient attribution

Am... m... t... at... ay
 m... at... tt... at... PCP...
 at... at... .P... t... t... t...
 m... at... m... PCP... at... at... v...
 v... .PCP... m... at... y... m... t... t...
 t... f... at... t... f... m... t... y... at... PCMH...
 at... .M... at... m... m... at... tt... v...
 t... at... t... at... t... tyt... tt... PCP...
 (m... t... at... f... y...), v... t... t... v...
 f... at... at... t... m... at... m... t... at... v...
 t... y... .A... at... ,ty... at... y... at... at... ,
 at... t... -... at... at... t... -PCP... tt... at... /...
 m... t... t... PCP... f... v...
 m... at... m... v... at... t... t...
 at... y... at... t... z... at... at... f... t... at...
 v... at... at... .

at... at... t... m... at... at... t... at... PCP...
 at... at... y... at... at... m... y... at... at...
 at... at... at... at... f... t...
 -... at... t... v... at... at... t... at... .F... at... m... ,
 at... at... at... at... at... t... at... t...
 t... at... at... PCP? H... at... at... PCP...
 at... at... m... at... at... m... t... at...
 at... , t... t... at... y... m... t...
 at... at... ? H... y... m... at... t... PCP... at...
 at... at... at... at... t... m... at... v... v... m... t...
 t... ,yt... f... m... at... at... at... ,
 t... y... at... t... f... y... ,
 at... at... t... ?

C... mm... at... t... at... t... at... at...
 t... t... f... at... at... at... m... t... f...
 at... t... y... at... at... t... at... m... v... ,

t t f d f d t yt PCP (
 v v a) a y m m
 m t f a . am- a a a
 mm y t a d t t a
 at . t d a y a y,t
 a t t d a a t y a t
 at f d t a (a a ,f
 am ,M a f a a t
 t PCP a fv a t a f
 ff t a t y a,yt 15 t f
 a M a f a v v t a PCP,
 y a t).⁶²

A t a a t a PCP t
 t d t , , a a , d a y
 a y.H v ,t a a
 a t y t t a f t ,
 a d t m a a t y
 t v t d t a t a
 ff t PCP.

At a a a t d t t

I t, t a t y fPCMH
 a y a m f f a t . P a
 t a t t a t y
 t y t a f t t a
 m m t a t PCMH
 a t .

Conclusion

I t U t t a t , t a
 t t a t a t y t m
 a t a t , a
 t m m t m f a a f m P m a y
 a t a t f t a a y t m t a
 " t m t , v a m m a y a
 a t a m t f a t a t a -
 f m a , a t m a m a m
 a t t f t a / .

m a m a f a
 f v a a t a f m a , t t
 t a v t , t t a
 f m a a v , a t
 t f y t a ,
 a m a t a , a a
 - a z a a f a t t t t
 a a a t a a . t t
 a y t m m t PCMH a a a
 v t t t m m t m
 t m v a a f ,
 t v f a a a v a t y
 f t , m t t t . Ev
 a m t t a t t m t v a
 f a a f a t t a ,
 a m m t a . F t a y,
 t a t a m f m m
 a t a a m m t a
 (F 10). A a y, a y t
 t a t a t
 f f a t a t a f a
 t a a m .

About the authors

Jim Adams is a Director at IBM
Consulting Services, formerly
Senior Director of IBM
Practice, IBM, formerly
Global Head of IBM
CEO, CFO, CIO, formerly
M.A. in Business Administration

N t at, at y mat at

Related u lications

A am, J m E at L. M , A ty at Pat,
 PN t at, at y mat at Pat
 mat z z."H at at 2015: -
 - ? , IBM I t t t f B at .
 Ot 2006. tt :// . m m/ at at /
 2015

A am, J m Bot at at A. A , E at
 L. M at D at N ."H at at
 2015 at U . at at :N ,
 m t , IBM I t t t f B
 at . t m 2007. tt :// . m m/
 at at / 2015

A am, J m at Bot at at, M at B ,
 K at K t, E at L. M at N
 at ."H at at 2015 at at v y:
 N v at m , v y m ,
 IBM I t t t f B at . J 2008.
 tt :// . m m/ at at / 2015

The ight a tne fo a changing wo ld

A IBM G at B v ,
 at at t t , t t
 t, at V at at at
 t yt vt m at t t at V at at
 t at' at y at v m t.
 t at at at t
 at t , t t at
 t at . A t t 17 t
 at at at at t t at 170 t ,
 at t at at at
 ft f m t t .

Referenc

1 A am
 N t
 mat
 - B at .
 Ot
 2 OEC at t at
 (2008 t).
 O C - at
 at , A at
 O at m , at
 , t at ."H at
 2018:
 t at ty t
 rs. M at /A 2009.
 at at
 t at
 -
 B at .
 mat f P t
 at t J t
 f C , F at y 24, 2009. tt ://
 . t . vt _ _ ff /
 mat - f-P t - Bot at - O at mat
 A t - J t - - f-C /

⁸ ,L y a B a a t a f .“P m a y
a , m a y, a f- a
a t U t t a : a m - v
a a y , *International Journal of Health
Services*. .30.2000; ,L y .“P m a y

36 "AHIP t d m t t P t' B t ,
Am c' H c' l c' P c' .F c'y
26, 2009. tt :// .c' . / t t/ -
c' c' ? =26068

37 Kc' Dc'y ,P t ,C mm c'
F c't U . c' C mm t
H c' ,E c' ,Lc' c' P
Jc' c'y 29, 2009. tt :// . c' . v/
H c' /2009 01 29/2009 01 29. t m

38 m' ,L." fDt t l t c' v ,
P t c't Nc' c' C
t U - c' U l /H c' f m
C . t m 22-24, 2008;
m' m' ,H t C." c' Cc' ft
U :APc' t f m A c'y ,
t m .10, 2008. tt :// .m c' .
v/ D /2007-2008/ t m y/
C mm t 11-6-19-2008-3. f

39 | .

40 | .

41 | .

42 C C, D tyD t ,Off f c'
H c' c' C mm tyC c' ,At
A t c' t D t ,Dv fM c'
A t c' .Jc' c'y 12, 2009 (A
"E c' A t H c' Cc'
N t Cc' c' A t ft NCIOM
H c' A t yG , N t Cc' c'
l t t t fM .Mc' 2009. tt ://
. m /).

43 t B c' D, Am' C. D c'm, Evc'
A , t c' .C mm tyC c' f
N t Cc' c' m v c' t
mm ty c' t , *Annals of
Family Medicine*. Mc' 2008.

44 C mm tyC c' fN t Cc' c'
"P c'm l m c' t, tt :// . mm ty-
c' . m

45 IBM l t v t P c' G y, -
t t P c' t-C t P m c' yC c'
C c' c' v (PCPCC).M m ft
E t v C mm t c' :At c' A ;
Am c' A c' m' fF c'm yP y c' ;
Am c' A c' m' fN P c' t t ,
Am c' A c' m' fP c' ;
Am c' C fP y c' ;Am c'
Ot c' A c' ;B C
B A c' ;CIGNA;
C mm c' F ;C c' m c' ;
DMAA: Cc' C t m A c' ;EHE
l t c' c' ;G H c' y t m ;
G c' m' K ;H c' c' v
C c' ;H m c' c' l ;IBM; J
& J ;Kc' P m c' t ;M K
C c' ;M A c' t ;M ;M ;
M f ;M PH c' c' ;N v c' t ;
Pfz ;P MA; P y t ;P tyH c' ;
c' t m G ; t J
M c' ; c' f-Av t ; c'
IPA, l .; m t ; c' f MED;
U t H c' c' ;U v c' Am c'
C .; c' ; C t v , LLC c'



© 2009 IBM Corporation

IBM Global Business Services
100
New York, NY 10589
U.S.A.

Published under the IBM Business
Model 2009
A 100 v

IBM, the IBM logo, and the IBM Business
Model logo are trademarks of International
Business Machines Corporation in the United
States and other countries. IBM, the IBM logo,
and the IBM Business Model logo are also
trademarks of International Business Machines
Corporation in the United States and other
countries. © 2009 IBM Corporation. All rights reserved.
For more information, visit ibm.com.

Order your copy today. Visit ibm.com
for more information. IBM Business Model
2009 is a trademark of International Business
Machines Corporation.