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Evaluating a Multipayer Medical Home Intervention

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In Reply Drs Valko and Wender suggest that a 3-year time horizon may be too short to observe changes in health care costs and utilization, reporting that in their medical home practice these changes occurred later. It is certainly possible that reducing costs and excess health care utilization may require sustained changes and longer observation periods. Continued evaluations are needed.

Registry data are attractive sources of performance measurement, but they were not reported by the comparison practices. Despite the inaccuracies that can affect health plan claim and laboratory data, these data had the advantage of being collected using similar methods in both pilot and comparison practices in our study. This methodological consistency enabled us to attribute observed changes in performance to participation in a medical home intervention rather than to modifications to data reporting that occurred only among the pilot practices. In addition, we took steps to mitigate for the possibility of data inaccuracies reported by Valko and Wender by controlling for health plan enrollment in health maintenance organization products.

Valko and Wender also raise concerns about unmeasured confounders biasing the results. As always, observational studies are vulnerable to bias due to unmeasured confounders. We controlled for available confounders that were most likely to pose threats to validity, including health plan, insurance product, and patient characteristics. However, other confounders such as those mentioned by Valko and Wender could nonetheless cause bias, thereby increasing or decreasing the apparent effectiveness of the intervention relative to its true effectiveness. Although a large, randomized trial design would overcome this vulnerability, Table 1 of our article demonstrated that pilot and comparison practices were reasonably well matched on observable characteristics at baseline, lessening the likelihood of bias due to unmeasured confounding.

Dr Cronholm and colleagues provide valuable insights into the experiences of the 25 nonpediatric practices participating in the pilot we evaluated. Their observations illustrate the formidable efforts needed to achieve medical home transformation and the heterogeneity of these efforts across practices. They also suggest that medical home recognition standards

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can play important roles in medical home pilots. Balancing these evolving standards with tailored intervention components may help practices transform more successfully.

Drs Boone and Boone report improvements in some measures of care from their practice in southwest Pennsylvania, a region we are evaluating currently. However, the financial and personal costs associated with achieving these results are a reminder that medical home interventions are works in progress and that pilot participants are shouldering many of the risks of implementation. We expect that continuing objective evaluation of these efforts will produce the evidence needed to guide improvements in the effectiveness of future medical home interventions.