All patients would benefit from having a patient-centered medical home. However, Markovitz and colleagues1 show that low-income patients may benefit more than others. Using data from adult primary care physician practices in Michigan, they show that the increases in cancer screening associated with patient-centered medical homes are greater for low-income persons.

Their results intuitively make sense. Low-income persons have lower rates of receipt of preventive services owing to decreased access to medical care, lower literacy rates, language barriers, problems with transportation, increased life stress, and difficulty meeting copayments. When they are successful, patient-centered medical homes improve access and care coordination, which may help low-income patients in overcoming obstacles to receipt of preventive services. Moreover, a key ingredient of patient-centered medical homes is an electronic record system that allows for panel management: the ability to determine which patients need prevention screening without the patient having to come in first for a visit. Once such patients are identified, they can be telephoned or notified by mail to come in and receive screening. Sometimes the screening can be done entirely by mail (eg, fecal immunochemical testing for colon cancer screening), or a visit for a specific test (eg, mammogram) can be made without a primary care visit.

Disparities in care have been well documented but rarely successfully addressed. It is heartening to see that a key intervention in health reform—the creation of patient-centered medical homes—may finally help us to narrow the gaps in our health care system that exist across socioeconomic status.

Conflict of Interest Disclosures: None reported.