The study context is the Maryland Multi-Payer PCMH Program (MMPP), which majorly serves low-income patients vs. other medical homes, and populations tend to underperform on quality-of-care measures. The association of patient case mix with quality performance has not been adequately explored in patient-centered medical homes (PCMHs).

**METHODS**

- **Propensity score matching:** 44 participating PCMHs were propensity-score matched to 67 comparator single-payer PCMHs and non-PCMHs.
- **Repeated annual cross-sectional analyses:** Administrative data and locational socioeconomic indicators were used for analyses over a 3-year period.
- **Patient-level characteristics:** Includes age, sex, payer type, resource utilization band, PCMH status, practice setting, and practice size.
- **Outcome variables:** Includes diabetes screenings, mammography, LDL cholesterol, retinal, and nephropathy screenings.
- **Quality measures:** Generic and disease-specific clinical indicators of care.

**RESULTS**

- **Conclusions:** Practices catering to underserved populations may face unique challenges in coordinating care and attaining performance levels of practices in the lowest quartile for most quality measures.
- **Limitations:** Performance was evaluated solely on binary-based process measures, and not on patient outcomes.
- **Implications:** Structural capacities conventionally assessed for medical home recognition may not be adequate to address the complex interdependencies affecting vulnerable patients.