

The 'medical home' could transform the way we receive care

# A Team of Doctors Will See You Now

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In the national discussion taking place about health care, two premier medical centers are repeatedly brought up as positive examples of how to deliver care more efficiently while still cutting costs and eliminating waste--the Mayo Clinic and the Cleveland Clinic. Both share an approach that Secretary of Health and Human Services Kathleen Sebelius has referred to as "advanced primary care." Most medical experts have a cozier name for it: the "medical home."

In the medical home, a team of health professionals is put together specifically to fit your health-care needs. Your pharmacist gets in touch with your eye doctor, your nutritionist talks to your surgeon, and they all communicate with one another--about you. Your medical history is available at any time of the day, and you keep in frequent touch with your doctors about your health by e-mail or phone.

In addition to the Mayo and Cleveland clinics, the medical-home model is coming to practices nationwide. Private insurers such as Blue Cross and Blue Shield, UnitedHealthcare, CIGNA, and Aetna are currently testing versions of it, as are integrated health systems such as Geisinger, Kaiser Permanente, and Group Health. Last month, Secretary Sebelius announced the launch of a large demonstration program by Medicare and Medicaid that involves practices around the country.

## How to prep for your next doctor's visit

Jenni Conrad and her family, who live in the small town of Hailey, Idaho, are part of a medical home. "I couldn't be happier," she says. "We feel very fortunate to have something like this." Conrad's medical home happens to be situated in a doctor's office not far from her own home, which adds to its convenience. But the concept is not necessarily about a specific place with four walls. Members of the medical team can be in different locations.

The coordinated-team approach was first introduced in 1967 by the American Academy of Pediatrics, which saw great benefits in its use for the care of children with chronic diseases. In 2007, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association developed a set of core features they called the Patient-Centered Medical Home.

The difference can be appreciated by anyone who has ever experienced long wait times, rushed doctors, and repeated requests for the same basic information and records that are scattered among several different practitioners, each of whom tends to look at one piece of you at a time. In contrast, the core feature of the medical home is that each patient has a personal physician who leads a coordinated and integrated team, which views the patient as a whole.

## 5 medical tests men need

When Jenni Conrad's son cut his toe open at the local pool, she remembers, "I called, and they got me right in." She and her son were met that day by a nurse with whom they already had a personal relationship. "Kathy stitched him up right then and there in the office, instead of us having to go to the ER, so that was really nice."

Kathleen Kloewer, 75, of Panama, Iowa, used to feel "like just number 13 on the page." That was before her local practice switched to the medical-home approach. Now she says, "Visits are lasting longer, and I feel like I've really been listened to." Kloewer also feels better about the doctors who treat her. "The doctor comes in, and she does not have her hand on the doorknob so she can go out within a second. So we sit and talk for a long time, and I think that's very good for me."

What Kloewer is now experiencing reflects not just a change in philosophy but a shift in the financial assumptions about how medicine should best be practiced. In the current system, doctors are paid based on how many patients they see and how many procedures they administer. The medical home puts the emphasis on the hours a doctor spends on your case--whether consulting with other doctors or studying your medical history. Generally, primary-care physicians would see their salaries go up while specialists' pay might decline.

Studies have shown that when patients have a meaningful and continuous relationship with a primary-care physician, "they are much happier, they have a 19% lower mortality, and they cost 33% less money," says Dr. Paul Grundy, president of the Patient-Centered Primary Care Collaborative. "Patients also are much more likely to stop smoking, not be obese, and have better health outcomes." Dr. Grundy adds that not only patients prefer the change: "Doctors wanted change, too," he says. "They understood they had to transform their practices."

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Doctors at places like the Mayo Clinic are paid salaries. The main concern about expanding the medical-home system is the question of how doctors working in smaller practices would be reimbursed--and how health insurers would pay.

Kloewer is convinced she is healthier since the medical home became a part of her life. "I believe in preventive medicine," she says. "My doctor is very good at always keeping track of when I should be getting my blood work and tests done. I have diabetes, and she keeps close track of that."

So when do the rest of us get to experience the medical home? The fact is that for most of us--patients and doctors--it's still business as usual. The Robert Graham Center, which conducts independent research with a focus on primary care, has called the medical home potentially "the most profound transformation of the health-care system in anyone's memory." But the center's report notes that, so far, it "is an aspiration that is unavailable to most people in the U.S."

Still, there are signs the concept is taking root. More than 40 states and the District of Columbia have already enacted legislation promoting the implementation of the medical home in existing practices. "We're seeing hospital systems, multispecialty groups, and private practices start to commit resources to changing the way primary care operates," says Dr. Terry McGeeney, president and CEO of TransforMED, an organization that helps implement changes in medical practices. "Things seem to be changing quickly." He notes, however, that it can take about two years for practices to completely convert.

These efforts will benefit many individuals, at all income levels. "It is the care that you want for yourself and your mother," Dr. Grundy says.

"It's going to happen," he adds. "It has happened in other societies, and we've been a little bit slower in the U.S. But it is going to happen here, too."