

'Home' health-care solution gets NH tryout

By JILLIAN JORGENSEN
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Imagine going to the doctor and, rather than being rushed, having your questions answered before the doctor starts questioning you.

Imagine an office where more than one doctor knows the details of your chronic illness and spends time sharing information with specialists so you don't have to repeat yourself.

Imagine an office where medical caregivers focus not only on an immediate need, but also on who you are, on how you live your life, and on the needs of your whole family.

What you are imagining is the "medical home" model of health care.

"Most patients and families don't know about this model yet, and the pressures in primary care have made it tough for primary-care practices to achieve this model," said Jeanne McAllister, director of the Center for Medical Home Improvement, an arm of the Crotched Mountain Foundation and Rehabilitation Center, a Greenfield-based nonprofit.

CMHI defines the medical home as a "community-based primary-care setting, which provides and coordinates high-quality, planned, family-centered health promotion, acute-illness care, and chronic-condition management."

Last fall, 11 practices in the state joined the New Hampshire Citizens Health Alliance medical-home pilot program, in collaboration with CMHI, N.H. Medicaid and the four private New Hampshire health plans: Harvard Pilgrim Health Care, Cigna, Anthem Blue Cross Blue Shield, and MVP Healthcare.

"It's not just a model for people with chronic illness; it's really a holistic model," McAllister said.

Fewer hospitalizations

According to a study written in part by CMHI, that model is working.

The study, published in the July issue of the Journal of the American Academy of Pediatrics, looked at how children with six different chronic health conditions fared at different practices. Each practice was ranked using the Medical Home Index, a formula derived by CMHI to determine the "medical homeness" of a practice.

The study looked at 43 primary-care practices, in seven health plans across five states, including New Hampshire.

According to the study, higher Medical Home Index scores -- and higher scores for organization capacity, care coordination and chronic-condition management -- were associated with "significantly fewer hospitalizations."

"We're trying across the country to not have people use the emergency room for care that could be provided not only cheaper, but of much more high quality, in primary care," McAllister said.

Dr. Gregory E. Prazar's practice, Core Physician Services/Exeter Pediatric Associates in Exeter, is not part of the pilot program but was included in the pediatrics study. Prazar said the study

"definitely showed that our practice has lower hospitalization rates for patients with asthma than other practices."

He said the medical-home model makes it easy to look out for patients with complex conditions so they can avoid costly trips to the hospital. By keeping better track of asthmatic patients, for example, a practice can make sure those patients receive preemptive treatment such as flu vaccines.

And, Prazar added, including parents in treatment decisions is essential.

"When we say partners, we mean partners," he said.

Families fill out a brief questionnaire when they arrive at Core Physician Services/Exeter Pediatric, and list two topics they would like to discuss with the doctor.

"We think the family should set the agenda for the visits," Prazar said. "Patients and families pay a lot of money for health care, and they should get what they want."

Pros and cons

But health-care payment structures might make many doctors reluctant to make the switch to the medical-home model.

"There's not an incentive to provide that kind of care because it's not a procedure; it's not just a quick visit," said CMHI's McAllister.

The time spent going over a patient's records, answering questions over the phone, sharing records with other doctors, and other integral parts of the "care coordination" inherent in the medical-home model is not time for which most doctors are paid.

The New Hampshire pilot program addresses this by providing a per-member, per-month payment for each practice, McAllister said.

Elliot Family Medicine at Bedford Commons is one of the 11 practices in the N.H. Citizens Health Alliance pilot program. Dr. Daniel J. Rosenbaum, a member of the practice, said he thought the medical home concept would be easier to adopt in large hospital networks, such as Elliot's.

"There are smaller offices and places that have very thin, razor-line profitability," he said. "Every time you're not seeing a patient, there's a limit to how much you can do with that."

Making medical records available electronically in order to better coordinate care takes time and money, he said. And for doctors used to consumptive care, switching to the medical home model can be difficult.

"It's amazing how much we had to re-train ourselves," he said. "We're wired (so that) everything for us is about the visits."

The medical home is not a new idea, Rosenbaum said, but it has not been implemented on a large scale, so it was difficult to build at his practice.

"There's actually no recipe. There's no □ This is what you're supposed to do to create a medical home," he said. "I'm just amazed with how much had to be created."

Transitioning to the medical-home model is difficult, he said, and it requires doctors to alter their thinking about how they earn their living. Nevertheless, he described the experience of working in a medical home as "tremendously satisfying."

"Number one, it makes people healthier; it's the right thing to do," he said. "Number two, it makes people healthier at a lower cost."

- ▶ [New Hampshire Citizens Health Initiative](#)
- ▶ [Center for Medical Home Improvement](#)

YOUR COMMENTS

I am working in Europe, in The Netherlands, where we have a form of 'single payer' insurance. We have health insurance companies. Health insurance is provided by these companies, and paid mainly through your employer (if you have one) or as part of gov't benefits (if you are unemployed). I am registered with a family doctor (I chose the practice), and all pre-existing conditions are covered. Insurance companies can offer better than the government's minimum plan, but not worse, and they cannot turn anyone away. And, the cost of my insurance (to my employer) is less than the HMO I belonged to in the US in 1984. Really. I wouldn't be without my current coverage. That's why American insurance companies are so worried - it's about their profits, not our health.

- **Linda McPhee, raised: Salem, now living in The Hague, The Netherlands**

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