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A new approach to 'medical homes' will transform the relationship between...

You and your doc

What do you do if your baby breaks out in hives after your pediatrician's office closes? Or you want to know if the knee replacement your specialist recommends for your mother is really the best treatment for her? Consider the patient-centered medical home.

No, a medical home doesn't mean you get a flat-screen TV and a comfy recliner - or even up-to-date magazines - at your doctor's office. It means, in the current medical buzz, that you have a relationship with a doctor or clinic that can obtain all of your medical records, advise you after hours when your baby is sick, or help you weigh the pros and cons of treatments like new knees.

The "medical home" is coming to a doctor's office near you. The trend is nationwide. Idaho is just getting started, but many providers already have put some elements of medical homes in place.

Several Idaho pilot and demonstration projects are under way, or soon will be. A new Idaho task force, the Patient-Centered Medical Home Partners Group, is a coalition of health care providers dedicated to creating medical homes in Idaho.

The concept is key in many health care reform proposals, including President Barack Obama's. It hinges on providers having comprehensive electronic medical records that other doctors, hospitals or medical practices can access easily. Without that, doctors would be hard-pressed to have all the information they need to track your care. The federal government has given medical providers until 2012 to get their electronic acts together or face loss of federal payments.

Creating full-grown medical homes is much easier said than done. "This is going to take years and years and years of transformation," said Dr. David Peterman, president of Primary Health Medical Group, which got an earlier start than many physician practices at putting electronic medical records a mouse click away.

Teddie Phetsomphou, 22, of Boise, has been devoted to Primary Health as a medical home for her children since she took her toddler, covered with hives, to a Primary Health clinic in Nampa. Since then, her sons Kingston, 1, and Kayden, 2, have been patients.

"When I call and something is wrong, they are always willing to see them the same day, and one time I used the nurse (after hours), and she called my doctor at home," Phetsomphou said. Creating medical homes costs money. Their effectiveness in preventing expensive, duplicative tests and treatments that don't help is expected to save enough money to pay the cost. Saint Alphonsus Medical Group and Blue Cross of Idaho are working on a pilot project to develop medical homes. It is expected to enroll between 1,000 and 2,000 seniors who have Blue Cross' Medicare Advantage plan, said Dr. Sheri Malakhova, quality director for the Saint Al's group of physicians.

Medical homes 1

Much work remains to be done before the pilot starts, hopefully in January, she said. The project will require patients and doctors alike to think differently about health care, she said.

Patients must go through their medical homes to be referred to specialists. This idea is borrowed from managed-care plans. That can be hard for patients who are used to picking specialists they think are the right ones and then going. "Patients think they are doing the most efficient thing, but if the pain was from something else, it's a wasted visit," Malakhova said.

Patients ultimately decide whether to undergo procedures or see specialists, depending on their insurance coverage. That choice is what separates medical homes from managed-care plans, where patients must abide by their primary care doctors' decisions.

The goal is not to block access, but to make sure patients get appropriate care, based on their medical histories and symptoms, advocates say.

In areas where people at risk of heart disease receive routine primary health care, such as medication and aspirin, rates for heart disease are one-third lower than in areas where patients do not, said Dr. Paul Grundy, a national expert who recently spoke in Boise.

He has buttons that say, "End Medical Homelessness" and comes with a boatload of titles. He is director of health care technology and strategic initiatives for IBM, where he works on improving quality and efficiency of health care for the huge company's employees, and is president of the Patient-Centered Primary Care Collaborative, a coalition of major employers, consumer groups, patient quality organizations and other health care industry players.

The first medical homes in Idaho came from an unlikely source: Medicaid, the federal-state health insurance program mainly for low-income and disabled people. Bit by bit and county by county, starting in 1993, patients have been required to pick pediatricians or primary care clinics from lists and funnel all of their treatment through those providers. Patients in all but a couple of rural counties now participate.

"It really was the forerunner of a medical home," said Dick Armstrong, director of the Idaho Department of Health and Welfare.

Health and Welfare has no figures to back it up, but Armstrong believes that without "Healthy Connections," as the state dubbed the program, Idaho's Medicaid spending would have risen faster than it has. "It is the best practice, and we believe it ... reduces the use of multiple physicians, duplication of treatment and unnecessary treatments," Armstrong said.

It is not unusual for public-health programs to take the lead in creating medical homes for patients, Grundy said.

"They have the least amount of money, so they want efficiencies to provide the best care they can with the resources they have," Grundy said. "In many states, folks that are getting medical-home-level care from Medicaid actually get better care than our employees who have 'full coverage.'"

Few people today receive the kind of care envisioned by medical-home proponents. Most people can't even name their primary care physicians, Grundy said. Pets in many cases have better medical homes than people do, he said.

"My cat gets notified of its immunizations, but my wife doesn't for her mammograms," he said.