

Old-fashioned physicians inspire new concept of 'medical homes'

Doctors paid to coordinate care

By Julie Appleby
 USA TODAY

States, the federal government and private insurers are experimenting with an idea to cut costs and make patients happier: paying primary care doctors extra money to oversee and coordinate patients' care.

The pay boost rewards doctors who reshape their practices to re-create an era when a trusted family physician helped patients through hospitalizations, coordinated specialist care and provided routine screenings. Such efforts may save money by reducing hospitalizations, ER visits and disease.

Dubbed "medical homes," the concept is a modern twist on an idea first promoted in the 1960s. Under most pilot projects being tested, primary care doctors who have established medical homes will receive additional fees — ranging from just a few dollars a month per patient to more than \$35,000 a year per doctor — from states, Medicare or other insurers.

Medicare this year will choose eight states to test whether paying primary care doctors more per month to treat patients with chronic illnesses in medical home settings results in better care and lower costs than traditional practices.

The concept aims to change rushed doctor's appointments and fragmented specialist care by cre-

Pilot programs

Support for "medical homes" is increasing:

- ▶ Six Pennsylvania insurers, including Independence Blue Cross and Aetna, in May said they would spend \$13 million over three years to pay doctors in 32 primary care practices to help them set up medical homes.

- ▶ Minnesota's governor in May signed a law that will use state and private funds to pay primary care doctors who create medical homes.

- ▶ Nationwide, 27 of 39 Blue Cross Blue Shield insurers are testing pilots of the model.

- ▶ Employers such as IBM, Dow Chemical and General Motors joined doctors, insurers and the AARP to advocate medical homes.

ating patient care "teams," which could include nurse practitioners, nutritionists or other medical staff. Medical homes also offer longer office hours, electronic medical records and same-day appointments.

The idea is that patients would turn to a trusted adviser, either the doctor or another team member, for preventive and routine care — and rely on that person to help coordinate needed screenings, specialist visits and other care, says Terry McGeeney, head of [TransforMED](#), a subsidiary of the American Academy of Family Physicians that helps doctors create such practices.

While health maintenance organizations and managed care companies aimed for such coordination, many didn't pay doctors adequately for it, instead rewarding them financially for restricting care, McGeeney says. Under medical

homes, he says, doctors won't prevent patients from seeing specialists or ordering tests.

It's not clear how well such plans will work. North Carolina saved \$231 million in 2002-03 by setting up medical homes in its Medicaid program.

Joseph Antos, an economist at the conservative American Enterprise Institute, says no one argues with the goal, but "if all we're doing is rearranging the deck chairs on the medical Titanic, and spending more money, that's clearly not something we want to do."

The idea appeals to doctors such as Joseph Mambu, who set up his Pennsylvania practice as a medical home. They re-create "the old-fashioned doctor who has the time to get to know you," he says. "This is our last, best hope to save primary care."

