

A primary-care pilot

The medical home passes a test in the West

Good primary care produces better outcomes at lower costs. Yet in spite of research affirming the value of primary care, its foundation is crumbling: Fewer physicians are choosing primary-care residencies, reimbursement remains flat, and patient needs are soaring in volume and complexity. While fixes won't be simple, a handful of ideas are rising consistently to the forefront. Among the most promising—and one we are achieving exciting results with at Group Health Cooperative, based in Seattle—is the medical home.

Interest in medical homes is currently surging across the country. Massachusetts and Washington are among states whose legislatures are promoting community models. Fueled by support from groups such as the federal government and the Commonwealth Fund, pilot projects are numerous and far-flung. Unfortunately, consistent standards about what constitutes a medical home are lacking.

Here in the greater Seattle area, we're learning to run a medical home with the objectives of more satisfied patients, improved health outcomes and greater staff engagement.

We launched a pilot in January 2007 at our Factoria Medical Center, Bellevue, to start to define what a medical home could and should be. We capitalized on innovative technologies already in place within our system, such as electronic medical records, secure e-mail messaging, the online health profile and coordinated links to specialties. These conveniences in our view are critical parts of a complete medical home, intended to place patients in the driver's seat of their own care.

True, some characteristics generally associated with medical homes—longer appointments, smaller panel sizes, more convenient access, patient-centered care processes—could be adopted anywhere. But at Group Health we have discovered that a medical home isn't just a physical location or even the coordination of a patient's care under a single umbrella. An effective medical home represents the best of today's healthcare, uniformly applied, consistently measured and continually improved.

From the beginning of our pilot, independent investigators from Group Health's Center

for Health Studies have tracked a range of measures in patient and staff satisfaction, quality, utilization and cost. While the data are preliminary, we believe the findings are significant.

The story that the information tells so far is that patient satisfaction, clinical outcomes, and the use of urgent care and emergency services are all trending positively. The rate of staff burnout has been reduced. Cost trends, by early data, are also reassuring.

This comment from a patient is typical: "No matter when we come, we are treated promptly, courteously, cheerfully and efficiently. In recent visits we are aware of an extended time with the doctor, no longer a sense of rush."

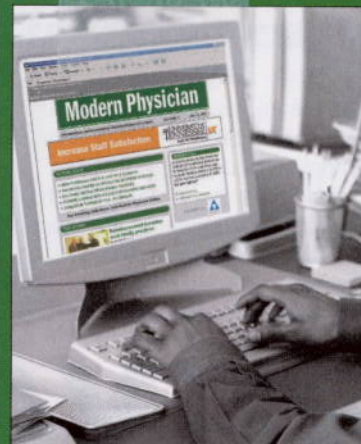
Based on our early success, we're already beginning to plan the implementation of other medical homes throughout our system of clinics over the next

few years. Just as we have in Factoria, we'll study the experiences of patients and staff, monitor outcomes and adjust as findings warrant.

Of course, demonstrably productive medical homes cannot solve all of the problems facing American healthcare. The country's current approach to financing medical services is far too complex for that. And while Group Health's integrated system offers a built-in financial incentive to the medical home model, we're convinced that other options exist for nonintegrated systems. As the federal and state governments, together with other payers, continue to explore possibilities, we're optimistic that healthcare reforms can support the expansion of medical home models.

Reform of healthcare financing must extend beyond coverage expansion to considerations of how to achieve better value in healthcare. We believe that the medical home can serve as a lens to further illuminate the need to fix a deeply flawed reimbursement model. When that happens, we'll see primary care's shaky foundation once again become the solid cornerstone our patients deserve. It's the key to more satisfied patients, improved outcomes and greater staff engagement. <<

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