

# Groups facing health reform task focus on comforts, savings of home

BY CARRIE GHOSE | BUSINESS FIRST

With a new administration entering the White House and fresh faces joining the Ohio General Assembly, medical and business groups hope for new chances at gaining momentum in the long slog toward health-care reform.

The wish lists are long: requiring insurance companies to detail expenses and cover people with pre-existing conditions, mandating individuals buy some type of policy, fixing the arcane methods through which government insurers pay hospitals and doctors, asking for more state money when Ohio faces a more than \$7 billion deficit.

Among the priorities for several groups in Ohio is the so-called patient-centered medical home, a national movement that's not just about finding a family doctor, which is hard enough, but a team devoted to tracking and improving an individual's health while coordinating with hospitals, specialists and other care providers.

**J. Biehl:** Current health-care payment system is not working.

Columbus-area insurers, hospitals and physicians will meet at a summit Feb. 11 to discuss starting a demonstration medical home by midyear, said Jeff Biehl, president of Access HealthColumbus.

The advocacy group is coordinating a \$250,000 grant from the city, Franklin County and Columbus Medical Association Foundation for the project.

Creating a medical home requires much more than hanging a shingle, Biehl said. It demands persuading the government and insurers to redesign how they pay for care and convincing doctors to accept the change.

"You can't build the required infrastructure to deliver effective primary care in the current environment," he said. "We wrestle with how to support diabetics, but we ask no questions when we do amputations. How do we get serious about moving upstream and trying to surround people with the support and the tools to improve their health?"

The current payment system isn't set up to reward doctors and hospitals financially for ensuring every patient gets age-appropriate screenings and follow-up care that would reduce hospitalizations, Biehl and other activists said.

Another obstacle is the nagging shortage of primary-care doctors, and shortages of pharmacists and advanced practice nurses needed to build the teams.

## MOUNTING SUPPORT

Ohio's Medicaid managed-care program has tried to promote the concept in recent years by assigning enrollees to a primary-care doctor.

But officials say too many patients are allowing the system to choose doctors for them instead of picking on their own, a spokeswoman said.

Even hospital groups, worried about

COMING  
UP  
issues on tap for  
2009

their status in the state Medicaid budget, list an expanded and better coordinated primary-care network as their top reform priority.

"That would take a huge burden off the hospital emergency rooms if we

had that kind of community capacity," said Jeff Klingler, CEO of the Central Ohio Hospital Council. "There are examples around the country where this is working better than it is in Columbus."

Hospitals need to do their part to get the effort going, said Cathy Levine, co-chairwoman of Ohio Consumers for Health Coverage coalition and executive director of Universal Health Care Action Network of Ohio.

She suggested they could provide technical assistance, assign medical residents and even give money to expand the network of community health centers.

For example, she said, a hospital could help open a center near its emergency room and refer non-urgent cases there, where the patient could sign up for an ongoing relationship with the center.

While the Ohio State Medical Association is more focused on the idea of increasing insurance coverage for Ohioans, it agrees a medical home is one of the most productive ways to save money

in health care, said lobbyist Tim Maglione of the physicians trade group.

## LOOKING TO E-RECORDS

Another component essential to better coordination is electronic medical records, Maglione and Levine said.

That would allow hospitals and specialists to immediately access a patient's history and avoid duplicated tests.

While calling medical homes a good first step, advocates have other agenda items for 2009, including renewed movement on the statewide insurance coverage initiative that stalled over the summer as the state dealt with a budget crisis.

A task force appointed by Gov. Ted Strickland in June issued recommendations for health-care system reform that would cost \$1.5 billion.

"The entire plan is unlikely to show up in the governor's budget this year, but there are pieces of the plan we'd like to see," Levine said.

That includes rules that require private insurers to show where premium dollars are going, she said.

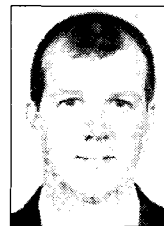
The consumer coalition also wants more hospitals to take advantage of Ohio Benefit Bank software, which screens new patients for eligibility for Medicaid, tax credits and other aid programs.

"These are all things we can do without spending a lot of money," Levine said.

Most reforms tackled this year likely will come with small price tags, Maglione said. Also, states might be waiting for federal reforms to show the way.



**C. Levine:** Hospitals could do more to streamline community care.



**T. Maglione:** Medical home is a good way to save health-care dollars.