

'Medical home' plans could give patients 24-hour access to care

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DAYTON — Local advocates of a newer model of health care claim it would trim health care costs for employers, insurance companies and patients by cutting wasteful spending.

About 25 representatives of local hospitals, insurance companies and other health care stakeholders met Friday, March 20, at the Wright State University's Boonshoft School of Medicine to start discussing a "medical home" health care model locally.

"What's unique about what we're trying to do is, rather than a particular practice doing it, we're looking at doing a communitywide model," said state Rep. Peggy Lehner, R-Kettering, who attended the closed-door meeting. She'd like Dayton to be a "medical home" training hub.

Such a model would let family doctors get off of a "hamster wheel" of trying to see as many patients as possible to maximize revenue as their overhead costs increase and reimbursement for care stagnates, said Dr. Ted Wymyslo, director of Family Medicine Dayton.

Instead, those doctors would be paid not only a regular fee per patient visit, but also a care management fee based on education about chronic illnesses such as diabetes, as well as end-of-year performance-based payments. Such a model hinges not only on treating illness, but on disease prevention, Wymyslo said.

Wymyslo hopes a growing dearth of family doctors will galvanize local health care stakeholders to support the new way of caring. A decade ago, 25 trainees elected to come to Dayton to finish their education as family doctors, but only four did so this year, he said.

A medical home model might address that shortage by giving family doctors more reasonable pay and less demanding schedules.

Such a model would benefit patients by giving them same-day access to health care and round-the-clock electronic access to doctors, Wymyslo said.

Such an approach has been shown to reduce emergency room utilization by 20 percent and hospitalizations 10 percent, he said.

Lehner said one of the key challenges would be putting all stakeholders on an "equal footing." There also would be substantial technology start-up costs for many doctors.

Wymyslo hopes local medical home plans could start in January.