

President's Message



Keith J. Lehman, M.D., F.A.A.F.P. – Archbold, Ohio
President
kjlehman@pol.net

Moving Forward with Patient-centered Medical Home

By now you should have received your patient-centered, physician-directed medical home poster and information about the patient-centered medical home section of the Ohio Academy of Family Physicians (OAFP) Web site, www.ohioafp.org/medicalhome. The fall edition of *The Ohio Family Physician* magazine had several articles relating to the patient-centered medical home. American Academy of Family Physicians (AAFP) has also been promoting the medical home in its publications. As you can see, AAFP and OAFP are putting a great deal of effort and emphasis on this topic.

One of the frequently asked questions on this topic is: Are not family physicians already patient-centered medical homes? The answer is both yes and no. Family physicians have always been the physicians that provide comprehensive, longitudinal care to their patients. They are there for their patients when they develop a problem, treat the issue when they can and refer patients to the appropriate physician when the concern requires referral. Family physicians have always handled a wide scope of practice following patients from prenatal care to hospice. Patients trust their family physician to guide them through the healthcare maze, helping them gain the best care possible. We direct acute and chronic care. We encourage preventive care and lifestyle changes. Certainly, that is the essence of the medical home.

However, along the way, the system broke. Procedures were valued much more than thoughtful caring. Cost control became more important than quality care. And, so the system put us on a treadmill and turned up the speed of the treadmill with every passing year. To stay even, we had to pare down what we could deliver. Our practices and our patients lost the comprehensive care we could give. Fragmentation of care spread. We ended up with a high cost medical system that does not deliver the quality care that it should.

The new model of care, the patient-centered medical home, should help us get back on the correct path. But it is not just the same old practice with a new name. It is a new way of delivering care. Yes, we will still see the vast majority of patients in the office, one-on-one. We will still use the same medications, order the same tests and even use the same procedures. But we will need to rethink how we do all that. We will need to analyze how patients make appointments. Are their appointments timely, convenient and accessible? Will we need different office hours? Will we need different call arrangements to make care more available after hours? Do we need to gather more information about our patients' health as they check in? Who

will collect that information and how? Will we use electronic health records to track what has been done and what needs to be done (following clinical guidelines for treatment and screening)? Will we automatically send reminders for tests and follow-up appointments? Will we explore how our patients are doing against national standards, rethinking what we are doing if we are falling short?

Large purchasers of insurance are beginning to demand this type of care for their employees and they are willing to pay for it because they know that in time it will lead to better outcomes and lower costs. But, they are not willing to pay more for the same old model of care.

OAFP and AAFP see the patient-centered medical home as the way for our members to move forward to more financially and professionally rewarding practices. The new model will most likely have a fee-for-service component, a payment for chronic disease management and a pay-for-performance element. This new model should allow us to spend more time with our patients, doing a better job of delivering the comprehensive care that our patients want and deserve.

AAFP is working hard to promote the patient-centered medical home to the public and private sectors at the national level. OAFP is working at the state government level to educate the Ohio General Assembly and Medicaid about the patient-centered medical home. We are exploring partnerships with private insurance on demonstration projects. Right now it is important for all OAFP members to evaluate their practices and to see where change is needed to transform to patient-centered medical homes.

Find out where you stand on the journey to becoming a medical home by measuring your practice against the TransformMED Medical Home IQ Assessment's eight (8) core sets of competencies or "modules." To take the test and evaluate your practice, go to <http://www.transformed.com/MHIQ/welcome.cfm>. Check out the medical home tools on the OAFP and AAFP Web sites. Set some goals and at least make some small changes—once you finish making one change tackle making another. Stay connected and informed as family medicine moves forward with this new model of care.