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The Medical Home: Opportunities for Improving Care and Reducing Disparities

Anne Beal, MD, MPH

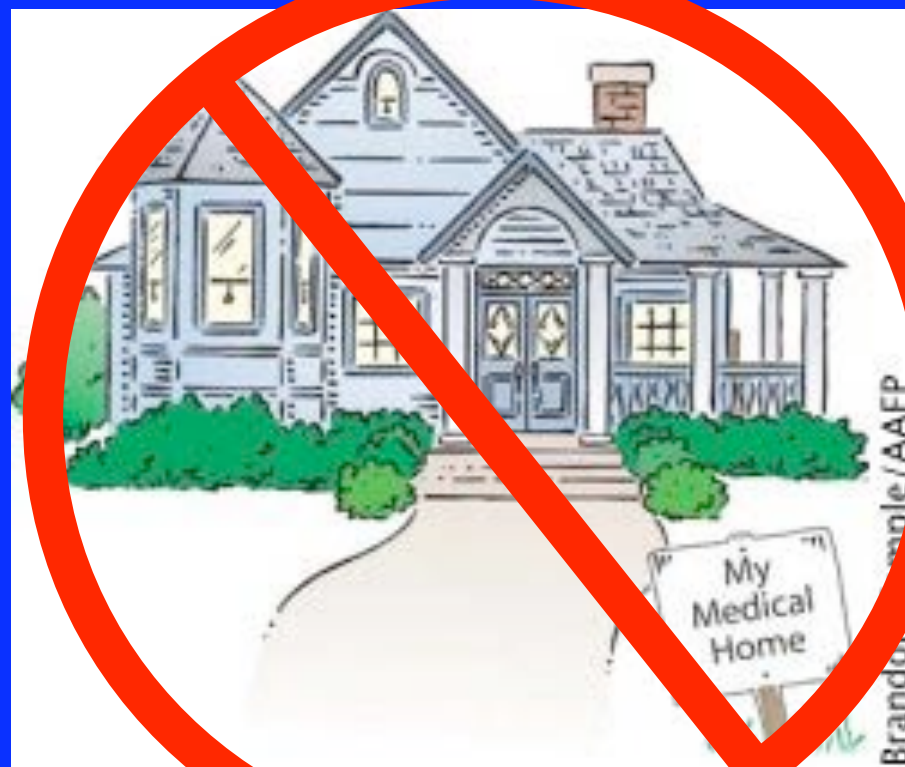
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Medical Leadership Council

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What Is a Medical Home?

- Optimal Primary Care
 - Accessible
 - Continuous
 - Comprehensive
 - Family-centered
 - Coordinated
 - Compassionate
 - Culturally Effective
- American Academy of Pediatrics, 1967



How Do You Know It When You See It?

NCQA Physician Practice Connections

NCQA PPC	Clinical Information Systems/Evidence-Based Medicine	Patient Education and Support	Care Management
Modules	Basic Registries & Follow-up	Educational Resources	Care of Chronic Conditions
Modules	Electronic Registries, Prescribing & Tests	Referrals for Risk Factors and Chronic Conditions	Preventable Admissions
Modules	Partial Electronic Medical Record	Quality Measurement & Improvement	Care of High-Risk Medical Conditions

*No Patient Feedback

*No Measures of Clinical Performance



2007 International Survey Indicators of A Medical Home: U.S.

Indicator	Percent
Patient has regular doctor or place of care	90
Doctor/staff know important information about patient's history	74
Place is easy to contact by phone during regular office hours	57
Doctor/staff help coordinate care received from other doctors/sources of care	50
All four indicators of Medical Home	50

Source: 2007 Commonwealth Fund International Health Policy Survey



Who Has Access to a Medical Home?

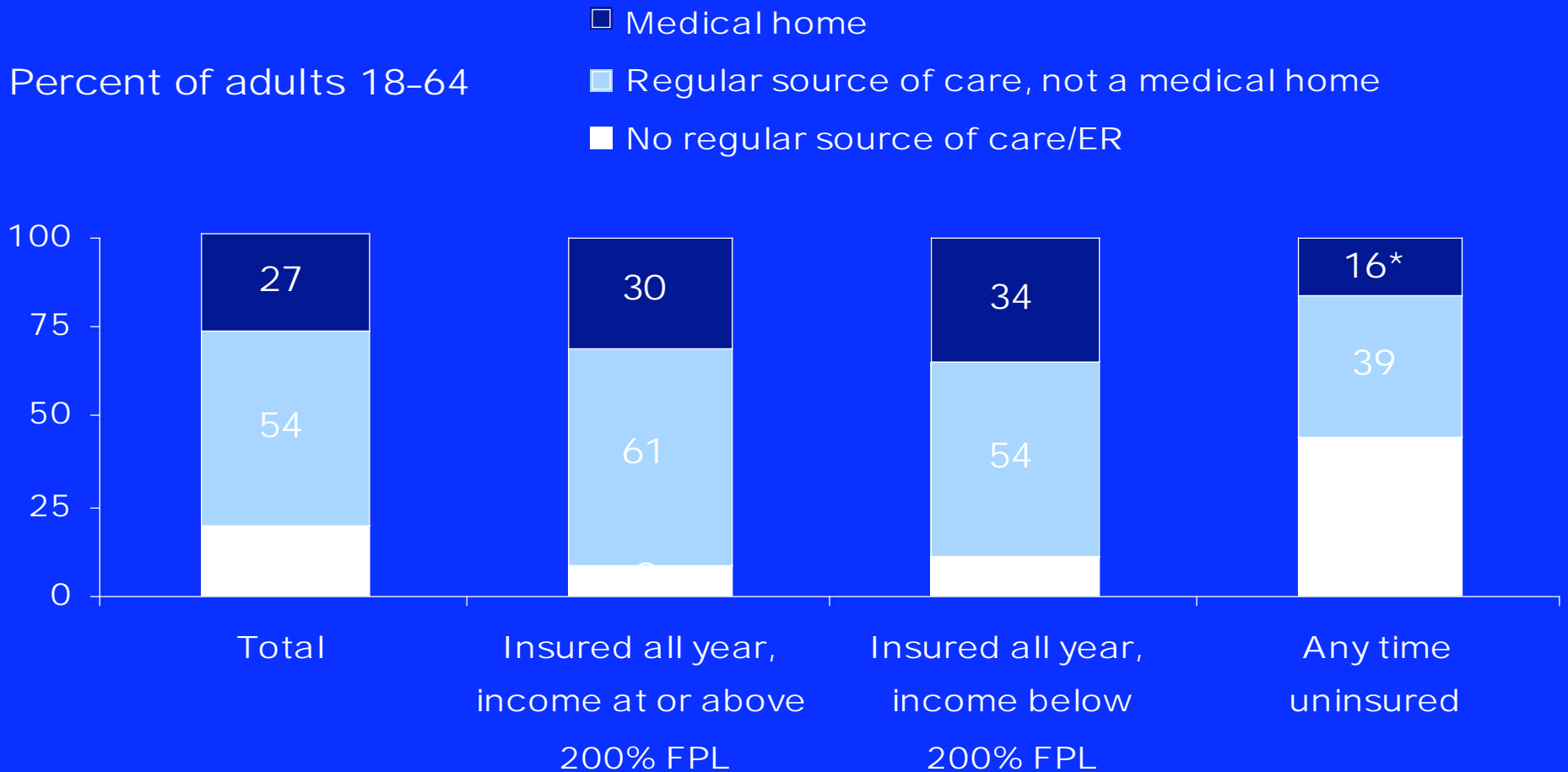
Patients in the Safety Net Are Least Likely to Report Their Providers Have Indicators of a Medical Home

Indicator	Total	Usual Health Care Setting		
		Doctors' office	Community health center or public clinic	Other settings*
Regular doctor or source of care	80%	95%	78%	63%
<i>Among those with a regular doctor or source of care . . .</i>				
Not difficult to contact provider over telephone	85	87	77	77
Not difficult to get care or medical advice after hours	65	67	54	69
Always or often find visits to doctors' office well organized and running on time	66	68	56	60
All four indicators of a medical home	27	32	21	22

* Includes hospital outpatient departments and other settings.
 Source: Commonwealth Fund 2006 Health Care Quality Survey



Uninsured Are Least Likely to Have a Medical Home and Many Do Not Have a Regular Source of Care



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

* Compared with insured with income at or above 200% FPL, differences are statistically significant.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



Indicators of a Medical Home (Adults 18–64)

Indicator	Total		Percent by Race			
	Estimated millions	Percent	White	African American	Hispanic	Asian American
Regular doctor or source of care	142	80	85	79	57	84
<i>Among those with a regular doctor or source of care . . .</i>						
Not difficult to contact provider over telephone	121	85	88	82	76	84
Not difficult to get care or medical advice after hours	92	65	65	69	60	66
Doctors' office visits are always or often well organized and running on time	93	66	68	65	60	62
All four indicators of medical home	47	27	28	34	15	26



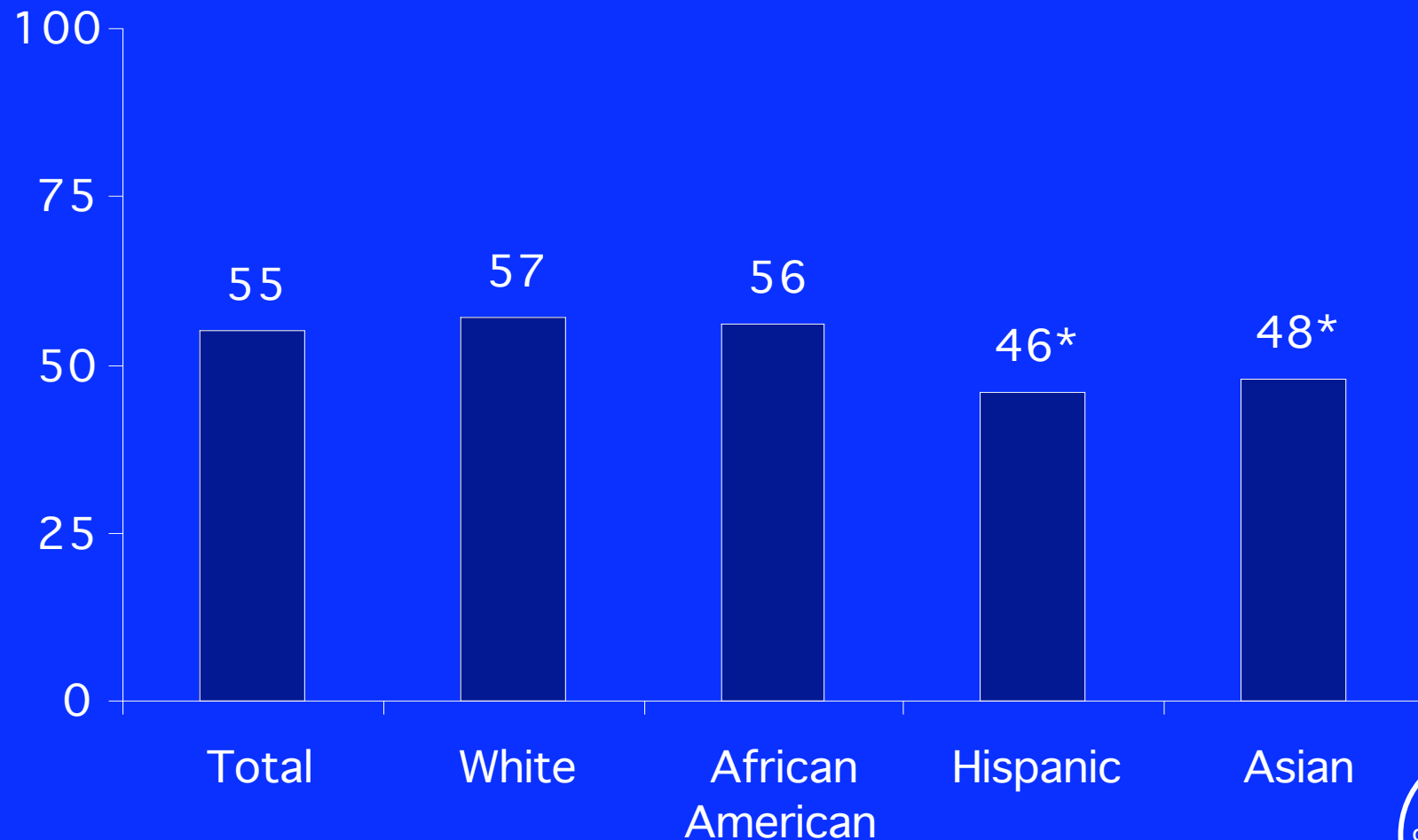
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Does Having a Medical Home Improve Care and Reduce Disparities?



Hispanics And Asians Are Least Likely to Report Always Getting Medical Care When Needed

Percent of adults 18--64 reporting always getting care when they need it

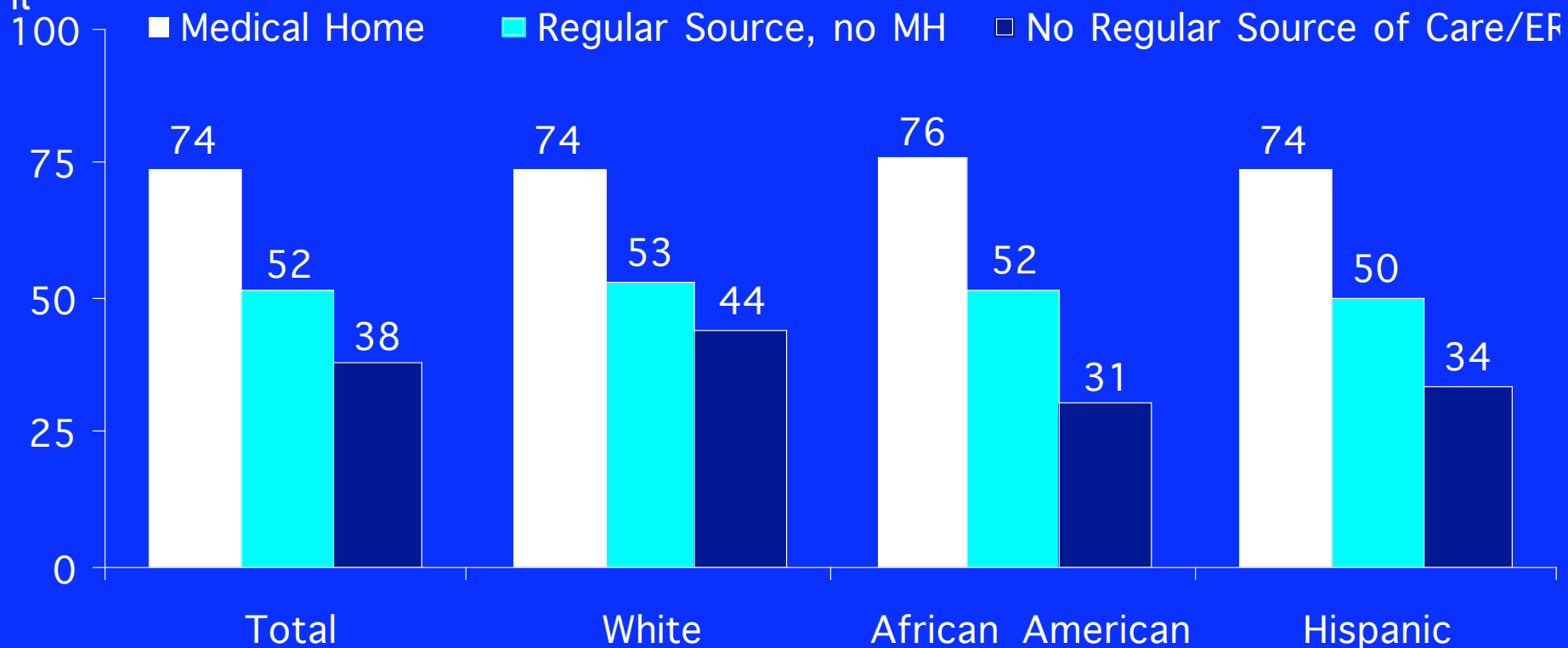


*Compared to Whites, differences remain statistically significant after adjusting for income
Source: 2006 Commonwealth Fund Health Care Quality Survey



Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it



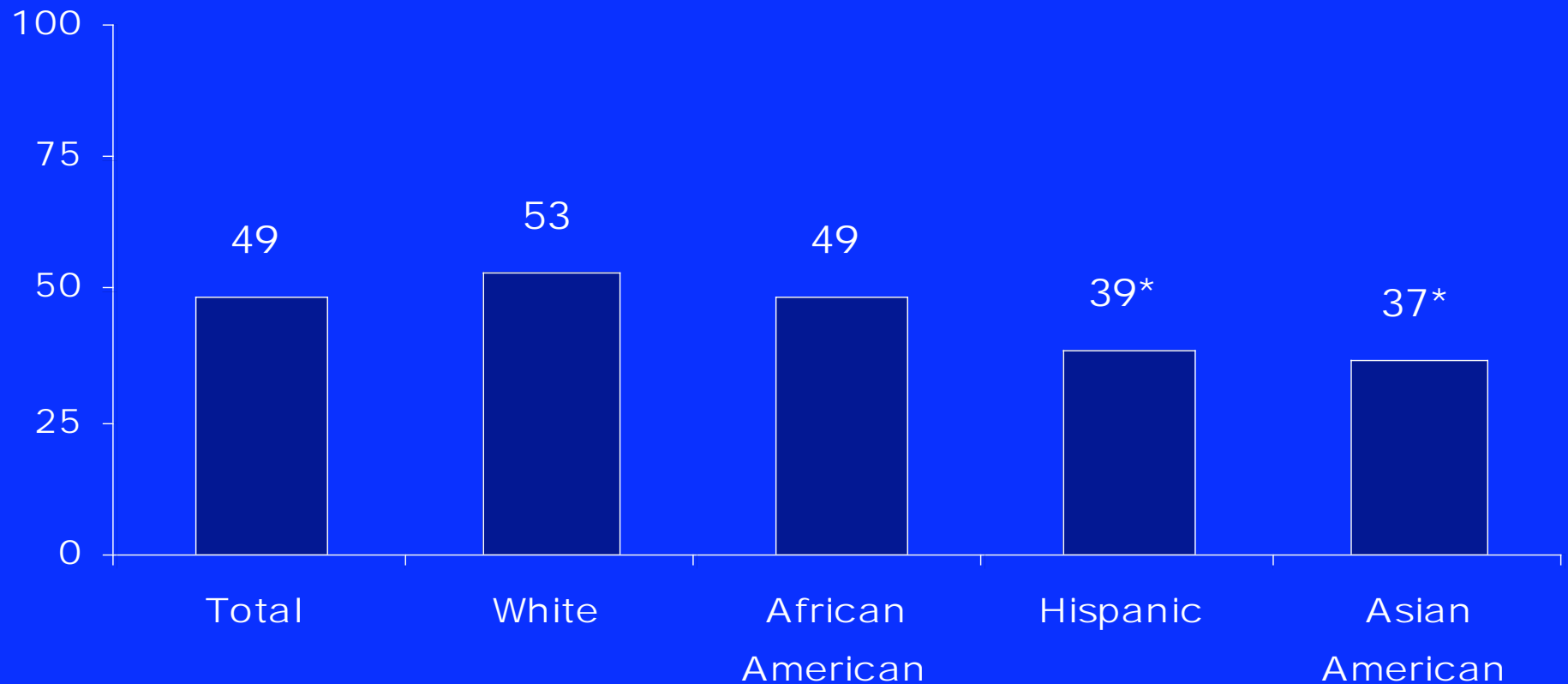
Note: Medical Home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone, or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running time.

Source: 2006 Commonwealth Fund Health Care Quality Survey



Hispanics and Asian Americans Are Less Likely to Receive a Reminder for Preventive Care Visits

Percent of adults 18-64 receiving a reminder to schedule a preventive visit by doctors' office

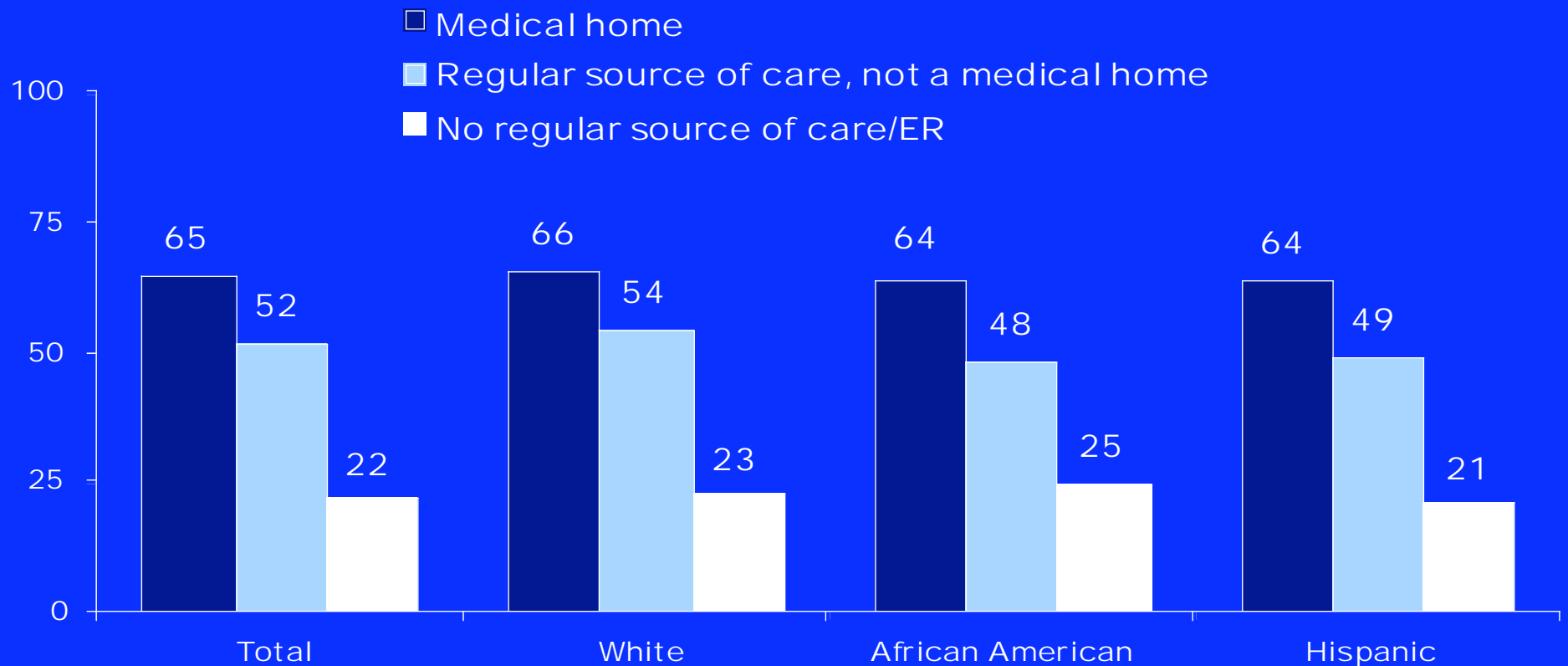


* Compared with whites, differences remain statistically significant after adjusting for income or insurance.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



When African Americans and Hispanics Have Medical Homes They Are Just as Likely as Whites to Receive Reminders for Preventive Care Visits

Percent of adults 18-64 receiving a reminder to schedule a preventive visit by doctors' office

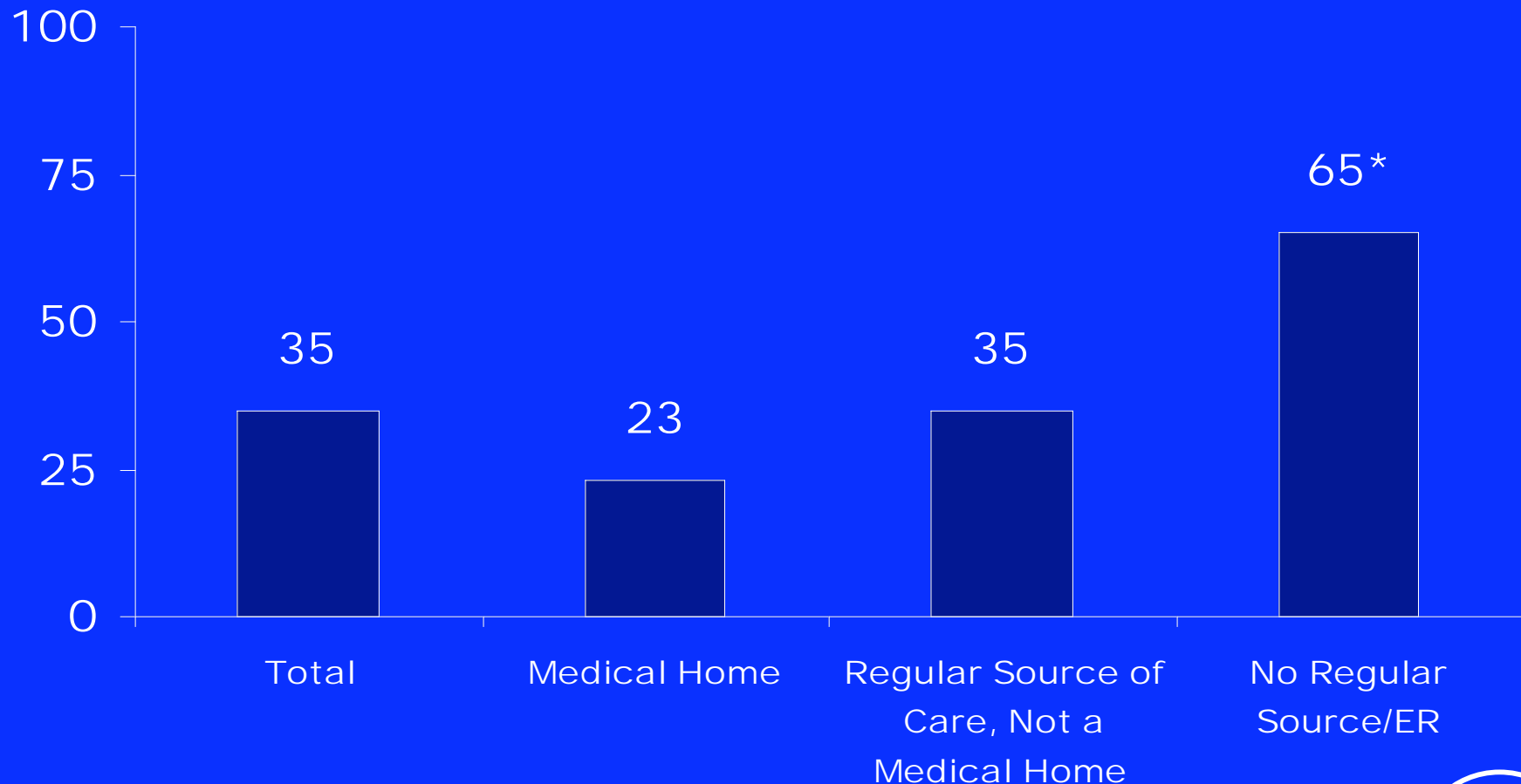


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Less Than One-Quarter of Adults With Medical Homes Did Not Receive Plans To Manage Their Condition at Home

Percent of adults ages 18–64 with any chronic condition who were not given a plan from a doctor or nurse to manage condition at home



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*Compared to Medical Home, differences remain statistically significant after adjusting for income or insurance

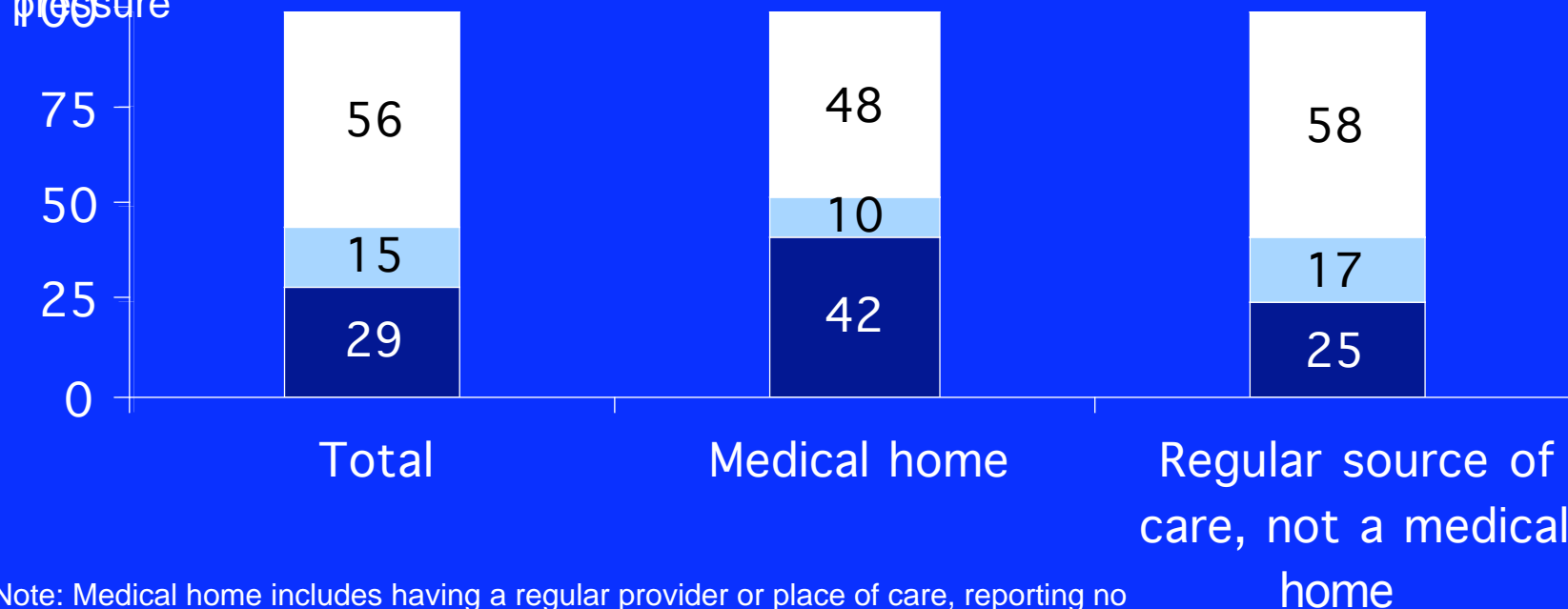
Source: 2006 Commonwealth Fund Health Care Quality Survey



Adults with a Medical Home Are More Likely to Report Checking Their Blood Pressure Regularly and Keeping It in Control

- Does not check BP
- Checks BP, not controlled
- Checks BP, controlled

Percent of adults 18–64 with high blood pressure



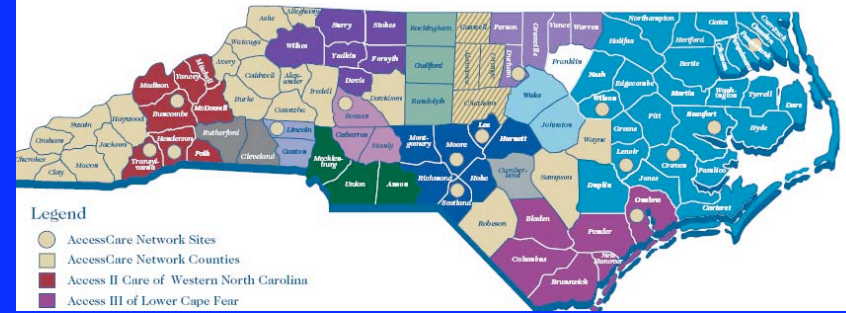
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.



Does Health Care in a Medical Home Reduce Costs?



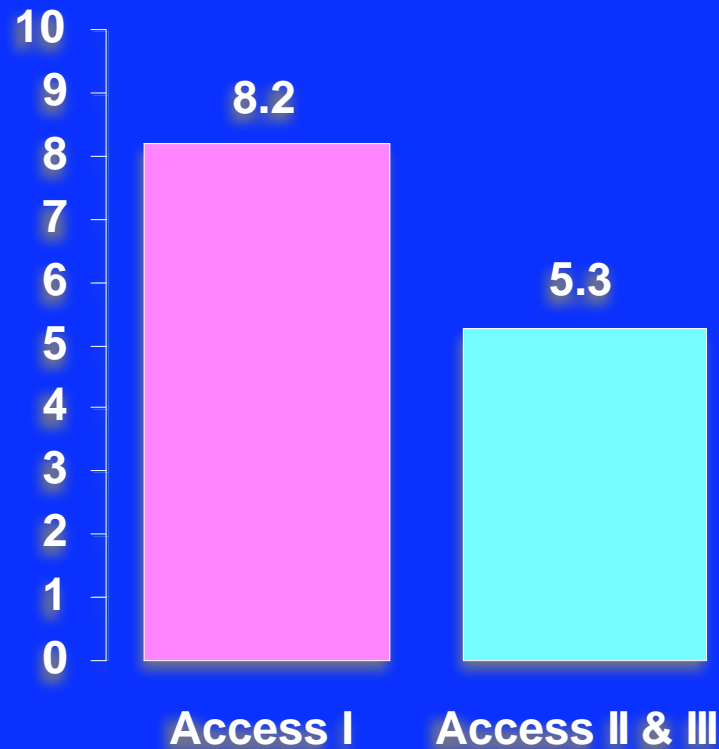
Community Care of North Carolina: Medical Homes Can Save Health Care Costs



Asthma Initiative: Pediatric Asthma Hospitalization Rates

(April 2000 – December 2002)

In patient admission rate per 1000 member months

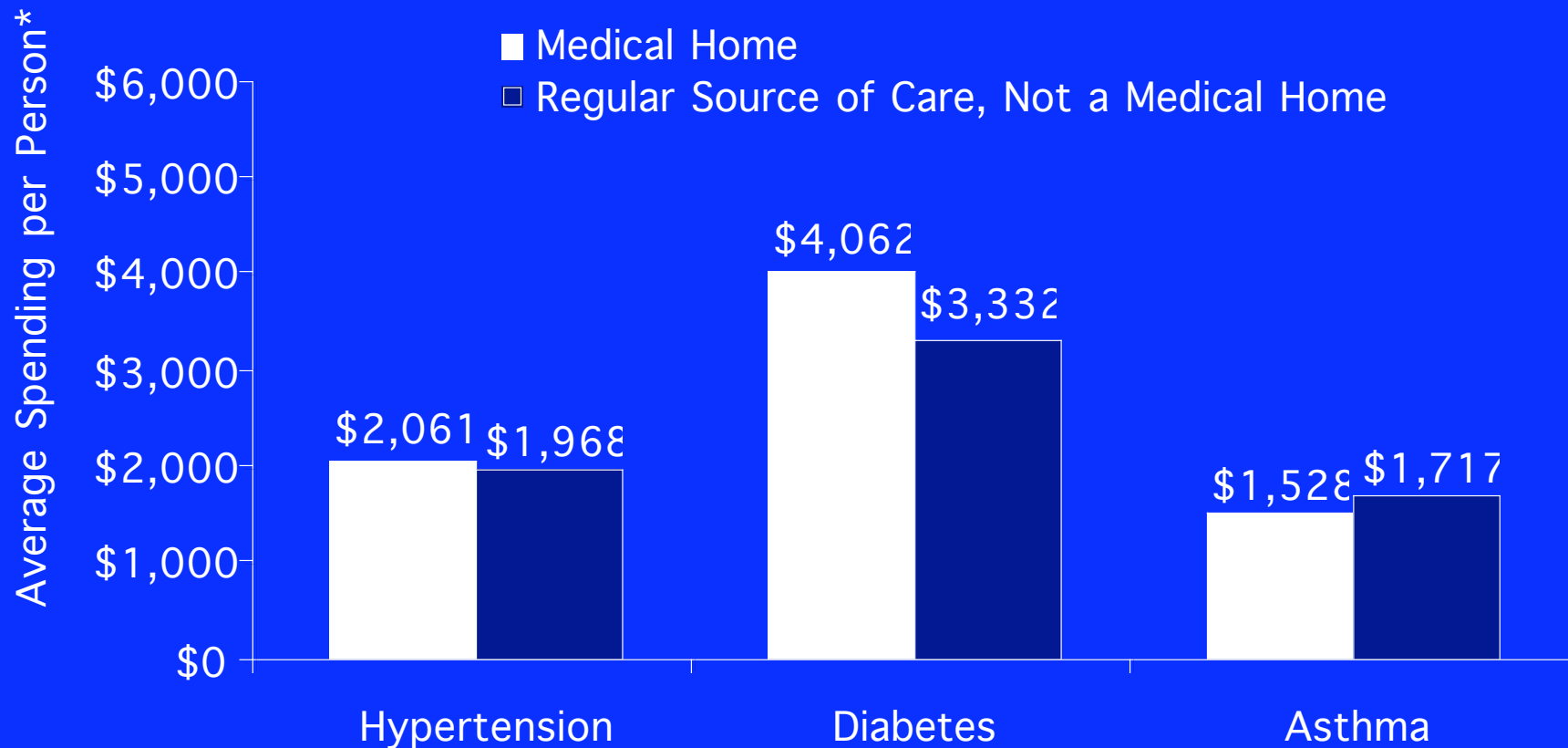


- 14 networks, 3500 MDs, >750,000 patients
- \$3 PMPM to each network
- \$2.50 PMPM to each PCP to serve as medical home and participate in disease management
- Hire care managers/medical management staff
- Care improvement: asthma, diabetes, screening/referral of young children for developmental problems, and more!
- Case management: identify and facilitate management of costly patients
- Cost (FY2004) - \$10.2 Million; Savings (Mercer analysis) \$124M compared to FY2003; Savings \$225M compared to Medicaid FFS

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Reducing the Costs of Chronic Care in Medical Homes: It Takes Time

12 month expenditures among adults 18 and over



*Adjusted average expenditure, rounded to nearest dollar, controlling for age, gender, race/ethnicity, income, insurance status, and comorbidity
Source: Medical Expenditure Panel Survey (MEPS), 2005



Skeptics' Comments

- Isn't this what doctors are supposed to do anyway?
- Is this another way to increase payments to doctors?
- Will this mean subspecialists receive fewer payments?
- Will this really lead to better quality and reduced costs?
- I don't like the term "medical" home
 - Nursing Home
 - Funeral Home

What Issues Must Be Addressed To Promote Medical Homes?

- Payment to Practices
 - Misaligned incentives
- Standardized eligibility to identify medical homes
 - For payers, policymakers and evaluation
- Office infrastructure to support Medical Homes
 - HIT
 - Technical assistance
 - Co-location of services
- Centralized infrastructure to support Medical Homes
 - Care Management
 - After Hours Care
 - Translation Services

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