

Doctor's Digest PODCAST: Primary Care and the Medical Home "Converting to a Medical Home"

Hello and welcome to this new series of podcasts brought to you by the publishers of *Doctor's Digest*, bridging the gap between the business of medicine and the practice of medicine, with single-topic manuals that provide practical solutions from the experts. Support for this program comes from McNeil Pediatrics, division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

Converting your practice to the medical home model can be an ambitious project—but it will offer some impressive benefits: better, more integrated care for your patients; a more streamlined day; and fuller use of technology, among others. Your own role will change rather dramatically as routine care shifts from you to your nurses, medical assistants, and others, freeing you to deal with more complex issues. Patient visits will be longer, but there will be fewer follow-ups. And technology will play a major role. Paul H. Keckley, PhD, healthcare economist and executive director of the Deloitte Center for Health Solutions, says, "The doctor has to change strides and become a leader and a manager. [The medical home] is a different business. It puts primary care physicians in exactly the role they want to be in—coordinators of care, managing a team. . . . It rewards their skill in clinical management rather than their ability to juggle 39 patients a day."

What changes will you need to make to qualify your practice as a medical home? First, your office staff should be organized into care teams—for example, a physician, a nurse, and a physician's assistant. And each patient should have an ongoing relationship with his or her care team. Patients should be able to see a member of their care team on the same day they call.

Someone on the care team should be made responsible for seeing that the team's patients get all routine exams and tests, and for monitoring chronically ill patients by phone or e-mail.

To be a fully functional medical home, your practice will need to have electronic medical records. And with the computer's help, you should be easily able to compile a list of your patients who are due for a specific test.

Your patients should have the opportunity to communicate with you easily in other ways besides an office visit—for example, by phone, text message, or e-mail.

Each care team should be aware of their patients' other healthcare providers and, when appropriate, should be in touch with those providers.

You should make group visits available for patients who share common illnesses or conditions and need to learn the same self-care regimens.

Your practice should actively involve your patients in making choices about their own treatment.

If your practice meets all these conditions, you're in good shape to receive official designation as a medical home. If you meet most of the conditions, you're well on your way. If you meet fewer than five, you clearly have some work to do.

But don't be discouraged; if you are not yet even close to being a medical home, you have plenty of company. A recent study in *Health Affairs* surveyed practices with more than 20 doctors to see how well they would score on the four vital elements of medical homeness: whether the doctors were working closely with other healthcare providers in patient care teams; whether care was well coordinated and integrated; whether care was being delivered in ways that maximized quality and safety; and whether patients could reach their doctors by e-mail or other nontraditional ways. The results were underwhelming: 41% were using electronic medical records and half shared information electronically with hospitals and specialists, but fewer than a third were using teams to deliver care. Two-thirds were instructing chronic-disease patients on proper care, but only 10 percent were routinely using patient feedback to improve their practices.

Almost every primary care practice in the country has a way to go before becoming a fully functioning medical home. Are you ready to start that journey?