

Doctor's Digest PODCAST: Primary Care and the Medical Home "The 'Medical Home' Concept"

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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.

The concept of the "medical home" is built on the idea of patient-centered care that will enable you to focus on your patients rather than the total volume of patients you see. Primary care physicians have supported this idea for some time, but only now is it gaining steam as government payers and insurance companies search for an approach that will make primary care more effective, more accessible, and more affordable. Nothing less than the future of primary care may lie in the balance.

To understand one strong reason why you may decide to convert your practice to a medical home model, consider the case of a patient of Dr. Denis Chagnon, a family physician in Latham, New York. The man was 88 years old and suffered from an array of problems—diabetes, obesity, coronary disease, and chronic renal disease. One day he had a strange feeling in his chest and called 911. The paramedics took him to a hospital where Dr. Chagnon does not admit. A physician there diagnosed him with a mild heart attack and did an angiogram, which resulted in kidney failure. A kidney specialist put him on dialysis. After ten days of dialysis, a vascular surgeon did a bypass to try to save his leg. The leg was amputated. By the time the patient finally saw Dr. Chagnon two months later, he had been in and out of rehab and a nursing home, was on dialysis, and was wheelchair bound. "He sat there and cried," Dr. Chagnon says. "He said, 'No one ever asked me if I wanted this. I've lived my life. If I'd known all this was going to happen, I'd have told them not to start.'" The patient chose to discontinue dialysis and died at home three weeks later. Dr. Chagnon reports that his care cost the healthcare system half a million dollars. No one did anything wrong—but no one really had a relationship with the patient or communicated with him about his overall treatment plan.

The medical home is intended to change all that by providing integrated care across all elements of the complex healthcare system—including subspecialty care, hospitals, home health agencies, and nursing homes. The personal physician will be responsible for providing all the patient's healthcare needs; and, when necessary, he or she will be responsible for arranging appropriate care with other physicians.

The medical home offers a new way of delivering care that will benefit the primary care physician as well as the patient. Patient care will not always be delivered during a visit to your office; rather, a patient visit could take place by phone, e-mail, text message, perhaps even a group educational session or a house call. Most routine care—such as immunizations, sore throats, and school physicals—will move from you to nurses, medical assistants, or case managers. As a result, you will be able to focus your time, energy, and clinical insight on complex situations that make the most of your training.

This evolutionary step in patient care may be an essential lifeline for a beleaguered profession. An ACP white paper last year pointed to two alarming sets of statistics: the increasing U.S. population, especially those over 65 with chronic illnesses, and the shrinking pool

of primary care physicians. ACP concluded that the primary care profession will be on its way to oblivion without drastic action. In a recent 8-year period, the number of medical graduates entering family medicine residencies dropped by half. By 2007, only 23 percent of third-year internal medicine residents planned to practice general internal medicine, compared with over twice that number a decade earlier. Combine these sobering statistics with the fact that many primary care physicians are choosing to retire early, and you begin to see how urgently we may need the medical home, which will transform not only the way primary care is delivered, but also the way it is compensated: dramatically in favor of primary care physicians.

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