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### **Medical Home Part IV: Help and Hope in Healthcare**

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**Your Life Your Health**

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The most innovative aspect of Medical Home and the thing which perhaps distinguishes it from any other well-organized and highly-functioning medical organization is the concept of Coordination of Care. This is the intentional structuring, reviewing, facilitating and practicing of a standard of care which meets all current NCQA, CMS, national standards and HEDIS requirements for demonstration of excellence in the providing of care.

The concept of “intentionality” is critical in this process. This is contrasted with “incidental.” In health care, most HEDIS compliance and coordination of care are done incidentally to a patient encounter as opposed to the having of a purposeful, provable and persistent fulfillment of national standards of care. Rather than hoping the result is good, Coordination of Care plans and reviews care to make certain that it meets the highest standards. The Medical Home intentionally fulfills the highest and best healthcare needs of all patients. In addition, the patient is involved in this coordination by making them aware of the standards and giving them a periodic review, in writing, of how their care is or is not meeting those standards. Patients are encouraged to know and to initiate the obtaining of preventive care on their own. Perhaps the ultimate judge of the success of Medical Home is when healthcare providers hear the following from their patients, “I am here today for preventive healthcare.” Today, almost all healthcare providers would tell you that they have never had a patient present with that “chief complaint,” or reason for scheduling an appointment.

To qualify as a CMS Tier II Medical Home, a medical practice must meet 22 of 28 requirements. SETMA fulfills all 28. While Medical Home will ultimately qualify a practice for increased reimbursement from CMS and other healthcare payers, SETMA believes that this method of healthcare delivery is sufficiently promising to develop it with or without change in reimbursement and not only to apply it to Medicare, Medicaid or Medicare Advantage patients, but to all of our patients. It is obvious to us that SETMA’s Medical Home will evolve over time. While we will be guided by CMS and NCQA requirements and by the experience of others, it is our expectation that ultimately, we will innovate, experiment and create a unique expression of Medical Home which will fulfill all of the requirements imposed by these agencies but which will also go beyond that as our vision, understanding and experiences increase.

As SETMA began to think about Medical Home, we had the following example set before us.. The following is a memo to the SETMA staff, by SETMA’s CEO:.

“My business philosophy is, ‘I want it done right and I want it done right now!’ Thus, if we are going to do Medical Home, I want it to be done right.” Coupled with excellence of care, Medical Home has the potential

for leveraging great benefit for patients and providers from the healthcare delivery equation. Seeing the Medical Home as a reflection of the value and attitudes of “a home,” make me think again that what I said this morning is right. I repeat it:

“In 2008, the partners of SETMA finalized a 501-C3 not-for-profit foundation – The SETMA Foundation – which has as its purpose medical education and underwriting the care for our patients who cannot afford it. In February, 2009, I saw a patient who has a very complex and fascinating healthcare situation. I saw him during his hospitalization and then for the first time in my office. What I discovered was that he is only taking four of his nine medications because he cannot afford them. I believe in this case, SETMA practiced Medical Home as he left this encounter with:

1. Appointments to SETMA’s ADA-approved diabetes education program. The fees for the education have been waived. However, while talking to the patient and his wife, I discovered that he could not afford the gas to come to the meetings. He also left with a gas card with which to pay for the fuel to get the education which is critical to his care.
2. My staff negotiated a reduced cost for his medications with his pharmacy and made it possible for the pharmacy to bill The SETMA Foundation.
3. Because at 60 years of age and with his problems he cannot work at his job of a long-distance truck driver, his car also involved counseling him that even in the face of all of the abuse of the disability provision of Social Security, he can no longer work and I will coordinate his application for disability.

“Gas cards, disability, paying for medications – a part of a physician’s responsibilities? Absolutely not! Gas cards, disability, paying for medications, a part a Medical Home? Absolutely!

This patient, who was depressed and glum in the hospital such that no one wanted to go into his room, left the office with a smile and feeling that there is hope. He left as if he had just had a visit to home. It may be that the biggest result of Medical Home is hope. This IS Medical Home!!”

Obviously , SETMA and/or The SETMA Foundation cannot meet everyone’s needs, but that reality does not mean that we should not try to meet some of those needs. And we shall.

Often, as we reach a milestone in our life – say 65 years of age – or when we are faced with disappointment due to illness or disability, we long for simpler times when we were more certain of who we are and we were more secure in our lives. As time brings insecurity or anxiety about our health, we look for anchors which are familiar and encouraging. Many of us remember one of those anchors as the “ole timey” family “doc,” who was more like a member of the family than a healthcare professional. One of

the hallmarks of our “coming of age” – either by birthday or disability -- is that we are now eligible for Medicare. And, because we are “of an age,” there is a healthcare option to regain those “good old times;” those safe and familiar times.

It is called Medical Home. It is not a new idea; it is a new version of an old ideal. Medical Home combines the new technology of health care, whose benefit we all want, with the old philosophy of a healthcare provider being a family friend, which we all long for. Who ever thought that we could have both – high tech and high touch – the benefit of science and the blessing of sensitive, caring people? We can.

You will be hearing more and more about Medical Home in the coming years, but a few fortunate people can experience it now. Complex papers have been written about Medical Home but in essence it is defined by its name, “home:”

- Home is a place where you need fear no harm from those who are with you.
- Home is a place where your needs are met.
- Home is a place you can go when you don’t know what else to do.
- Home is a place where you can be yourself and you can tell others how you really feel without fear of rejection.
- Home is a place where others really want to see you succeed.
- Home is a place where if you are away too long, someone is calling to find out if you are OK.
- Home is a place where you are treated like family.

Medical Home is where you and your needs come first. It is where you can expect the best care available but where you don’t have to lose your individuality to get it. It is where people are “looking out” for your interests. It is where when you don’t understand, you can ask and you will get an answer. It is where success is not measured by the value you are to the organization but by how valuable the organization is to you. It is where you are the focus; you are the core; you are the center of attention. It is where by design everything revolves around you and your needs.

In twenty years, Medical Home will be the standard of care for everyone, but by asking and looking, you can find a Medical Home today. If you want to feel special again; if you are weary of feeling like you are a bother to your healthcare system, find a Medical Home. There is no promise that everything that you want will come to pass, but there is a promise that everything you need will be made available to you and that when your problem cannot be resolved someone besides you will care.

Who would have thought that “coming home” would be finding an “ole timey-like” healthcare provider who will also make sure that you are receiving the best and most up-to-date preventive care, the best of evidence-based care where you are the leader of your health care team and every member of that team wants to make you successful. You don’t have to wait twenty years – the reality is that some of us may not have twenty years to wait -- you can have Medical Home today. Just ask, no, insist that you be part of a Medical Home.

Stephen Foster's melancholy words to Sewanee River, "There's where my heart is turning ever, there's where the old folks stay," often fill my heart with the yearning for simpler times. If you share that longing, Medical Home can help.