



Why Ohioans Deserve a Medical Home

Ohio has a “sick” care system. Ohio needs a “well” care system—where every Ohioan has a medical home. The medical home model of care works for patients, physicians, other care providers and purchasers of healthcare.

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Chris is a 30 year-old accountant, married with three children. Two years ago, he had blood clots in his leg and two pulmonary embolisms that resulted in a 10 day hospital stay—the diagnosis, lupus anticoagulant. When Chris got sick, he did not even have a regular primary care physician. Since his hospitalization he has been a patient at a general internal medicine practice that follows the medical home model. Chris, working collaboratively with his primary care physician and medical home team, is healthy, has needed no further hospitalization, and is able to go to work every day to support his family. Chris relies on his primary care physician to monitor his blood levels, coordinate his visits to subspecialists as needed and communicate what each subspecialist is doing by “connecting the dots” in a manner that is understandable. Biweekly, Chris and his primary care physician talk about managing his disease so that Chris can focus on more important things in life—like coaching his son’s upcoming basketball tournament. That is what a medical home provides and why every Ohioan needs one.



Healthcare in Crisis

America spends more on healthcare per person than any other country in the world but only ranks 14th in healthcare quality. Why? Developed countries with a strong primary care infrastructure have better overall population health. *(Robert Graham Center)* America’s healthcare system focuses on “sick” care rather than “well” care. Practicing within the medical home model, primary care physicians ensure that patients receive consistent preventive care resulting in long-term good health. Primary care physicians, practicing within the medical home model, also manage chronic disease, saving money and keeping people healthy and productive.

In Ohio, over 6.7 million cases of seven chronic diseases (cancers, diabetes, heart disease, hypertension, stroke, mental disorders and pulmonary diseases like asthma) were reported in 2003. *(Milken Institute)*

The cost of treating chronic conditions in Ohio totaled \$13.5 billion in 2003. Lost workdays and lower employee productivity due to illness resulted in an estimated loss of another \$43.4 billion. *(Milken Institute)*



Paul is 60 and looking forward to retiring from his job at the steel mill in a few years. Paul’s family doctor helps him keep his high blood pressure, high cholesterol and diabetes under control. Working third-shift, at times it is difficult for him to get in to see his doctor. But, his family physician recently transformed his practice into a medical home that offers extended office hours, e-mail communication and same-day appointment scheduling for things that cannot wait. One day his blood sugar went sky high after being medicated for a minor pulmonary condition. He was able to e-mail his blood glucose readings daily to the doctor and his staff to help manage his insulin. Paul is able to stay healthy enjoying his grandkids and hobbies. He sees his doctor when he needs to without having to miss work. That is what a medical home provides and why every Ohioan needs one.

By 2025, with improvement in prevention and management of chronic disease, Ohio can:

- Avoid 1.5 million new cases of chronic conditions
- Sharply reduce future economic costs of chronic disease by 27% (\$40 billion)
- Add \$151 billion to the state’s economic output, a boost of 18%. *(Milken Institute)*

Studies clearly illustrate the value of the medical home model provided by the primary care physician.

- When the numbers of primary care physicians, who provide medical home model care, are increased—improved health outcomes and decreased total costs are realized. *(Starfield)*

- Medical homes that provide a regular source of care, enhanced access and efficient practice help reduce and eliminate healthcare disparities among racial and ethnic minorities. *(Commonwealth Fund)*



What are Others Saying?

- In North Carolina, a reformed payment system that incorporates a care management fee to incentivize medical home-like practices saved the state Medicaid program an estimated \$124 million in 2006. *(Robert Graham Center)*
- Converting Medicare to a medical home-based system would save \$15.5 billion while improving the health of Medicare beneficiaries. *(Lewin Group)*

- Large employers such as IBM are seeking meaningful, bold healthcare reform that recognizes the value of primary care. (*American Academy of Family Physicians*)



If Every Ohioan

had a Medical Home...

You would have:

- A personal primary care physician and a medical office team that provides for your care
- Ease of making doctor's appointments with shorter waits and same day scheduling of appointments for those things that cannot wait
- Convenient consultations resulting from enhanced communication options (for example, e-mail and telephone interaction)
- Appointments and services that fit your schedule
- Access to health information technology, electronic health records and clinical information systems that eliminate duplicative services and tests
- Easy access to lab and test results
- A collaborative partnership with your physician to maintain good health and avoid sickness
- Patient education that allows you to make better informed decisions on recommended treatments and helps you follow your treatment plan successfully
- Health reminders and assistance with self-care and counseling.

Active in philanthropic work in her community, Stacy is 49 and was born with a chronic genetic disease that has shortened her life expectancy. Stacy has been hospitalized for several major surgeries. Stacy's primary care physician regularly communicates with Stacy's surgeons and with other members of the healthcare team involved in her care. Electronic health records allow Stacy's primary care physician (her medical home) to assist Stacy with coordinating her care, helping her understand test results, treatments and self-care, and keeping her active so she can continue her work with her church and hospital charity. That is what a medical home provides and why every Ohioan needs one.



Morgan is a second-grader who plays forward for her elementary school soccer team, the Jets. Morgan's parents encourage her to be active and exercise regularly and proudly attend every match to cheer for Morgan and her teammates. When Morgan suffered a minor injury during soccer practice, her parents insisted on calling her pediatrician before heading off to the ER or urgent care. Luckily, Morgan's primary care physician is available for telephone consultations and she was able to see her in the office. While having her injury checked, her pediatrician noted that she was due for an immunization and she was able to do that at the same time. This unanticipated visit to Morgan's medical home saved time and money as her injury did not warrant a trip to the ER and was efficiently addressed by the primary care physician who has cared for Morgan since birth. That is what a medical home provides and why every Ohioan needs one.



What Constitutes a Medical Home?

The seven core features of a patient-centered medical home include:

1. **Personal Physician:** Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
2. **Physician-directed Medical Practice:** The patient's personal physician directs a team of caring health professionals, knowledgeable and dedicated healthcare educators, and compassionate staff.
3. **Whole Person Orientation:** The personal physician is responsible for taking care of each patient's needs, coordinating care and advocating for patients throughout the healthcare system including care provided by subspecialists, hospitals, nursing homes and other community resources.
4. **Coordinated and Integrated Care:** Care is coordinated across all parts of the healthcare system. Health information technology and exchange facilitates the patient getting care when and where it is wanted and needed and in a manner that is culturally and linguistically appropriate.
5. **Quality and Safety:** Physician practices are advocates for their patients supporting them in their quest for attaining the best health outcomes. Care planning is a joint collaboration between the patient, the patient's primary care physician, other subspecialist physicians, the healthcare support team and family members. The patient actively participates in decision-making and provides feedback to ensure expectations are met.
6. **Enhanced Access:** Open scheduling, expanded hours and new options for communication between patients, their personal physician and practice staff are available to enhance access to care.
7. **Appropriate Payment:** Payment appropriately recognizes the value of providing patients with a patient-centered medical home.

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What Can Ohio Do?

- Support medical home pilot projects that seek to transform our current health system from a “sick” care system to a “well” care system that is based on prevention, intervention and innovation
- Recognize the value of preventing chronic disease and managing chronic disease; value this care by actually paying for it (understanding that sometimes these services will be offered outside the more traditional, face-to-face office visit)
- Value and pay for the primary care physician’s coordination of care services between subspecialists, hospitals and other community resources
- Support and provide financial incentives to physicians so that they can implement and use health information technology
- Provide incentives to physicians who achieve measurable and continuous quality improvements in their practices and who reduce hospitalizations through care provided
- Support the education of primary care physicians and provide financial incentives for physicians who choose to go into primary care, stay in Ohio and offer a patient-centered, physician-directed medical home to their patients



Representing more than 15,000 current and future primary care physicians who serve on the frontlines of medicine providing care to the citizens of Ohio.

Ohio Coalition of Primary Care Physicians



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