

"Medical homes" hospitable option in Colorado, elsewhere

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Megan Marx, hugging her 8-year-old son, Jared, likes the "medical home" concept. "What's really helpful is having a coordinated approach to care and really feeling like I have a partner in my child's care." (Hyoung Chang, The Denver Post)

Jared Marx has lots of doctors. One of them keeps track of every surgery, X-ray and therapy session the 8-year-old has had in his life.

Jared belongs to a "medical home" — an old concept taking off nationally and in Colorado during the health care reform debate as a way to cut costs and improve health.

It means that Jared's pediatrician looks at the big picture, connecting him with a neurosurgeon, plastic surgeon and psychologist to manage his skull abnormalities and sensory disorder. The boy's "medical home" is the first place his mom, Megan, calls, and she can get advice day or night.

"What's really helpful is having a coordinated approach to care and really feeling like I have a partner in my child's care," she said.

National reform proposals call for spreading the medical-home concept across the nation.

In Colorado, the state Medicaid program began giving extra money last month to pediatricians' offices that are medical homes.

Doctors get an extra \$10 per checkup for kids ages 4 and under and \$40 for kids 5 and older. The incentive doesn't work for sick visits, though, only for kids getting wellness checkups.

This push for preventive care is a step toward reimbursing doctors for keeping people healthy instead of paying them per procedure. So far, 174,000 Colorado children on Medicaid or the state's public insurance program are in a medical home. More than 500 doctors are participating.

In a separate project started last spring, five of the state's largest insurance companies are offering cash incentives to 17 doctors' offices and clinics designated as medical homes.

UnitedHealthcare, for one, will pay \$6 per patient per month to the medical homes — that's an extra \$30,000 per month for an office that has 5,000 UnitedHealthcare patients.

In return, the medical home must have 24-hour access, same-day appointments, involve the patient in all decisions and provide data on patient health. Medical homes can earn a bonus if their patients are healthy, such as a diabetic with good sugar levels and blood pressure who received eye and feet exams.

UnitedHealthcare's William Mandell, the company's medical director for Colorado, said the program is expected to improve customers' health and save money. A diabetic who gets good care is less likely to need an expensive leg amputation later, he said.

A UnitedHealthcare study found a 22 percent decrease in emergency-room visits for consumers who are informed about preventive health care.

The project — which also includes Aetna, Anthem Blue Cross Blue Shield, Cigna and Humana — was organized by the nonprofit Colorado Clinical Guidelines Collaborative.

The Colorado Trust is spending \$1.4 million to help with research and technology at the clinics, and the Commonwealth Fund and the Harvard School of Public Health will use Colorado data to see whether medical homes save money and provide better care.

Colorado passed a law in 2007 setting up medical homes for Medicaid children. The state Department of Health Care Policy and Financing added the financial incentive this summer, which will cost the state an average of \$3.40 per month, per child.

"Money isn't the incentive for providers to do this — they really want to do right by their patients," said Gina Robinson, the state's project manager for the medical-home program.

Rocky Mountain Youth is among Denver's best examples of a medical home. The office of 10 pediatricians coordinates appointments with specialists, sets up transportation for families and has a social worker to help keep parents on track with follow-up care or prescriptions.

The goal is to connect deeply enough with patients that they will call the office first, not head to the emergency room for a fever. As incentives, Rocky Mountain Youth gives away free books at check-ups, food baskets at Thanksgiving and bike helmets.

"You think of a home as an actual place with a mailbox and a doormat," said Dr. Jenni Burns, a pediatrician at Rocky Mountain Youth. "The concept for us is more about helping coordinate care for patients."

The medical-home concept includes connecting with patients who have language or cultural barriers to health care.

At a clinic run by Colorado Asian Health Education and Promotion, counselors who help patients navigate the health system speak 15 languages. The clinic sees about 60 new patients each week, about 70 percent of whom have no insurance.

Many are refugees from Sudan and Somalia or immigrants of Eastern Europe or Mexico. Each patient is linked to a navigator who advises them on how to get insurance, translates doctor orders or helps fill prescriptions.

The navigator takes time to understand cultural issues that might affect a patient's care. Women from some Asian countries, for example, will see only female doctors, said Alok Sarwal, the nonprofit organization's founder. Navigators also will arrange mental health care, especially important for refugees with post-traumatic stress disorder, he said.

"Our definition of a medical home is clearly that we become a safe environment for the patient to come and get medical care," Sarwal said. "The patients we see are extremely vulnerable."

Advocates say the medical-home concept could transform health care if it spreads far enough.

"Our system really rewards the wrong thing — it rewards payment for services," said Christie McElhinney, vice president of communications for the Colorado Trust. "This gives people more ownership of their own well-being."

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