HEALTH POLICY: THE FINE LINE

A Lingering Discussion

One of the best things about writing a column like this is being able to reach a broad audience, to initiate dialogue on topics that are otherwise afterthoughts or not considered at all. Over coffee, between patients, you flip the pages and hear my voice.

BY BRYAN R. FINE, M.D.

I've always believed that ignorance gets camouflaged with form letters from trade groups (Forward to your congressperson!) and the not-so-subtle inflections of newscasters and op-ed pieces. For the past 2 years, I have challenged the assumption that pediatricians, through residency and patient interaction, osmotically learn the important details of public health. With this, my final column, I want to offer some suggestions as to how to keep health policy issues an important part of your considerations going forward.

Foremost, there must be a choice to be an active learner. Not a choice to be an activist, which is a role that many of us—including me—are not yet comfortable assuming. Rather, you must decide whether being holistically educated on health policy topics such as Medicaid, the State Children's Health Insurance Program (SCHIP), and Head Start is worthy of your time.

For me, the choice to be an educated policy pediatrician is as easy as choosing to read up on evolving antibiotic resistance patterns or keeping current with diagnostic paradigms for urinary tract infections and acute otitis media. I consider it part of my chosen career, a well-roundedness that often pays dividends in unexpected ways.

If you agree with this view—for those of you who've followed these two dozen columns with any regularity, you've likely declared your opinion—I'd like to guide you to some resources that may continue to pique your interests.

One is the Kaiser Family Foundation (www.kff.org), which maintains a robust catalog of policy briefs, not specific to children but generally inclusive. Fairly liberal leaning, the organization generates easy-to-follow explanations of the complicated federal and state programs, and oftentimes provides state-specific statistics.

Another is the Robert Wood Johnson Foundation (www.rwjf.org), which is a good example of a nonprofit organization that has identified some specific health policy initiatives and targets philanthropic dollars to these precise efforts. Widely considered nonpartisan (although this may be debatable), the site is a nice resource to investigate how health policy questions are asked and ostensibly answered.

Consider checking out the Business & Media Institute (www.businessandmedia.org) and the American Enterprise Institute (www.aei.org), conservative think tanks that challenge the very notion of health care for all and put forth arguments on the validity of certain professed truths, like the "47 million uninsured" benchmark that is widely cited. If not refreshing, they are at least opinions not more than whispered in most pediatric circles.

The willingness to look at all sides, and consider shades of gray, has helped me to explain health policy positions to others while understanding counterpoints, and has also helped me to understand the unique circumstances facing each of my patients. Just as our bodies respond differently to viruses, so too do patients interpret their circumstances through unique perspectives. There is no elastic waistband, one-size-fits-all health policy viewpoint.

Additionally, almost all academic centers—including the one nearest you—now have relatively new formal health policy initiatives, labeled as So-and-So's Child Health Center or Advocacy Institute. Some examples include the Institute for Child Health Policy in Gainesville, Fla., and Center for Child and Adolescent Health Policy based at Massachusetts General Hospital in Boston. Using these resources to investigate trends local to your practice will help you understand your patients' needs and worries and will make you familiar, proactively, with the touchpoint policy issues in your area.

A recommendation I make is to sign up for automated feeds so that health policy updates are delivered to your e-mail accounts. The Kaiser Family Foundation, among others, provides this service. Active searching only when questions arise is challenging. A recent Google search for "Child Health Policy" and "Pediatric Advocacy" brings up a chaotic listing of sites that have varied targets. Even in today's Internet society, bread-and-butter pediatric policy research requires patience, planning, and practice.

I thank you for the many nice letters and suggestions that have been submitted since our discussion began in September 2006. I hope I've given you some small nuggets that have at times given you pause, occasionally taught, and maybe even once helped you better care for a child. ■

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Hospitalists Expected to Play Role in Medical Home Plans

BY DAMIAN MCNAMARA
Miami Bureau

The time for hospitalists to become involved with and essential to "medical home" systems of health care is now, while these programs are still in the design or pilot stage, according to experts interviewed for this article.

The "home" is not a physical location but rather a centralized and coordinated network of multidisciplinary providers. Having a primary care physician or specialist at the center of a medical home promotes enhanced and more efficient patient care. Patients enrolled in such a system experience better overall quality of care and lower health care expenditures, according to a review study (Pediatrics 2004;113[suppl. 5]:1493-8).

The Centers for Medicare and Medicaid Services (CMS) and private insurers are investigating the medical home approach because these plans likely will save money, for example, through fewer unnecessary diagnostic tests and less redundancy of services.

"Medical home initiatives are gaining attention of late. Some private payers are starting them, and some state Medicaid agencies, frankly, have been working with them for many years," Cristina L. Boccuti, senior analyst for the Medicare Payment Advisory Commission (MedPAC), said at a public meeting held by MedPAC in Washington.

Although a medical home primarily provides chronic care management, hospitalists will have a role, Dr. Amir K. Jaffer, chief of the division of hospital medicine, University of Miami, said in an interview. "My own feeling is, hospitalists have a place here when patients with a chronic disease get sick and need to be admitted."

The American College of Physicians (ACP), the American Academy of Family Physicians, and the American Academy of Pediatrics are promoting medical homes as a means to improve patient care and outcomes, Dr. Jaffer said. However, "a lot of these organizations talking about medical homes have not linked them to the hospitalist model of care." Therefore, hospitalists need to be proactive.

The Society of Hospital Medicine (SHM) in Philadelphia "has no official policy on the medical home," chief executive officer Dr. Laurence Wellikson said, when he was asked to comment. "SHM has worked with ACP and others on developing a consensus document on transition of care, and we have long supported efforts to bolster primary care."

A link to the hospital is very important to these medical homes, Dr. Jaffer said. However, the hospitalists' role goes beyond communicating with a patient's primary physician during hospital admission. "The idea in the first place is to prevent the hospitalization, to prevent them from getting sick. You may be able to avoid these admissions."

The medical home construct also aims to reduce fragmentation of care. "The medical home is about centralizing care versus everyone working in silos. It's a coordinated care model, and the hospitalists are really vital to this and should be in a position to champion this idea," William J. DeMarco said in an interview. Mr. DeMarco is president and CEO of DeMarco & Associates Inc., a national, independent health care consulting firm in Rockford, Ill.

"Ideally, through better care coordination, medical homes could enhance communication among providers, thereby eliminating redundancy and improving quality," Ms. Boccuti said during the meeting. "They may also improve patients' understanding of their conditions and treatment, and reduce the use of high-cost settings such as hospitals and [emergency departments]."

A hospitalist can work with the primary care physician or specialist to get the patient out of the hospital earlier, Mr. DeMarco said. "Even if they can save 1-2 days of hospitalization per month, the hospitalist[s] would pay for themselves."

"Hospitalists can and should play an essential role," said Dr. David Bronson, chair of the Medicine Institute at the Cleveland Clinic. "No one physician can cover 24/7/365, and teamwork amongst physicians will be essential for success of the medical home model."

The main roadblock for physicians regarding medical homes is reimbursement, Dr. Jaffer said. The CMS "will have to take into account this continuous interaction we have with patients … versus the episodic, fee-for-service, procedure-based system we have now."

To date, there is no specifically defined, ideal model of reimbursement for the medical home, either for primary care, hospitalists, or specialty care, Dr. Bronson said. "The most likely model is a care coordination fee that rewards the medical home physician for ensuring appropriate coordination of care and care transitions."

Mr. DeMarco agreed with this approach: "There should be a management fee in exchange for the extra time to coordinate care and document."

Health information technology, including centralized electronic medical records (EMRs), is essential to the implementation of the medical home model, which focuses on chronic disease management and preventive services, Dr. Jaffer said.

A centralized record also can improve patient compliance with referrals and recommended services, Mr. DeMarco said. "The patient may say, 'I feel fine. I'm not going to go see this other doctor.' But their medical home doctor will know they did not go, and know to monitor their follow-up."

"The medical home is the best hope for transformation of and reinvestment in primary care," Dr. Bronson commented. ■

A transcript of the meeting is available at www.medpac.gov/transcripts/04090410medpac.final.pdf.