

Medical Home

NEWS

Safety Net Hospitals Establish Medical Homes

By Linda C. Cummings, PhD, Vice President for Research; Sari Siegel-Spieler, PhD, Assistant Vice President for Research; and Kathryn A. Swink, Research Associate, National Association of Public Hospitals and Health Systems

Even prior to the recent enactment by Congress of the Patient Protection and Affordable Care Act of 2010, members of the National Association of Public Hospitals and Health Systems (NAPH) were implementing the medical home model to improve service integration and expand patient access to quality care. Some of the medical homes established by NAPH members are directed at the general patient population, but most are targeted to specific vulnerable populations. The medical home approach adopted by these hospitals and health systems has had a number of important benefits, including greater collaboration with community partners, improved access to culturally competent care, and reduced emergency department overcrowding. But central to all medical home initiatives in NAPH members is the goal of improving the health of their patients through increased access to quality care.

NAPH was founded in 1981 to represent America's safety net hospitals and health systems and to provide national, regional and local advocacy on behalf of public and other hospitals and health systems, conduct research and analysis, and offer a range of related services. Over 140 hospitals and health systems make up the membership of NAPH including the largest public hospital systems in major metropolitan areas across the country.

continued on page 4

In This Issue

- 1** Safety Net Hospitals Establish Medical Homes
- 1** Creating a Sustainable Medical Home: The Geisinger Experience
- 2** Editor's Corner
- 2** Medical Home Circa 1975 – Bring it Back!
- 7** Thought Leaders Corner
- 10** Industry News
- 12** Catching up with... Paul Wallace, MD

Creating a Sustainable Medical Home: The Geisinger Experience

By Thomas Graf, MD, Chair, Community Practice Service Line, Geisinger Health System

In 2006, Geisinger Health Plan and Geisinger Community Practice Service Line (CPSL) extended their partnership to continue a cultural transformation of primary care and leverage it to dramatically improve the quality of care while reducing the cost. As the medical home model evolved across the country, we watched this with interest and incorporated the best ideas, but we maintained a focus on creating a sustainable model. These efforts led to our Proven Health Navigator (PHN) model, which improves the care of all segments of our population while bending the cost curve and reinvigorating primary care.

We started with two pilot sites in December of 2006 and have deployed the model throughout our network, adding approximately 10 sites per year. We will complete all Geisinger CPSL sites by this fall, including our residency training sites. Additionally, a non-Geisinger clinic pilot was started in 2007. That program has been equally successful and has now expanded to five sites, including a site that had a paper medical record at the outset.

The most important result of the program is that we have proven that a sustainable model is possible (we are into our 4th year), that there does not have to be recidivism to baseline (our improvements are maintained on quality and cost), and that it does not require best in class people and heroic efforts to achieve dramatic results (we are at 80% of our sites, the performance improvements are a function of the program and system, and all leaders can execute).

continued on page 3