

Medical Home NEWS

Community Health Workers Can Cut The Costs Of Operating A Medical Home

In Some Instances, The Savings Are Quite Significant

By Maurice L. Moffett, Arthur Kaufman, M.D., and Andrew Bazemore, M.D.

Overview of Study

The patient-centered medical home model demonstrated that processes of care can be improved while unnecessary care, such as preventable emergency department utilization, can be reduced through better care coordination.

A complementary model, the Integrated Primary Care and Community Support (I-PaCS) model, which integrates community health workers (CHWs) into primary care settings, functions beyond improved coordination of primary medical care to include management of the social determinants of health.

However, the PCMH model puts downward pressure on the panel sizes of primary care providers, increasing the average fixed costs of care at the practice level. While the I-PaCS model layers an additional cost of the CHWs into the primary care cost structure, that additional cost is relatively small. The purpose of this study is to simulate the effects of the PCMH and I-PaCS models over a 3-year period to account for program initiation to maturity.

(continued on page 4)

In This Issue	
1	Community Health Workers Can Cut The Costs Of Operating A Medical Home
1	Aging Patients Do Well In Pre-Surgical Medical Homes
2	Editor's Corner: John Meigs, M.D., on Congress' funding delays and their potential impact on medical homes
7	Subscribers' Corner
8	Thought Leaders' Corner
9	Industry News
12	Catching Up With ... Gregory Burke

Aging Patients Do Well In Pre-Surgical Medical Homes

Team-Based Care Coordination Before Procedures Improves Outcomes

By Judith Graham

Surgery can be hard on older adults, resulting in serious complications and death far more often than in younger patients. But many seniors aren't adequately prepared for the risks they might face.

Innovative hospitals such as Duke University Medical Center, the University of California-San Francisco Medical Center and Michigan Medicine are working to change that. In the weeks leading up to surgery, they prescribe exercise to seniors, make sure they're eating healthy foods and try to minimize anxiety and stress, among other initiatives.

Research suggests these interventions can enhance seniors' readiness for surgery and potentially lead to improved outcomes. "Changing how we approach older patients is really an imperative," said Emily Finlayson, M.D., director of the Center for Surgery in Older Adults at UCSF.

In that vein, next year the American College of Surgeons (ACS) plans to launch a national effort to improve surgical care for seniors, after defining a broad array of standards that hospitals should meet. The goal is to promote and recognize "centers of excellence in geriatric surgery" across the U.S., said Dr. Ronnie Rosenthal, chair of ACS' geriatric surgery task force.

New evidence from Duke's POSH (Perioperative Optimization of Senior Health) program demonstrates the value of prepping at-risk seniors for surgery, a strategy endorsed by the newly published standards.

(continued on page 3)