

Medical Home

NEWS

Younger Patients Are Ditching Primary Care Physicians, Data Show

The Trend Could Put Pressure On Patient-Centered Medical Homes

By **Sandra G. Boodman**

Calvin Brown doesn't have a primary care doctor — and the peripatetic 23-year-old doesn't want one.

Since his graduation last year from the University of San Diego, Brown has held a series of jobs that have taken him to several California cities. "As a young person in a nomadic state," Brown said, he prefers finding a walk-in clinic on the rare occasions when he's sick.

"The whole 'going to the doctor' phenomenon is something that's fading away from our generation," said Brown, who now lives in Daly City outside San Francisco. "It means getting in a car [and] going to a waiting room." In his view, urgent care, which costs him about \$40 per visit, is more convenient — "like speed dating. Services are rendered in a quick manner."

Brown's views appear to be shared by many millennials, the 83 million Americans born between 1981 and 1996 who constitute the nation's biggest generation. Their preferences — for convenience, fast service, connectivity and price transparency — are upending the time-honored model of office-based primary care..

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Do Medical Homes Actually Drive Up ER Usage? That Turned Out To Be The Case In Canada

By **Tara Kiran, M.D., Rahim Moineddin and Alexander Kopp, et. al.**

Compared with other high-income countries, Canada and the United States consistently have among the highest rates of emergency department use. At the same time, both countries provide patients with limited alternatives to access care in the evening or on weekends. Patients seldom report that it is easy to get care after hours without going to the emergency department, while relatively few primary care physicians report having an arrangement for patients to see a physician or nurse after hours. There is an intuitive connection between greater after-hours access to primary care and lower emergency department use, yet few high-quality studies have evaluated this relationship. Existing studies are largely cross-sectional, and results have been mixed.

The introduction of medical homes in Canada and the United States has been seen as an opportunity to enhance after-hours access in primary care and possibly reduce emergency department use. In Ontario, Canada, more than 10.5 million patients are now cared for in medical homes that include formal patient enrollment, blended physician payment, and physicians working together in groups, in some cases with non-physician health professionals.

One of the main goals of Ontario's medical homes was to improve access to primary care. From the outset, medical homes in the province have been required to provide patients with a minimum number of after-hours evening and weekend sessions per week based on the number of physicians working in the group. We took advantage of this major policy reform to conduct a retrospective cohort analysis to understand whether enrollment in a medical home with mandatory after-hours care was associated with a reduction in emergency department use.

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