ED Physicians Wary of Medical Homes' Impact

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Leaders at the American Academy of Family Physicians and the American College of Physicians say they welcome the American College of Emergency Physicians' recent statement supporting the concept of a patient-centered medical home, and hope to work with the group to address its concerns.

ACEP issued eight principles that it says should guide the development of a medical home, a concept that was developed by the American Academy of Pediatrics, and has been championed by ACP, AAFP, and the American Osteopathic Association. The idea of a medical home, where patients could receive consistent, coordinated care aided by electronic medical records, has been gaining attention from health policy makers.

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The approach is the subject of demonstration projects around the country, with sponsorship by a variety of payers, from Medicare and Medicaid to big employers such as IBM.

But ACEP says it is concerned that widespread implementation could exacerbate challenges in the emergency department (ED), including caring for the uninsured.

"ACEP agrees with the basic tenets of the patient-centered medical home model," the organization said in its position paper, but it went on to describe several concerns.

"In an ideal world, the concepts in a patient-centered medical home are laudable," Dr. Linda Lawrence, ACEP president, said in an interview. But the hurdles to making it work are high, she said.

First, there is a shortage of primary care physicians, and access to them cannot be guaranteed 24 hours a day, 7 days a week.

And, there are no studies showing that a medical home will increase access to basic care or reduce the number of unnecessary visits to the ED, according to ACEP.

Many Americans continue to lack health insurance or have less-than-adequate coverage, Dr. Lawrence noted.

"This could drive a greater divide in access to health care in America," she said. "We have to be a bit skeptical that without overall change in the system, you're going to have more boutique medicine, and the rest are going to fall by the wayside."

Inevitably, ACEP said, patients will still rely on the ED as their "medical home away from home," which is how ACEP has dubbed the nation's emergency departments. If health care dollars are shifted to the medical home, EDs might end up being short-changed, and yet still face the same daily struggles, the professional group maintains.

ACEP says that enhanced access should be demonstrated and that once a medical home is established, patients should be able to continue to be a part of that home, whether or not they change or lose their insurance.

Patients also should be able to switch medical homes when necessary, choose their own specialists, and access the emergency department when they determine it is appropriate.

More than a decade ago, emergency physicians fought to codify the notion that a "prudent layperson" could determine when it is necessary to seek emergency care. This came in the wake of frequent payment denials for emergency services by cost-conscious managed care organizations, Dr. Lawrence said. No one wants to repeat that battle, she said.

ACEP also states that the value of the medical home concept should be proven before it is widely adopted.

Dr. Michael Barr, vice president for practice advocacy and improvement at ACP, agreed, noting his commentary in JAMA in late August.

"Data suggest that the model will deliver improved quality and reduced costs and prove attractive to patients and their families," Dr. Barr wrote (JAMA 2008;300:834-5). "However, it is imperative to test the model in a credible and transparent way in different environments," he added.

In an interview, Dr. Barr agreed with Dr. Lawrence and her ACEP colleagues that the "medical home is not the answer to all the ills of the American health care system right now." Like ACEP, ACP has advocated for universal health coverage, he added.

But medical home supporters are not trying to limit patient choice, or to prevent patients from choosing the emergency department when necessary. "What the medical home would do if it works is hopefully reduce unnecessary or avoidable ED visits and at same time not limit appropriate ED referrals and use by patients," Dr. Barr said.

Dr. James King, president of the AAFP, said in an interview that he's "pleased [ACEP] has thought about and evaluated the medical home." Emergency physicians are seeing the 47 million uninsured, and "they need to get paid for that," he said.

"The entire health care system needs reforming, but if we wait we're going to be even farther behind," he said. The medical home concept will not solve the problem of the uninsured, but it can help more people get good quality health care, Dr. King said. ■

POLICY & PRACTICE

NEJM Editors Support Plaintiff

Ten current and former New England Journal of Medicine editors have sided with the plaintiff in a U.S. Supreme Court case that could determine how much the Food and Drug Administration's approval of drugs can shield drug manufacturers from subsequent lawsuits. The high court is scheduled to hear the case, *Wyeth v. Levine*, on Nov. 3. The plaintiff, Vermont musician Diana Levine, had her right arm amputated after an infection she said was brought on by an injection of promethazine (Phenergan). She won a judgment of $6.8 million in a Vermont court. Wyeth contends that FDA approval should shield drug makers from state-based lawsuits—a legal doctrine known as preemption. "Because the preemption of state failure-to-warn claims involving prescription drugs would threaten this nation's public health by eliminating a necessary counterpart to the FDA, *Amici* urge this court to affirm the decision" of the Vermont court, the journal editors wrote in the brief they filed with the Supreme Court.

P4P Working, Says CMS

Providers that participated in a Medicare pay-for-performance demonstration program earned $16.7 million in incentive payments during the program's second year by improving the quality of care for patients with several chronic conditions, including heart failure, coronary artery disease, and diabetes, according to the Centers for Medicare and Medicaid Services. All 10 of the participating physician groups achieved benchmark or target performance on at least 25 out of 27 quality markers for patients with diabetes, coronary artery disease and heart failure. Five of the groups achieved benchmark quality performance on all 27 quality measures. The groups improved their performance by changing some of their office processes and investing in health information technology. "These results show that by working in collaboration with the physician groups on new and innovative ways to reimburse for high quality care, we are on the right track to find a better way to pay physicians," said Kerry Weems, CMS acting administrator. The demonstration project was originally scheduled to last 3 years but has since been extended to a fourth year.

Part D Premiums for 2009

On average, Medicare beneficiaries can expect to pay about $28 per month for standard Part D prescription drug coverage next year. The estimates from the CMS are based on bids submitted for both prescription drug plans and Medicare Advantage drug plans. The estimated monthly premiums are about $3 higher than the average monthly premium costs this year, but are 37% lower than projections that were made when the Medicare prescription drug benefit was created in 2003. The $3 increase is based in part on rising drug costs in general and higher costs for catastrophic drug coverage. In some cases, price increases could be significant, Mr. Weems said during a teleconference. However, he noted that most beneficiaries will have the option to switch to a prescription drug plan with the same or lower premiums as they paid this year. Open enrollment for the fourth year of the Medicare Part D program is set to begin in November.

Genomics Collaboration

Pharmacy benefit manager Medco Health Solutions and the FDA have partnered to study genetic testing and the impact of genetics prescription drug efficacy, according to Medco. The agreement extends to Aug. 31, 2010. Over the next 2 years, Medco will deliver a series of reports to the FDA that will address the safety of prescription drugs, physician participation in pharmacogenomics testing, the usefulness of the tests in prescribing, and quantifying prescription information that contains genetic information. Medco said its reports will be derived from clinical settings, including one that will examine whether physicians are willing to change the dose of a prescription based on a genetic test result. "Studying this field can advance pharmacy care to remove some of the trial and error in how medications are prescribed," said Dr. Robert Epstein, Medco chief medical officer.

Uninsured Spend $30B on Care

Americans who lack health insurance for any part of 2008 will spend $30 billion out of pocket for health services and also receive $56 billion in uncompensated care while uninsured, according to a study in Health Affairs. Government programs will pay for about $43 billion for the uncompensated care, the researchers reported. Compared with people who have full-year private health care coverage, people who are uninsured for a full year receive less than half as much care but pay a larger share out of pocket, the authors reported. Someone who is uninsured all year would pay 35%, or $583 on average, out of pocket toward average annual medical costs of $1,686, the study said. In contrast, annual medical costs of the privately insured average $3,915, with 17%, or $681 on average, paid out of pocket, according to the study.

CHCs Star in Preventive Care

Community health centers outperform other primary care providers in the use of preventive care, despite their more vulnerable patient population, according to a study from George Washington University. The analysis showed that health centers, which primarily serve Medicaid and uninsured patients, achieved significantly higher levels of preventive health care—in some cases up to 22% higher—in key areas, including screening for diabetes, breast cancer, cervical cancer, and hypertension. The study used data from the Medical Expenditure Panel Survey to compare use of preventive services by adults aged 25-64 years who visited community health centers.

—Jane Anderson