

# **The Modern Medical Home In a Complicated Community**

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**GROUP  
PRACTICE  
FORUM**

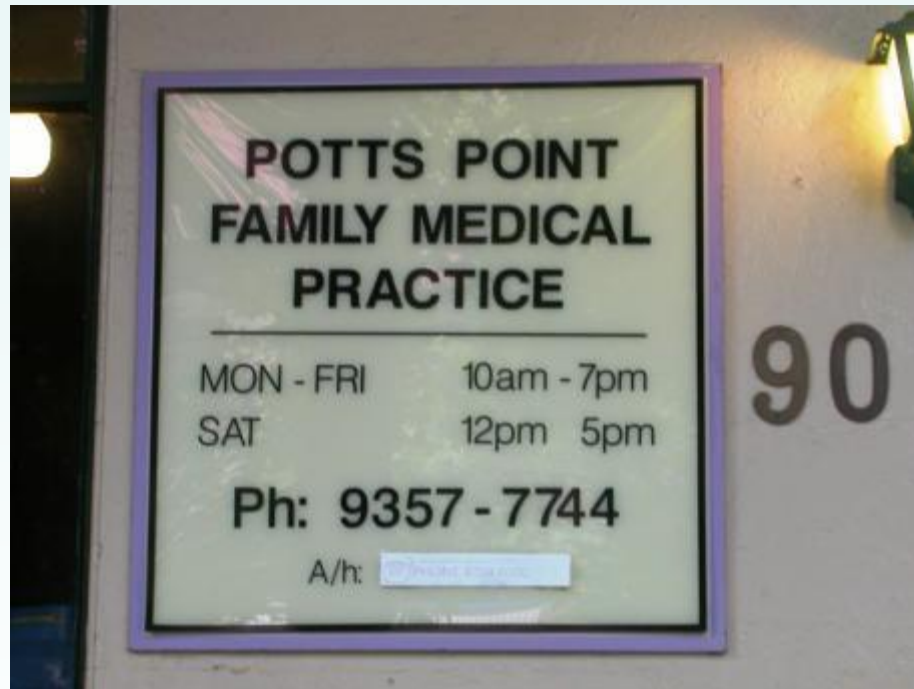
# New roof on the old cottage isn't enough

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# Medical Home is not just a place

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It's a constellation of services, new attitudes, fresh approaches to solving problems

# At the Core...it's in the hands of People...Not a computer

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# CAPG

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- 150 Medical groups caring for ~18 M patients in pre-paid, comprehensive care + FFS care + governmental programs
- Financial risk & care responsibility delegated by Plans to accountable medical groups
- Public accountability—P4P, SOE
- Value proposition for ethical cost reduction
- Heavily monitored and regulated

# PCMH Functionality is Appealing

## *in Concept*

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- Technical advances in communication
- Accurate, complete, accessible records
- Care coordination & navigation
- Team behavior, expanded staff functions
- Emphasis upon patient experience: convenience, access, timeliness, cultural responsiveness
- Measurement, self assessment, improvement
- Cost consciousness

# Problem is....

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Those noble concepts are nearly impossible to afford...deploy...staff... in isolated, small office settings

And, even if you do, a Marcus Welby one-off doesn't change overall community care perceptibly

A certificate on the wall doesn't help much



# Islands of Excellence

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Neat...but not good enough for populations



# Central Intelligence

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- Need a way to make *hundreds of offices* offer functionality of PCMH as a *system trait*
- Economies of scale with centralized data systems, registries, population management staff, care coordinators, utilization oversight
- Measurement, provider engagement, and incentives essential...and likely out of reach for small office...as well as remote Plan

# California Group Model

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- CA delegated group model aspires to enable PCMH functionality on a community scale
- Accountability for both quality and cost built in & locally governed...many elements of ACO
- Financial risk → Cost awareness, systematic cost control...ethically governed
- Variability acknowledged, strong correlation with community demographics, much like USA

# Medical Community

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- Not just a few dwellings on a *cul de sac*
- Homes on the other side of town, too
- Stores, schools, & libraries
- Electricity and telephone lines
- Roads & bridges, subways & buses
- Fire and police
- Public Health
- The bank

# Primary Care at the Core

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- CA model...and indeed entire ACO concept...  
Crucially dependent upon vitality of Primary Care workforce
- We're in trouble
- Group is the *only* structure with powerful business incentive *and* the leverage to protect, promote primary care disciplines on community scale.

# Balance is easier said than done

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# Who wins if we get it right?

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## Cost and Quality linked value proposition for

- Health Plans: Stay in competitive business
- Employer/Purchasers: Modulate coverage costs *and* improve employee productivity.
- Government: Modulate cost, reform works
- Hospitals: Think “integration” & thrive
- Long Term Care: Tap into systems that care
- Doctors: Love your work, stay at “home”
- Patients—live long and prosper

# Work in process

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# Can be done

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