

## Welcome (to the Medical) Home

“Welcome home” usually implies that we are returning to a familiar place at the end of a journey. The concept of a “medical home” is beginning to enter conversations about health care, but it is not yet a familiar destination. Many people have no idea what or where a medical home is, even as its advocates propose sending us on a journey there as part of health reform—indeed, as the cornerstone of reform efforts to shift health care from the hospital-centered universe of the 20th century to a new delivery system that revolves around the patient.

To be clear, a medical home is not home health, in which visiting nurses and therapists, home health aides, infusion therapy, respirators, and a growing array of high-tech durable medical equipment enable home-based medical care that does not require the backup of a full-service hospital. Otherwise, home care is pretty much like health care delivered in a hospital—same interventions, different place.

No care is delivered in a medical home, and the patient’s house is not its main physical location. Instead, the medical home is more likely to be the office of a primary care practitioner (PCP), and/or the virtual links between these practitioners and their patients. If the medical home is successful, many people won’t ever become patients in their homes or hospitals, although people who still need clinical interventions will be steered toward the appropriate setting (which will often be a hospital).

Using his or her depth and breadth of knowledge to monitor, inform, explain, and educate, the PCP will help people navigate the maze of information and options that is health care today, steering them toward the best possible outcomes in the context of their own resources and health goals. In short, people will be *empowered* by the PCP, who works in the best interests of patients, whether or not these are the interests of a hospital, specialty practitioners, or a health plan.

The medical home is an undeniably attractive concept—so much so that its acceptance seems to be inevitable. It actualizes the widely shared belief that system reform should sift resources from sick care to health care. So when will we all have medical homes?

From a financial perspective, the answer may depend on how fast PCPs can learn an important lesson from another group of specialists in taking a journey—travel agents. Less than 10 years ago, people bought their airline tickets and planned their trips through a travel agent. Then, along came the web. Customers suddenly had direct access to all that previously privileged information.

Travelers quickly learned how to buy their own tickets and make their own hotel reservations. Airlines discovered they did not have to pay a commission to an intermediary. Travel agents had to start charging customers a service fee just to stay in business, and a lot of people did not want to pay \$45 for something they could

easily do on their own for free. To survive, travel agents had to add value that customers could not produce on their own. Their principal role shifted from selling tickets to selling knowledge about desirable destinations and reliable ways to get there.

Likewise, to grow in their new environment—a web filled with information and payment responsibility shifting to patients’ pocketbooks—medical homes will need to create a value package of reasonably priced decision-support services—services that promise a better journey than patients can arrange on their own.

Hospitals, health systems, and large medical groups need to begin thinking seriously about whether, when, and where to house medical homes in their organizations. PCPs are working hard to position their new professional domain—learned intermediary and patient advocate—as the starting place for every consumer’s forays into the medical marketplace.

However, the medical home movement has not yet put itself on the healthcare map. Alliances with primary care practitioners, particularly links to larger enterprises’ decision support tools and online resources such as web sites and portals, would help the cause for all concerned. Large provider organizations might think of themselves as anchor tenants in an upscale mall that needs a concierge. That, of course, would be the PCP, welcoming customers home at the front entrance. ☺

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