



Frequently Asked Questions

Topic: Medical Home

What is the definition of a medical home?

A "Medical Home" refers to a model of enhanced health care that centers on a continuing relationship with a physician-directed medical team, usually led by a primary care physician, who provides personalized, first-contact, continuous care, and who coordinates and assumes responsibility for a patient's comprehensive health care needs. You might want to think of it as a "home base" for coordinating health care.

What specific kinds of care are offered in a medical home?

In addition to offering health care services, a medical home model of care includes features such as: (a) a focus on patient communication; (b) patient tracking with reminders for providers and patients about needed health care; (c) use of evidence based medicine and prevention; (d) coordination of care/follow up for patients who receive inpatient or outpatient health care services; (e) support for patients in the self-management of their health conditions; (f) electronic prescribing of pharmaceuticals; (g) tracking of lab tests, particularly for abnormal results or for duplicate tests; (h) tracking of referrals to other health providers; (i) surveys patients for satisfaction and goals for provider performance; (j) use of advanced electronic communications such as an interactive website, email communications, or electronic care management support.

Aren't all primary care providers already providing medical homes today?

Many primary care providers offer some features of a medical home, but there are few incentives in our health care system for providing access to the full range of medical home services. Recent research demonstrates that providing care through this model improves health outcomes in children and adults, and can help control the rising cost of health care. The Institute of Medicine has determined that the medical home is one of six aims for our health system and is the foundation of patient centered care.

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How is this different from the managed care gatekeeper model of care?

“Managed care” was a model of health services delivery largely driven by health insurers and employers. Rather than managing health care, many believe that the focus of “managed care” was “managing cost.” Patients and providers often felt that managed care limited access to needed health services. In contrast, the medical home model of care is not designed to limit care but rather better coordinate care among providers, through a physician directed health care team. This creates a culture of preventive care and facilitates patient health which, in turn, improves quality of life and reduces health care costs. Goals of a medical home are to provide consumers with increased access to needed health services, more information about self-management of health conditions, and personalized help in navigating the complex health care system.

Why is it important to provide coordinated, personalized care?

Because our health system is so fragmented – with patients, providers, and purchasers operating under a different set of financial incentives – health care costs in Kansas and across the United States continue to rise at an unsustainable rate. Indeed, we pay double per capita any other industrialized country in the world, but with far worse health outcomes. A medical model of health care places at the center of our health system the consumer-provider relationship, improved overall health status, and increased personal responsibility for our health.

Who is interested in advancing a medical home model of health care?

The support for a medical home has been endorsed by the Kansas Chapters of the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), the American Osteopathic Association (AOA), the American Medical Association (AMA), and the Kansas Association of the Medically Underserved (KAMU), representing safety net clinics across our state. As part of determining the measures and standards for a medical home in Kansas, stakeholder feedback will be solicited from all of these organizations and other various health care practitioners, such as nurse practitioners and physician assistants, rural health clinics and safety net health care clinics, and organizations with specific expertise in various aspects of the continuum of care. Expanding the person-centered medical home will require partnership with mid-level practitioners and safety net clinics, which are critical to serving the needs of rural communities and underserved areas in Kansas.

How much money will it cost the State of Kansas?

This legislation directs the Kansas Medicaid/HealthWave programs and State Employee Health Plan to work with stakeholders on developing measures and standards for a medical home in Kansas. *There is no associated fiscal note.*