

Dialogue on what IBM wants to buy in healthcare for its employees

Patient-centric primary care with advanced e-tools available to the patient in a primary care medical home setting.

We have discovered in our research that to really transform healthcare and add true value, our employees - the patients - and their families need to be at the center. This transformation requires a new focus on primary care, together with interconnected health information technology (HIT) e-tools that add efficiencies and reduce errors. Specifically, a patient-centric primary care system is needed in which every patient has the e-tools that allow him or her to be connected to an advanced “medical home”. The delivery of care is centered around the patient in such ways as ease of making appointments, email visits, electronic prescription refills and off-hours service.[4] Patients become informed and engaged partners – they are included in shared decision making and receive assistance with self-care. HIT e-tools and smart office systems are utilized – and include patient reminders, access to electronic medical records, personal health records, prevention focus, clinical decision support, [5,6] and coordination of care -- including systems to prevent errors and deliver transparency. And, perhaps most importantly, professional recognition and appropriate financing of primary care is needed in abundance.[7,8]

This is what IBM wants to buy for its employees -- medical care that is proven to add real value.

Hundreds of studies from all over the world have now validated the value of patient-centric primary care combined with advanced e-tools. When these things are available in patients’ “medical homes” – the settings where they receive their primary care – real value is added to the quality of the healthcare they receive.

We looked around the world and identified our own Veterans Administration healthcare (VA) system and its transformation over the past ten years and Denmark as two noteworthy examples where this concept, when applied, has transformed healthcare delivery. The VA system uses this concept and is rated by its patients (believe it or not is not) as the best place in America for care. 91 % of VA patients now rate the VA as excellent vs. 51% in the private healthcare sector. In the July 21TH 2006 Journal of the New Zealand Medical Association, [9] the medical error rate in Denmark is the lowest in the world at 9.3 % vs. 16 in Australia and a staggering 34% in the USA.

Principles of a patient centric primary care system as outlined by the American Academy of Family Physicians (AAFP) and the American college of Physicians (ACP).

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation – the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; end of life care.

Care is coordinated and/or integrated across all domains of the health care system (hospitals, home health agencies, nursing homes, consultants and other components of the complex health care system), facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it.

Quality and safety are hallmarks of the medical home:

- Evidence-based medicine and clinical decision-support tools guide decision making
- Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
- Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met.
- Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, transparency (quality & cost information) and enhanced communication.
- Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model.
- Enhanced access to care through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and office staff.

Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework and should:

- Reflect the value of physician and non-physician staff work that falls outside of the face-to-face visit associated with patient-centered care management.
- Pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.

- Support adoption and use of health information technology for quality improvement;
- Support provision of enhanced communication access such as secure e-mail and telephone consultation;
- Recognize the value of physician work associated with remote monitoring of clinical data using technology.
- Allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
- Recognize case mix differences in the patient population being treated within the practice.
- Allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
- Allow for additional payments for achieving measurable and continuous quality improvements.

References

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NEJM --- The Team that buys healthcare for the employees of IBM and their families has been very concerned about the issues raised by the author. We reached out to the American Academy of Family Physicians and the American College of Physician to address what Thomas Bodenheimer MD suggested, that is to reach a covenant. IBM and other large employers want to be able to buy Patient-Centered Primary Care with

advanced connected e-tools available to our patients in a primary care medical home setting. Transformation of healthcare that matters to our employees lives requires a re-focus on primary care, together with interconnected health information technology (HIT) e-tools that add efficiencies and reduce errors. Thomas Bodenhiemer has been a voice crying in the wilderness. At IBM we finally hear you and really believe Patient-Centered Primary Care that is supported with a reformed payment system is our hope going forward. IBM can't walk away from this at the end of the day it's about the people in our enterprise and their ability to be able to perform".