

# New Help for Medical Homes

Save to myBoK

By Chris Dimick

Physicians seeking to transform their primary-care practices are seeing increasing support for the patient-centered medical home model. Growing recognition from payers and new help with the transition are advancing the model as a viable future for primary care.

In December consulting company [TransforMED](#) began offering products and services publicly for the first time, following a two-year national demonstration project aimed at showing the healthcare model's efficiency and benefits to both patients and physicians.

TransforMED, a wholly owned subsidiary of the [American Academy of Family Physicians](#), offers services ranging from practice assessments and consultations on partial implementation to assistance with full medical-home operations. The company's services are offered in tiers, allowing a practice to transition in incremental steps.

"It became clear as we completed our national demonstration project that it was important to position TransforMED to support primary-care practices across the country in transforming to medical homes," said Terry McGeeney, MD, president and CEO of TransforMED. "We discovered a lot of practices need quite a bit of help in becoming patient-centered medical homes, not only around working through all the technology issues but just the operational issues."

## The Medical Home Practice

The medical-home model positions primary-care physicians as coordinators of a patient's healthcare. The model focuses on maximizing patient-physician interaction and group healthcare, usually through the use of team medicine, patient registries, electronic health records, and increased patient access such as e-scheduling and e-mail.

The Centers for Medicare and Medicaid Services has begun a large-scale [medical home pilot](#) that will offer tailored payments to qualifying medical home practices. CMS will solicit practices to participate in the demonstration this winter. Payment of the monthly medical home fee to qualified practices will begin January 2010 and continue through December 2012.

Healthcare payers are recognizing the medical-home model and offering test pilots on restructured payment systems, which usually pay medical homes more for certain services. TransforMED has partnered with some payers in medical-home pilots, helping primary-care practices transition to the model.

Blue Cross Blue Shield of Michigan has a medical home payment structure in place. And the development of the Medicare medical home demonstration project, which will test medical home payments to a yet-undetermined number practices, could eventually be developed into a permanent medical home payment structure for healthcare's biggest payer. That would be a significant development for the movement, McGeeney said.

## The Right Tools

McGeeney says that practices can successfully implement the medical home model now, but only with the right tools. EHRs are essential to take full advantage of the model, because a major component of the medical home is chronic disease management through population-based registries.

"I think to truly [implement medical home] in a fairly effective manner you have to leverage technology," he said. "The things we focus on quite a bit are, number one, the electronic health record. It is not impossible to be a patient-centered medical home without it, but it certainly is much easier."

“Where the technology now exists, you can search the EMR databases, the disease management system, lab interfaces, hospital data, to create a registry that is searchable, so you can identify all your diabetics that are out of control,” McGeeney said. A practice may then reach out to them proactively rather than waiting until they schedule an appointment on their own.

Changing payment structures to support preventive and wellness services is central to the model’s eventual success. But McGeeney says that running a successful medical home doesn’t depend entirely on new payment structures. Another part of the model is restructuring the practice so it operates more efficiently.

He describes this as “getting the right people doing the right job, approaching things from a team concept, and freeing up time for the physician to really do the stuff they went to medical school for.”

“It really is around managing your time and space efficiently,” McGeeney says. “What we have found is that practices, even without external sources of new revenue, did better financially when they started paying attention to these things.”

The *Journal* wrote about medical homes in an [August 2008 article](#).

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