

Healthcare in America: The Buzzwords of Tomorrow

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As the debate over the future of healthcare rages, the solutions become more and more complex: a public option, a co-op, a medical home. Terms that were foreign to most residents six months ago litter the news today as our potential future.

In this environment, it is hard to know which buzzwords are passing fads and which really are the wave of the future. Like EMTALA and Diagnosis Related Groups (DRGs) were to the physicians of the 1990s, terms such as "medical home" and "comparative effectiveness" are likely to be both driving forces and possibly major headaches for physicians of the future.

The Medical Home

The medical home, sometimes called the patient-centered medical home, is a concept championed by the American Academy of Family Physicians (AAFP) and many policymakers within the Obama administration as one potential solution to the problem of access in the United States. The AAFP, realizing the challenging future that faces family physicians, embraced this concept as part of their Future of Family Medicine Project.^[1]

The medical home has six pillars and is based on the principle that every person has a personal physician. That physician leads a team of individuals, including specialists, who care for the patient. The personal physician provides all of the patient care up until the point that they need a specialist. The care is coordinated among providers using electronic medical records. Quality and safety are paramount, patients have enhanced access to care, and payment reflects the value of work provided.

This model has been supported by a number of states and has worked its way into the healthcare reform bills navigating through Congress. Critics of the medical home argue for more open access and compare the model to that of an HMO. Many specialty organizations have expressed apprehension about who is considered the specialist or expert. This is of particular interest to emergency physicians – experts in providing emergency care. Residents and practicing physicians should take an active role in evaluating models such as the medical home to understand where we, as specialists in emergency medicine, fit in.

Comparative Effectiveness

Comparative effectiveness is a growing body of funded research that seeks to find the most effective forms of treatment and determine which specific patients would benefit most from those treatments. This body of research is supported by many in the medical community as an effective way to determine quality of care and control costs. Different from clinical trials, which study the efficacy of a treatment in a controlled environment, this type of research studies the benefit a treatment has in routine clinical practice.^[2]

Critics of comparative effectiveness research (CER) are concerned that the conclusions drawn from these studies will be used to calculate reimbursement from insurance companies and the federal government, much like how Medicare Core Measures affects reimbursement today. Pharmaceutical companies and medical-

device manufacturers are particularly skeptical. Others argue that these trials will ultimately limit patient options.

Regardless of the fallout, CER is gaining momentum. The President's \$760 billion stimulus bill that passed Congress earlier this year provides \$1.1 billion for this research.^[3]

Health Insurance Cooperatives

Health insurance cooperatives (co-ops) are gaining in popularity as an alternative to private, for-profit insurance companies as well as a government sponsored public insurance plan. These cooperatives are non-profit and individually governed insurance plans. Individuals buy shares in the co-op and have a vote in electing the group's leaders. A private insurance company must answer to stockholders and investors; in a coop, the leadership must answer to the members.

Co-ops that currently exist offer insurance plans for a lower rate than private insurance companies because they are non-profit (and therefore do not pass profits on to investors), have low administrative costs and insure a smaller number of people, minimizing risk.

Currently, there are working co-ops; the choices vary, but most offer catastrophic coverage, an HMO and an openaccess plan.^[4] Skeptics of this solution argue that co-ops have existed in the US for approximately fifty years and have failed to drive down costs and attract a large number of enrollees. Regardless, the co-op option is on the table and is likely to play a role in the reform bill that passes Congress.

Health Insurance Exchange

Health insurance exchange offers a solution to the complex regulations that govern the market for health insurance. There is no easy way to compare plans side by side, because costs and coverage vary by locality depending on state laws. President Obama has said that any reform bill must have a health insurance exchange.

An exchange would allow consumers to shop for health insurance much like they do car insurance, or even for plane tickets. A consumer could go to the marketplace and compare the local plans available, seeing the costs and coverages, as well as the government aid available to them. This concept has been compared to travel websites that offer a fast and easy way to understand what options exist when planning a trip. Due to a number of complex federal and state laws, no such marketplace for health insurance exists at this time.

Knowing the nomenclature of healthcare reform is the first step to actively participating in the debate. It is hard to predict the future, but my best guess is these topics will play an important role.