Medical home is where the heart is
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By Professor Stephen Leeder

DESPITE the many pleasures of summer vacations, it's good to be home. Away, the beds are lumpy, familiar condiments, used once in a blue moon, are missing and the shower behaves crankily.

Home – *dulce domum* as Mole, in the fifth chapter of Kenneth Grahames' immortal *The Wind in the Willows*, found – has its haunting, permanent, scruffy slippers and arm chair appeal. After a long and exciting absence, walking across snow-clad fields with his friend Rat late on Christmas Eve, he feels the pull of Mole End

Now, with a rush of old memories, how clearly [his home] stood up before him, in the darkness! Shabby indeed, and small and poorly furnished, and yet his, the home he had made for himself, the home he had been so happy to get back to after his day's work. And the home was missing him, and was telling him so, through his nose, sorrowfully, reproachfully, but with no bitterness or anger; only with plaintive reminder that it was there, and wanted him.

The idea of a 'medical home' — a place where we are understood and, indeed, loved — taps into deep feelings. It need not be grand or super (McClinic) in style, just ours.

'Medical home' has gained currency in the US as it debates healthcare reform. In a recent article in the *New England Journal of Medicine*, academic primary care practitioners Walter Rosser et al., from Canada and Missouri, wrote about 10 years of Canadian experience with Ontario's Family Health Teams, which are like medical homes.

While Canada adopted a universal health insurance program in 1969, upon which Australia's Medibank was modelled, after about 1980 family doctors began to struggle, with rising costs and falling incomes pressuring physicians to increase the number of patient visits. Interest in family medicine in Ontario subsequently declined.

In response, the city's five university departments of family medicine won support from government funders for the patient-centred family health teams, which began in 2004. Today, about 720 physicians in 150 teams serve more than one million patients.

Like the homes we live in, the authors point out, the family health teams medical homes are also varied.

"A typical practice," they write, "includes at least seven family physicians and a multidisciplinary team that provides a broad range of services and seven-day-a-week access to care. Physicians sign a contract with the Ministry of Health to provide the basket of services and agree to the remuneration package. Patients wishing to receive care from a family health team must register with the Ministry and select a physician at a given practice."

Physicians are responsible for a defined panel of patients — about 1400 patients, smaller than a typical US practice — and are assisted by other health professionals, such as nurses, nurse practitioners, psychologists, pharmacists, social workers, and health educators. Inclusion of a nurse practitioner adds 800 patients to the practice size. Salaries for the other health professionals are paid by the ministry, which also funds an electronic record system.

Payment for physicians is based on age- and sex-based capitation calculated from Ontario's fee-for-service experience. But "additional fees are provided for services deemed to require added emphasis — visits for infants, for instance, or patients over 75 years of age. Physicians receive fees for procedures and for visits to hospitals, homes, and nursing homes. Graded bonuses are provided for achieving prevention goals for one's patient panel".

"Family doctors receive a bonus of $100 to $300 for every new patient, depending on the complexity of that patient's needs. About 60% of physicians' incomes come from capitation and 40% from other fees and bonuses."

Each team has a governing board including community representatives that is responsible for ensuring standards are met, but the standards of care are established by physicians themselves.

I like it that these medical homes evolved and did not parachute from the sky fully prefabricated. Primary care reform in Ontario took a decade, and upcoming studies show high levels of patient and physician satisfaction.

And incomes have increased by about 40% for physicians. Net income for a family physician in a family health team has gone from $CAD180,000 in 2004 to $250,000 — a rise not matched in the fee-for-service sector.

Anecdotal information suggests, the authors add, that the first choice of Ontario's family medicine residents is now to practise in these teams. "Family physicians who were initially sceptical are now seeking to participate."

Medical homes need not be grand mansions, but they should be places where, when we go seeking medical help, we are understood, where our needs are met with top-flight professionalism, and where we feel the pleasure of the familiar.

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Rosser WW, et al. Patient-centered medical homes in Ontario. *NEJM* 2010; online.