

BUSINESS NH

M A G A Z I N E

The Future of Health Care is in Plymouth

BY ERIKA COHEN

Health care is evolving. In the not-too-distant future, patients will be able to request appointments and ask questions online and after hours; medical and mental health will be treated under one roof; electronic medical records will make it easy to access patient histories; and doctors will be rewarded for keeping patients healthy.

For Mid-State Health Center in Plymouth and Bristol, where everything has been digital since 2004, the future is now. The health center keeps no paper files and patients can request appointments and view their medical history online. If a patient needs a psychological consult, they need only walk down the hall to one of three psychologists on staff. Clinicians at Mid-State Health work four-day weeks, there is onsite daycare and support staff manages prescriptions so doctors and nurses can focus on patients.

"We do a lot of progressive things, but what we do most is try to make sure our care is patient-centered," says Sharon Beaty, CEO of the center. That means keeping patients healthier and physicians satisfied, a significant factor in a field where income may range from the mid-to-high \$100,000s for a generalist to \$600,000 or more for a specialist, she says. And recruitment is a challenge. "We really try to create a model where they feel good about being here and feel good about the care they're providing."

Being patient-centered may sound obvious, but James W. Squires, president of the Endowment for Health, says it's more often said than done. "The emphasis on Sharon's practice is on the patient," says Squires who spent 25 years as a physician. "Everybody will say that, but when you look at many different surveys, the patients' views are profoundly different than what the institutions



Mid-State Medical Director Fred Kelsey, consults with a patient.

believe they are doing. That means does a patient really understand the care they are receiving and what they should be doing."

Mid-State is one of only four medical practices in NH certified as a Level 3 Patient-Centered Medical Home. Medical homes are community-based primary-care practices that coordinate high-quality, efficient care that is focused on disease prevention and management. Mid-State embarked on a medical home pilot in June 2009. For its participation in this project, Beaty says the Center receives extra financial support from insurers for care not covered under the traditional fee-for-service model. It also receives quality bonuses from insurers for meeting specific standards of care.

Mid-State also joined an Accountable Care Organization (ACO) pilot launched in

NH this summer. ACOs build on the coordination of the medical home model but extend it beyond primary care to encompass and coordinate the care of individual patients at hospitals, hospices and mental health centers. "The hope is that because we are doing these things for patients and they are better cared for, it will save money for the system," Beaty says.

Nationwide data indicates that the medical home model saves money and leads to increased patient health. In fact, a yearlong study at Group Health in Seattle compared 9,200 patients treated under the medical home model to a control group receiving traditional care. Of the medical home patients, there were 29 percent fewer emergency room visits and 11 percent fewer hospitalizations. The survey also showed that while 10 percent of doctors, nurses and staff members under the medical home model felt burnt out or emotionally exhausted, fully 30 percent in the control group felt that way.

Squires says coordination of care is something all primary care must practice in the future. Placing mental and medical health under one roof is crucial, he says. "That is a significant redesign of the system, which we have to do in order to move forward and address the issue of cost and quality," he says. And when it comes to electronic medical records—a critical piece of coordination—Squires doesn't mince words. "Organizations will have to adapt or they won't survive," he says.

For her part, Beaty says little things add up, and she looks forward to the day when pay is based on performance and outcomes rather than fees. "Primary care is going to face a major problem because no one is going into primary care," she says. "We see patient-centered care as a model to [change] that." ■