

Region's medical homes aiming for top patient care

By [Marie Wilson](#)

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In the past year, the Squirrel Hill Health Center has become more technology-savvy.

"We're looking at new ways to use our electronic health records," said Dr. Andrea Fox, the center's medical director. "There are things we were not using that now we're looking to use, including reminders for patients and following up on tests."

The center is one of 10 in the Pittsburgh area involved in a program to improve patient care, appointment scheduling and access to doctors. The centers, which care for patients regardless of whether they have insurance, are aiming for recognition as Patient-Centered Medical Homes, or facilities that provide ongoing care from a team of physicians. The improvement program is run by the Commonwealth Fund, a New York City nonprofit that researches health issues.

Becoming a medical home could allow health centers to earn higher rates of reimbursements from insurance companies, said **Karen Feinstein, president of the Pittsburgh Regional Health Initiative and director of the Jewish Healthcare Foundation of Pittsburgh.**

"It looks at how primary care can access the means of the community to get each patient what the patient needs," Feinstein said.

Eighty health centers in Pennsylvania qualify as medical homes, including University of Pittsburgh General Internal Medicine and UPMC Solano and Kokales Internal Medicine Associates in Oakland, according to the National Center for Quality Assurance, which accredits health care facilities.

"The Patient-Centered Medical Home is definitely an important direction for primary care to take," said Dr. Gary Fischer, medical director of outpatient care at University of Pittsburgh Physicians General Internal Medicine, which became a medical home in summer 2009.

"As people get more and more complicated conditions, and as more and more complex treatments become available, it's important that patients have a home, if you will, to coordinate everything and make sure things don't fall through the cracks."

The medical home model requires primary physicians to coordinate all the care each patient receives. The primary doctor sends patients to specialists.

Medical homes must meet criteria for care of chronic conditions such as diabetes and high blood pressure, said Maureen Saxon-Gioia, a nurse with the Pittsburgh Regional Health Initiative.

"It's a complex set of changes to the usual way practices have done business," said Dr. Edward Wagner, a chronic care expert. "I think it makes for a more complete package, but it makes for more work for the practice to become a medical home."

East Liberty Family Health Center, which is applying to become a medical home, connects its patients with social workers and helps patients with issues such as insurance and housing, said Dr. Eileen Boyle, the center's interim executive director.

"I think for us it's always been how we try to do business," Boyle said about providing patient-focused care. "It's important to validate that that kind of care really does give better outcomes."

Some say the comprehensive care provided by medical homes will decrease medical costs, but research organizations including the Rand Corp. and the Commonwealth Fund are still investigating that claim, said Dr. Ateev Mehrotra, who works for Rand and University of Pittsburgh Physicians General Internal Medicine.

"We need to be very skeptical. I think it's important for care," Mehrotra said. "But I don't think it will decrease costs."

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