

Innovations: ‘Medical Home’ Or Medical Motel 6?

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AS U.S. POLICYMAKERS contemplate major health system reforms, much of the focus is on expanding access for the uninsured and finding the dollars to pay for it. But the more than four in five Americans who already have health insurance face far different problems, many of which could be boiled down to one sentence: It's the delivery system, stupid. The many inadequacies in the way U.S. health care is organized and delivered require an overhaul. That's the rationale behind this *Health Affairs* issue on delivery system innovation, funded by the California HealthCare Foundation.

But exactly how should health care innovate—and just what specific problems should innovations attack? Since health care's woes are to some degree in the eye of the beholder, the answer varies, as the papers in this volume make clear. Primary care doctors see an intersection of interests between themselves and chronically ill patients, many of whom receive poorly coordinated care. So why not put the docs in charge of “medical homes” that would coordinate care delivery and pay the beleaguered primary care doctor more to do it?

But what if the problem is that not enough episodic primary care is available that's convenient and cheap? Retail clinics could be the answer. But could a clinic inside a drugstore, staffed by a nurse, be your medical home—or is it more like medical Motel 6? What happens if the drugstore chain housing it decides that operating in-store clinics that mainly administer vaccines and sinus treatments isn't a functional business model? Where do patients go then? And speaking of innovation, is it best when it

comes about slowly and smoothly, or should it be jarring and disruptive? What if disruptions produce cost savings, but at some other cost? What if disturbance in one end of the health care fish tank disrupts the lives of the fish at the other—the professionals, the hospitals, or even the patients?

These are critical questions, and the authors of the papers that follow don't agree on the answers. Proponents of the Geisinger system's "patient-centered medical home" model, described by Ronald Paulus, Karen Davis, and Glenn Steele, probably wouldn't be enthusiastic about retail clinics. Those most focused on improving health care quality or lowering cost may not necessarily view it as a positive that private equity investors getting into health care are looking for annual rates of return in excess of 20 percent. Doctors who want autonomy and a piece of the action want to own specialty hospitals, even as many hospitals want to employ more hospitalist doctors, as papers by Lawrence Casalino and colleagues and by Hoangmai Pham and colleagues describe. Still others worried mainly about improving care quality and reliability will resonate to the views of Richard Bohmer and David Lawrence, who advocate "care platforms" as a way of organizing care delivery for comparable conditions with common work flows.

Clearly a \$2.4 trillion health care system has plenty of room for pluralism, and it's silly to expect one-size-fits-all solutions. Nor will all useful innovations be hatched in the United States. In the paper by Barak Richman and colleagues, we read that it's not just low wages that allow Indian heart hospitals to offer open heart surgeries at \$6,000 a pop, versus \$100,000 or more in the United States. Through such strategies as continuous quality improvement and engineer-driven data management, these institutions are helping create a health care market that most Americans could barely imagine. When was the last time you saw a sign in a U.S. hospital advertising a 10 percent discount on bypass operations in honor of national heart month, as we're told one New Delhi hospital has done?

This journal will continue to track such innovations as they play out in the United States and abroad. Rigorous research takes time, however, and can be outstripped by events in a 24/7 world. That's one reason we're inaugurating a new feature with this issue of *Health Affairs*: a timely article in each edition that views health care through a journalist's lens. These pieces, appearing under the heading "Report from the Field," are the fruit of a collaboration between *Health Affairs* and Kaiser Health Reporting, a new initiative of the Henry J. Kaiser Family Foundation. The debut article, by *Los Angeles Times* journalist Dan Costello, looks at the state of play in the market for retail clinics—a complement to the research on clinics in this issue. Future articles of this type will bring more well-written narrative journalism to bear on health care. We hope you'll agree that "Report from the Field" is a worthy innovation in the pages of *Health Affairs*.

SUSAN DENTZER
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