



Physician touts 'medical home'

Approach puts emphasis on wellness and prevention

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PEORIA — Dr. Tim Vega is an advocate of the "patient-centered medical home" and its implications for improving and lowering costs and mitigating rocketing rates of chronic disease in this country.

Vega has read through all 1,200 pages of the national health care reform bill and is pleased to see many aspects of it woven through it.

"Medical home resolves the debate regarding universal access," Vega said, noting that widespread implementation of the model will save billions of dollars annually, improve the health of the nation and provide quality assurance.

"There is a large population in this country and on the south side of Peoria with no ready access to family care physicians. They can see a doctor and resolve a problem on the same day at a cost of \$100, that is a huge savings versus seeing a doctor weeks later in the emergency room at a cost of \$1,000."

Vega worked on the medical home model when he was president of the Illinois Academy of Family Physicians. He's implementing some tenets of the medical home at OSF Saint Francis Medical Center.

Rather than being reactive and treating chronic disease, the medical home model focuses on wellness and prevention.

Several Peoria area physicians are reorganizing their practices as medical homes.

Vega said, "The medical home compensates physicians for coordination of services versus payment for doing procedures on patients."

For the patient, outcomes are better and cost is lower, he said.

Vega said the medical home was first introduced by the American Academy of Pediatrics in the 1960s. The premise was to coordinate care and therefore improve care for children with multiple health issues and developmental delays.

The American Academy of Family Physicians has endorsed the model and helps physicians learn more about establishing a medical home.

When family practitioners design their practices as medical homes, they provide preventive services and wellness education and coordinate with specialists for acute and chronic conditions.

"An adult who sees a cardiologist, receives dialysis and has a foot ulcer will have a very hard time coordinating his care. Insurance companies and regulating bodies want internal quality assurance. The medical home provides compensation for the physician coordinating that quality service."

When medical homes are established in "primary care deserts" in poor communities without access to primary care, community health in the community improves, he said.

Vega expects the medical home will make family medicine more appealing to medical school graduates who are cur more lucrative specialties.

"There are more primary care physicians in Canada, Germany, Sweden and South America than there are here," he : Students graduating from medical school may have debts of \$300,000, and family physicians may earn \$130,000 a with \$850,000 for gastroenterologists, he said.

"The medical home diminishes some of that disparity and refocuses on some of the reasons people go into medicine People become medical doctors to help people," he said.

Vega was in private practice in Chillicothe for 20 years. He is now with OSF Health Management, OSF Business and Health.

"Four years ago, I started dealing with complex patients. It's been challenging and rewarding, like working on a com are helping people who are really desperate and in the dark," he said.

With the medical home model, patients learn what they can and should do with diet, exercise and lifestyle choices to prevent disease, alleviate pain and decrease symptoms.

"Exercise and diet, rather than pills, is an evidence-based approach grounded in science," Vega said, explaining that assurance, electronic prescriptions and preventive care are all incorporated into the medical home.

He expects that within the next decade, health care in this country will be structured around the patient-centered m

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