

The Community Utility  
Concept

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**Thorns on the Medical Home Bloom**

- Thorn #1 – med home has multiple attributes
- Thorn #2 – not sure which attributes are most important
- Thorn #3 – PCPs have capacity limitations
- $\Sigma$  thorns 1-3 = we have a logistical challenge

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**The Situation**

“National data from 2006-2007 demonstrated that insufficient practice infrastructure exists to support wide-spread implementation of the PCMH model.” (Rittenhouse & Shortell; JAMA; 2009)

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**The Situation (cont.)**

“Perhaps the greatest challenge to reform of the health care delivery system is that 32% of U.S. physicians practice solo or in 2-person partnerships ... Some of the physicians in these smaller practices are eager to implement change but lack the resources to do so. Others will choose retirement rather than transform their practice.” (Rittenhouse & Shortell; JAMA; 2009)

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**Addressing the Situation**

- The “Utility” Concept – a utility is something fit for some purpose or worth
- How do we use utilities?
  - √ Usual preferred option = individually
  - ✘ Usual rejected option = communally

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**Sharing is Good**

- Public shared utilities (electricity, water, etc)
- Medical home shared utility examples:
  - care coordination
  - health information technology
  - consumer (patient/family) health information & family support
  - interpreter/translator services
  - child care

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- **Med home shared utility examples (cont.):**
  - off-hours coverage
  - specialty services (genetic counseling; mental health consultation; nutrition consultation; pharmacy review)
  - patient education/coaching
  - transportation
  - home visiting or other off-site care venue
  - poison control center
    - » (list adapted from and w/ thanks to Ed Schor, MD)

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- Some Considerations**
- Which medical home utilities are desirable for sharing? (philosophy)
  - Which medical home utilities could be shared? (logistics)
  - Which medical home utilities should be shared? (analysis)
  - How will quality of shared utilities be assured?

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- More Considerations**
- What if a PCP(s) doesn't want to participate?
  - Is the "community utility" concept workable under a market-based health care system?
  - How will community utilities be supported?
  - Where is (or who provides) the shared utility leadership?  
(internal practice-based vs. external community-based)

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Now for Some Finer Focus

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