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## A Model for Health Care That Pays for Quality

Seeing low fees for family [doctors](#) as a weak link in the nation's health care system, some big employers and health insurers are seeking new ways to pay doctors to reward high-quality medical care. An influential medical standards group plans to present a new model today for helping employers and insurers to identify the best primary care doctors and to steer patients their way. Those doctors, in turn, would be paid for more services than are currently reimbursed under typical health plan payments for office visits. The idea is to **encourage doctors to meet with patients for more than a few minutes during an office visit and to also compensate them, or nurse coordinators, for communicating with patients by phone and e-mail outside office hours.** Doctors would also be compensated for helping patients manage chronic conditions — like reminding diabetic people to take their insulin — and would be encouraged to transmit [prescriptions](#) electronically.

The group proposing this model, the **National Committee for Quality Assurance**, a nonprofit organization focused on health care, plans to present its plan today in Washington at a big meeting of doctors, insurers and employers that provide health benefits.

Some of the measures have already been accepted by leaders of four primary care professional associations representing 330,000 doctors: the American Academy of Family Physicians, the American College of Physicians — Internal Medicine, the [American Academy of Pediatrics](#) and the American Osteopathic Association. Those medical groups have been coordinating their efforts with large insurers, including [Wellpoint](#), [UnitedHealth Group](#), [Aetna](#), [Cigna](#), [Humana](#) and the [Blue Cross and Blue Shield Association](#), as well as the [International Business Machines Corporation](#), [CVS Caremark](#), [Medco Health Solutions](#) and [Walgreen](#)'s. Another participant is the Erisa Industry Committee, an employers group.

Health policy experts say that unless payment and practice rules are changed, the financial squeeze on primary care doctors threatens to produce a crisis for patient care. As the population ages, it needs more care, but primary care doctors are becoming scarce in many parts of the country. Less than 8 percent of medical school graduates chose family medicine this year, according to the academy of family doctors. “We are empowering doctors to once again have a doctor-patient relationship,” said Dr. Paul H. Grundy, [I.B.M.](#)'s director for Health Care Technology and Strategic Initiatives, who is marshaling support for the changes. “We don't want to buy the kind of care we're getting any more. We have turned doctors into little chipmunks on a wheel, pumping out patients every five minutes.”

Experiments based on the proposed model have been conducted by employers like [Boeing](#), and several of the Blue Cross plans. The tests indicate that money can be saved by helping patients deal with conditions like [diabetes](#), [asthma](#) and heart conditions by avoiding emergency room visits and hospital admissions. **Boeing, in a test in Seattle that began last February, is paying for special care for 450 employees and dependents with multiple chronic conditions like diabetes and heart disease. Theresa Helle, a Boeing health care manager, said she got a thank-you call from one employee who said, “This is the first time a physician has ever spent more than 20 minutes with me.”** Dr. Arnold Milstein, medical director of the Pacific Business Group on Health, an employers’ organization, said Boeing planned to expand the program for chronically ill patients to other cities, if the results held up in Seattle. The program deals with “the 20 percent of people who account for 80 percent of health spending,” he said.

Twenty doctors in Missouri are already practicing in this new style, said Louise Probst, executive director of the St. Louis Business Health Coalition, an employers’ group. The Commonwealth Fund, a health care foundation, is supporting the program, which features techniques developed by Dartmouth Medical School experts.

“People can e-mail me at any time,” said Dr. Thomas F. Hastings, an internist in Chesterfield, Mo., near St. Louis. In the patient-centered program called Ideal Medical Practice-Missouri, Dr. Hastings said, “If they call after hours, I try to answer in less than 20 minutes.” Some doctors in the program have even given their cellphone numbers to severely ill patients. Helen Darling, president of the National Business Group on Health, said her members, 200 large employers, were willing to pay more for primary care and related services as long as their overall medical costs did not continue to rise. “It has to be budget neutral,” she said.