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Editorial

Once again, complex care leads the way

The care of Children with Medical Complexity (CMC) has undergone a staggering transformation as we have extended both the lifespan and quality of life for children with severe disability. Despite dependence on life sustaining technologies, such as mechanical ventilators, feeding tubes, and home infusions, children can live at home with their families, go to school with their peers, participate in their community, and thrive.

In a number of ways, care for CMC has been at the vanguard of advances in medical care. Ours were among the first patients maintained at home with such levels of technology dependence [1], with the assistance of innovative home care waivers [2]. The medical home model of primary care provision, touted by many as an important component of health care transformation [3], is a direct outgrowth of the way that we in "Complex Care" have cared for CMC for decades.

A medical home strives to provide the kind of care to which all physicians aspire. It should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. Most important of these is accessibility, for unless the patient can get to the doctor, little else matters. Unfortunately, financial, administrative, and cultural forces conspire to limit patients' accessibility to their doctor. Primary care, and pediatrics especially, is a volume business, which survives on the practice's ability to move patients through the office quickly.

The health care market has responded to this overall crisis in accessibility with "new" models of care provision, which have often engendered hand wringing amongst providers in the mainstream. Among these are the emergence of urgent care centers, often staffed by non-physician providers; and concierge practices, in which a patient can ensure quick access to their personal doctor in exchange for a premium fee.

Both patients and physicians who participate in concierge practices report great satisfaction with the model [4]. Patients enjoy ready access to their physician, who knows them well, often with the convenience of visits at their home or office. Physicans report increased job satisfaction as they can concentrate their efforts on a smaller number of patients, with whom they can perform more comprehensive care.

Sounds familiar, no?

The difference of course is that the concierge practice is available only to those who can pay for it, not those who need it most. Critics scold proponents for attempting to build a two tiered system of medical care. Financial considerations and justice aside, we shouldn't begrudge the concierge physician who wants to build relationships with their patients like we have with our complex patients. But what we really need is a system that will support the creation of true concierge practices for whom it is most essential.

Recent innovations, such as the creation of "chronic care management" codes by CMS [5], are a step in this direction. When insurance companies recognize the value of our complex practices with financial support, it will allow is to keep our doors open for complex children.

This will only work if the chronic care management codes are reimbursed by insurance programs. We've been told that once Medicare pays, others will follow. We're still waiting in Ohio for Medicaid and every other insurance company that covers Ohio's children to recognize these codes.

A more recent, and I believe welcome innovation, are the emerging entities known as Accountable Care Organizations (ACOs). These partnerships between providers and health systems attempt to improve the quality of care to a defined population. As we have seen in our complex care practices, better organization of care, with comprehensive attention to accessibility, can both improve care and lower costs [6]. ACOs try to replicate this on a larger scale, by building incentives for physicians to deliver the care that patients need,

when they need it, rather than incentives that lead to more care and more costs. Early results from the ACO experiment have been positive [7,8]. When the special needs of CMC are considered as part of the ACO's overall population health goals, with adquate investment in accessibility and care coordination, we will show the true benefit of complex and comprehensive care programs

The care of CMC requires a great deal of flexibility; those of us engaged in complex care practices have learned to be creative and nimble by necessity. If we always think about doing the right thing for the patient and family despite obstacles in our path, we'll continue to innovate and create new delivery models. Down the road, they may be adopted for all patients. What we do for children with medical complexity is good for everyone.

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Disclosure

I am a physician member of an Accountable Care Organization.

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