



Insurance Plan Puts Priority on Primary Care, and Patients Should Benefit

February 14, 2012 by *Patrick A. Malone*

So much about the health insurance industry is wrong, so much compromises good care and patient safety, that when an underwriter makes the right decision it deserves attention.

WellPoint Inc., according to a recent [AP story](#), plans to boost primary care reimbursement and initiate payment for care management, a patient-protective practice it previously did not cover. The bottom line should be that patients with WellPoint plans will get more quality time with their doctors.

The WellPoint plan will debut later this year and should be implemented throughout its primary care network by the end of 2014.

Primary care practices often receive such low insurance reimbursements that they're forced to jam as many patient visits as possible into a workday simply to stay financially afloat. We've detailed the [plight of primary care practitioners](#), as well as the [value of coordinated care](#).

Care management includes practices such as preparing care plans for people with complex medical problems. It includes simpler practices as well, such as developing an exercise plan for overweight patients, and following up to ensure adherence to it. Care management is a matter of enabling providers to work for patients all along the health continuum instead of addressing only acute needs, of treating people only when they're sick.

Spending more time with patients facilitates communication, and when patients and doctors communicate well, outcomes improve.

Best practices like these aren't just about altruism, they're about saving money, and WellPoint will offer doctors a share in some of the savings realized when better care results in lower costs. Wellpoint officials said the reformulated payments and coverage should reduce some of the most expensive medical care, such as emergency room visits and hospital admissions.

Similar efforts are underway elsewhere in the health-care industry.

Accountable care organizations (ACOs) are becoming more popular as coordinators of care among multiple providers that reduce redundant testing and minimize medical errors. ACOs also afford professional participants a piece of the savings pie.

Insurers are examining the notion of patient-centered **medical homes**, which are similar to ACOs but focus more on individual practices. Primary care doctors monitor patients between visits and serve as the nexus of communication among specialists and ancillary caregivers, such as nutritionists and physical therapists.

WellPoint has tested the medical home concept and reported that such programs resulted in an 18 percent decrease in hospital admissions and 15 percent decrease in emergency room visits. The company's new primary care reimbursement plan, AP reported, plans to build on those pilot programs.

Well done, WellPoint. But the effort will have to be embraced by all other insurers in order to become the cultural norm instead of a curiosity.