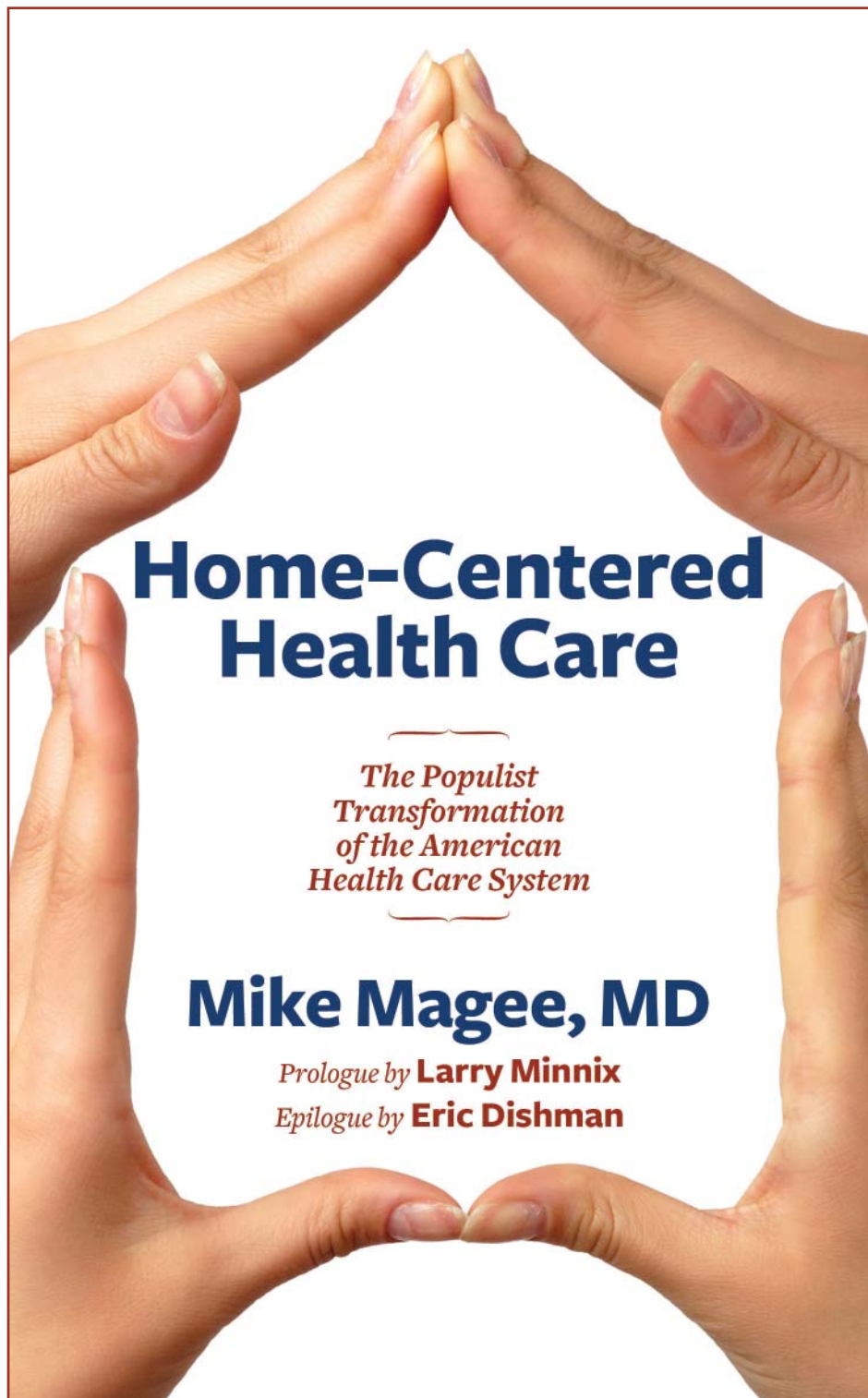


# Home Is Where the Health Is

*A look at Dr. Mike Magee's "Populist Transformation"*

by Jean Van Ryzin



**T**hey say home is where the heart is. In Dr. Mike Magee's vision, it's also where the future of health care is.

In his new book, *Home-Centered Health Care*, Magee calls for a "populist transformation of the American health care system" that puts the power of managing health care into consumers' own hands and the delivery of services into their own homes.

Magee is host of a Web site called "Health Commentary with Dr. Mike Magee" ([www.healthcommentary.org](http://www.healthcommentary.org)), where he produces a weekly online video examining various health care issues. He also serves as a senior fellow in health policy at AAHSA's Center for Aging Services Technologies (CAST) and as a commissioner on the National Commission for Quality Long-Term Care.

Analyzing several mega-trends facing the nation, Magee says they've all led him to the same conclusion: The time is right for a new paradigm in health care service and delivery—one in which individuals become managers of their own health, partnering with medical professionals and using the latest technology to get the care they need where they want it most—at home.

"I'm talking about the concept of home-centered health, in which technology, advanced information systems and a new, more team-oriented medical approach would make it possible for individuals to reconnect with each other and for more health care to take place in the home than we ever imagined possible," he writes.

Several trends are driving this concept, Magee states. First and foremost is our aging society. There are now close to 200 million people over age 65 worldwide. With advanced age comes the greater likelihood of chronic disease and a growing need to rely on informal caregivers for everything from managing medications to help with the fundamental activities of daily living. Nearly 90 percent of seniors today live in their own homes, either inde-

pendently or with help from family and friends, Magee states. A quarter of U.S. families already have an informal family caregiver in place, and more than 70 percent of those caregivers are women aged 45 to 64.

At the same time, the traditional doctor-patient relationship is changing—moving away from the paternalistic “doctor says, patient does” approach to a team-supported model in which patients receive education, support and advice. Today’s patients take a more active role in their own health care decisions—not only in treating diseases, but in preventing them in the first place. The vast majority of doctors and patients now agree that the best patient is an educated one and that prevention and healthy behaviors are critical to maintaining health and postponing disability.

Meanwhile, technological advances are making once-complex activities vastly more accessible. While the Internet offers a wealth of health education and resources, home-based technologies are making it possible to accomplish many tasks once reserved for the doctor’s office.

Motion sensors, vital signs monitoring, personalized prompter coaching interfaces and data transfer are creating what Magee calls “the virtual care team.”

This team is a key element of Magee’s portrait of the home-centered health environment. In his vision, the American family is at the center of the health care system, with informal caregivers taking on the role of “home health manager” working in tandem with a “virtual team” of physicians and nurse educators. Team members are connected at all times to virtual networks, through which the home health manager receives education, behavioral modification strategies and financial rewards (such as reduced insurance premiums) for generating positive outcomes among family members.

Magee says technology will transform the home into a wellness center with “wireless sensors to track movement of people and objects in-home; intelligent software that will analyze data and provide appropriate behavioral clues and guidance; friendly, communicative interfaces through a wide range of devices, such as wristwatches, telephones and televisions;

and Internet and wireless connectivity with the rest of the health care team.”

In addition to communicating with their health care professionals, individuals will be encouraged to interact with one another through self-help networks that combat the social isolation many family caregivers face. Magee even envisions informal caregivers who act as home health managers engaging in continuing consumer education, similar to continuing medical education for health care professionals.

In Magee’s vision, information would begin at home, connect to doctors and care teams and circle back to the home. Most prevention, behavioral modification, monitoring and treatment of chronic diseases would happen at home—without a doctor’s visit. Physicians would be reimbursed based on their role in managing complex virtual care networks.

Almost all of the pieces needed to make this vision a reality already exist, Magee writes. “What is missing is our willingness to concentrate and focus on homes as the cornerstone of a new preventive health care system.”

## Helping the People and the People Who Help the People

A Discussion With Dr. Mike Magee

*FutureAge* talked with Dr. Mike Magee, author of *Home-Centered Health Care*, about the vision that spurred the book and the trends that may lead to what he calls “the populist transformation of the American health care system.”

**FutureAge:** In Chapter 5 of your book, you write, “... quietly below the radar screen, health care is preparing to restructure itself from the inside out through a ‘parallel build-out.’” Who is behind this and what shape do you think it will take?

**Dr. Mike Magee:** Three sectors have been locked out of access to the 15 percent of our GNP that is devoted to health: the financial sector, entertainment and home electronics. Each of them over the past five years has made significant inroads into finding a back-door way to participate in ... health care transformation.

None of them have been traditional health care players, all have vast assets, all have incredible IT expertise, and they all have existing positions in the home. Home electronics has a position with a variety of appliances. The entertainment industry comes into homes through TV and other entertainment; the financial industry, with debit and credit cards. These technologies have

been adapted in a very strategic way to allow access to the home. The banking industry recognized that health savings accounts were a back-door way into health care. They can gain access

eventually into all aspects of health care, because they view the insurance companies’ place in the system as not beyond competition. And Blue Cross Blue Shield [and other insurers have] established their own banks. And some 300-400 technology firms joined CAST to learn more about health care and approach the notion of helping people to age in place and to engineer health in the home.

Therein lies an enormous opportunity to see a wide range of products that could add connectivity, add safety and security, improve social isolation, allow off-site monitoring, better access to treatment plans and to promote better diets.

**FA:** What is the role of aging-services providers in the new system you advocate?

**MM:** The long-term care community is ideally positioned to be leaders in this evolving value proposition. In their brick-and-mortar institutions they provide an important piece of



*continued on page 16*

Some necessary elements are still unfinished—among them, universal health coverage, lifespan planning and the integration of health databases.

Magee argues that “only by ... including a move toward universal, secure and transportable health insurance coverage will health care in the United States realize its full potential.” Extending coverage to the uninsured is not impossible, he says, and it’s critical not only to ensuring equity and justice for all, but also to freeing up business markets by sharing benefits and risks.

“A home-centered preventive health care system requires a stable ‘home,’” he explains. “And increasingly, the insecurity inherent in our non-universal, non-transportable and unreliable health insurance system precludes the level of economic stability necessary to plan our collective healthy futures.”

Magee also calls for the development of “lifespan planning records” that would provide a holistic view of an individual’s health, starting with his or her ancestors and projecting into the future. Beyond

just a personal health record, this integrated, computer-driven system would help people anticipate and prevent possible conditions and better control their own health.


To make the home-centered health system a reality, it’s also critical to collapse the many health databases that now exist into one that focuses on integrating the disciplines of discovery (research), medical and consumer information, Magee says. The goal would be to create a database that is easy to read and access not just by health care professionals but by consumers and caregivers, as well. Ownership of this data would reside “where the data originated, with the people, and provided primarily to the people caring for the people,” Magee writes.

Making the home the center of what he calls the “carousel of health” will give individuals the care they want and need to remain healthy, while reducing health care costs by emphasizing prevention and efficient delivery.

“At the end of the day, caring will re-

center in the home, where compassion and personalization reside,” Magee states. “Here, caring will integrate mind, body and spirit; focus on wellness and functionality; integrate and prioritize resources along the four- or five-generation family divide; and tailor care to the unique cultural and social needs of family members.”

“The home is where the heart is. It must now become where the health is as well,” he concludes.

AAHSA mailed a complimentary copy of Magee’s *Home-Centered Health Care* to member organizations in early fall. The book includes a prologue by AAHSA President and CEO Larry Minnix, and an epilogue by Eric Dishman, general manager and global director for Intel Corporation’s Health Research & Innovation Group, and the national chair of AAHSA’s Center for Aging Services Technologies (CAST). 

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*Interview, from page 15*

the current service network for families. The long-term care community has the network and community knowledge and relationships with a wide range of caregivers who have together an enormous amount of knowledge on how best to support people who wish to remain in the home. If you were to add to this an expanding knowledge of the various technologies and appliances that could make the home a more suitable place for the dependents, and realign funding, I believe long-term care could be the coordination entity that would span the gap between these freestanding institutions and individuals’ homes.

I think the mission-driven nature of AAHSA and its members is where people want to go; they see health defined as full human potential and want to reinforce relationships within the family and caregivers. For the next five to 10 years, [aging services should] do two things at once: Create a safer and more reliable level of care within [its facilities], while in parallel adding service in the home, and serve not only the fourth and fifth generation, but also third-generation women, age 45 to 65, who are attempting to help parents and grandparents on one hand and raising children and having jobs at the same time. Any new system needs to relieve these women. You can measure the usefulness of your system by how we treat these women.

**FA:** What needs to be done to help families play their central part in this system?

**MM:** Most Americans, with or without funding, will try to do what’s right for their families. What is unreasonable is that we expect them to do this without any sort of supportive network,

without the information they need, no connectivity to a care team, oftentimes without support of employers or without the understanding of the rest of their families. That kind of isolation is totally unacceptable because it’s totally correctable.

**FA:** You discuss the central role of physicians in your vision. Is the medical profession ready to take this step?

**MM:** For all of us, it’s very scary. As it stands we have an extraordinarily inequitable system. The fear is that if they don’t get their piece of the pie the whole thing will come slamming down. On the other hand, the effectiveness of the system has clearly deteriorated and the injustices are widely known, and the solutions are becoming more obvious. But [the solutions] are not tinkering around the edge, and are not hospital-based.

**FA:** Despite the problems you see, this is an enormously optimistic book. What is behind your optimism?

**MM:** I think if humans are given the right opportunity, they will do the right thing. If they are scared or hopeless or lack a vision for the possible, they won’t. If they see it and if it’s possible, most human beings will chip in and try to help. There are assets and IT expertise that have not been organized or tapped into. I believe the people and the people caring for the people believe in each other and that they can make the system work better. But it is critical that we agree on what we are trying to build, that we make it available to all, and that we begin now. If we do this right we will build trust and social capital; if we don’t do it now, we’ll get just the opposite. 