

Medical Home brings new concepts, vocabulary

By James L. Holly, MD



Amazing technological innovations have advanced the potential benefit of modern healthcare to heretofore unimagined levels. However, those same innovations unintentionally promoted a reimbursement methodology and an organizational structure of the delivery of healthcare which have to some degree abrogated the promise of those same technological advances.

In that system, the patient often became an object of care, i.e., the opportunity to perform a procedure, surgery or test, rather than the focus being on the health and wellness of the patient. The patient encounter was directed toward meeting the immediate expectations and interests of the patient without a great deal of attention being given to the overall “need” and “health” of the patient, who was passive and not actively involved in care planning and execution.

Finally, the dysfunction in the healthcare system, which was created by innovations and advances, was recognized. Gradually, efforts were made to modify this system. Quality measures were published which allowed the care given by one provider to be measured against the care given by another. Preventive care was emphasized, but remained difficult because preventive care was rarely if ever a primary reason for a patient seeing a provider, and it was often not paid for by insurance companies, including the Centers for Medicare and Medicaid Services (CMS). Efforts were undertaken to move the patient back to the center of the healthcare equation. The

solution was called the Patient-Centered Medical Home.

The concept of a Medical Home is new to most healthcare providers and patients. The heart of Medical Home is the patient. No longer will procedures, tests and things we do to patients be the focus of healthcare – although these will continue to be an important part of the delivery of care – now the patient and the patient’s overall health will be front and center. The patient also will be the center in design, delivery and directing their own care.

PATIENT IS FRONT AND CENTER

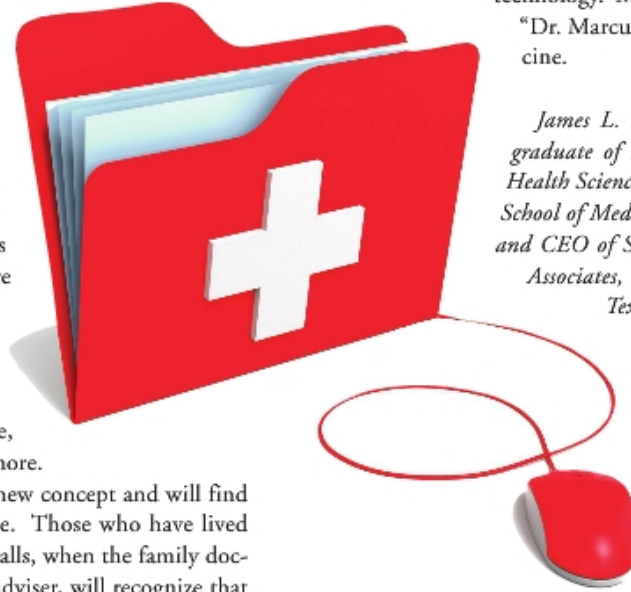
It is a significant and necessary change in this new healthcare delivery model to focus on the patient’s convenience and compliance and to give attention to the patient’s capacity to obtain the prescribed care. In this system, the work of the provider is not concluded simply by telling the patient what needs to be done. There also must be an evaluation by the provider and/or his/her staff as to whether that care can be obtained. The Medical Home team takes the work of the provider and makes sure that it is packaged in an intelligible and obtainable final product. Without these structural and functional changes, Medical Home can be just another administrative concept, which would make it another distinction without a functional difference.

While Medical Home will ultimately qualify a practice for increased reimbursement from CMS and other healthcare

WINDS OF CHANGE

payers, this method of healthcare delivery is sufficiently promising to justify its development with or without change in reimbursement and not only to apply it to Medicare, Medicaid or Medicare Advantage patients, but to all patients. The pilgrimage to the Medical Home will bring new concepts and vocabulary to healthcare providers: plan of care, treatment plan, care coordination, transitions of care, medication reconciliation, secure Web portals, health information exchange, patient-centered care, and many more.

Some will readily embrace this new concept and will find it a very satisfying way to practice. Those who have lived long enough to remember house calls, when the family doctor was the family's most trusted adviser, will recognize that Medical Home is simply rediscovering that simpler time in the midst of the complexity and promise of 21st century



technology. Medical Home really is a "Dr. Marcus Welby" style of medicine.

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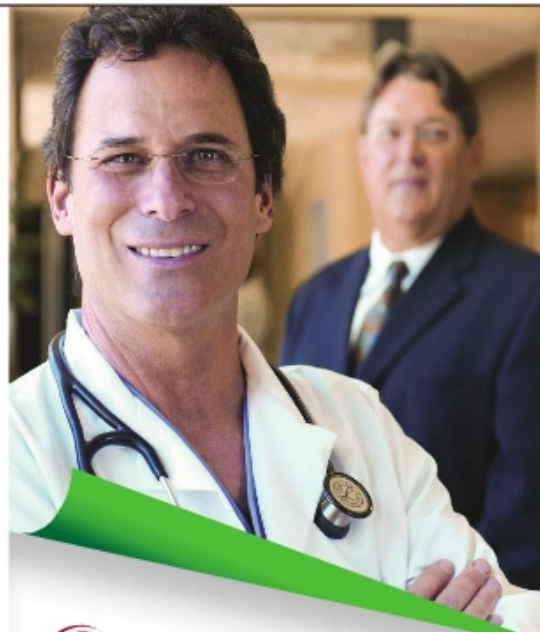
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