

## Challenges to Implementing the Medical Home

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## Goals

### Discuss

- Challenges in implementing the current model of medical homes
  - Money
  - Infrastructure
  - Culture
- Options for improving/refining the model

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## Background

- 15 years of experiments
  - North Carolina Medicaid: 33 practices and 40,000 patients
  - Duke Managed Care: 1200 physicians and 40,000 patients
  - Duke Health System: PAs/NPs as primary provider; microclinics; EMR support systems/care coordination vs disease management; disease vs population registries
  - Now engaged in a NIH-funded large scale experiment to improve the health of Durham county

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## Observations

- "Medical Home" is a cluster of concepts
- We are learning who needs what, when, and how
- Change is hard

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## Challenges

- Money
  - Need enough for infrastructure (especially for EMR)
  - Need enough to get busy, skeptical physicians to participate
- Infrastructure
  - Care management is essential:
  - EMRs play a helping role; need prompts, reminders, population registries
  - Can get better outcomes when organize some services geographically, rather than by practice




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## Challenges

- Culture
  - Physicians need to feel in control – and needed
  - Physicians do not have the time, training, nor (often) the inclination to coordinate care
  - Teamwork is uncommon, and not easily learned
  - RRCs not sympathetic about changes in practice

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## Options

- **Who** – integrates, coordinates:
  - Personal physician and practice team?

Alternatives:


3°	2°	1°	0°	community	family	individual
Tertiary care based PAs, NPs, RNs	✓	Community-based PAs/NPs (NC Medicaid)	✓	case workers	✓	✓

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## Options

- **Where and How:**
  - In what form and method should these services be delivered:
    - In the office?
    - Community?
    - Homes?
  - In person?
  - Email?
  - Telephone?

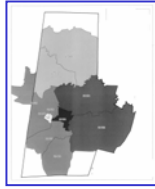


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## Options

- Provide services in community rather than in offices
- Link practices together to learn about patterns of illness in the community, and intervene at a community/population level



Source: *The Quality of Medical Care in the United States: A Report on the Medicare Program. The Dartmouth Atlas of Health Care 1999.* The Center for the Evaluation of Clinical Sciences Dartmouth Medical School

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Final question:

- If Medical Homes were a drug, should it be:
  - approved at all?
  - approved for limited use?
  - required?

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Stop Medical Homelessness

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