

HEALTH MANAGEMENT RX

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From WHCC: Thoughts on the Medical Home Concept

We're talking a lot about money and business models that work here at WHCC. We're all looking for ways to implement consumer-centric care - how will a primary focus on the patient become embodied in our healthcare system?

One term mentioned repeatedly here at the congress which gives some hope for those seeking practical implementations and physical loci to "do" primary care well...next year I hope we see more presentations on creating a medical home (both virtually and in the 'brick and mortar' world) from companies that do it well, like Erickson Retirement.

The medical home is about primary care. Primary care puts patients "primarily" at the center of the care spectrum.

The medical home is about care coordination. Care coordination is about putting the patient "primarily" at the center of the care spectrum, and then ensuring they stay there as they seek services at different locations.

Unfortunately, "primary" patient-centric, consumer-directed care in the US has devolved into the desperate pursuit of paperwork needed for payment.

We shuffle patients through the system as quickly as possible. There's no time for docs and nurses to talk with us about our care goals, much less cooperate with healthcare consumers to nurture a warm, fuzzy, familial connection built via belonging to a medical home.

The medical home concept has been thrown around a lot at The World Healthcare Congress this week.

Unfortunately, the fragmentation of healthcare is matched only by the fragmentation of legal localization (different state, different statute), an unfortunate complication to be sure.

This co-dysfunction will make it very difficult to establish a brick and mortar medical home - what if a patient travels over state lines?

This is also the reason we're creating medical homes online - virtual PHAs (personal health applications) will rule the web and then they'll bleed innovation offline. The elusive "killer app" mentioned by Dr. Jeff Gruen of HealthVault will drive that bloodletting - unfortunately no one knows when and from whence it will arrive.

Examples of existing brick and mortar medical homes are often culled from countries overseas - The Netherlands, New Zealand, and Switzerland win the awards for most mentions by panelists speaking on every topic here at WHCC.

But you don't have to add a bunch of frequent flyer miles to view the medical home concept in action.

If you're here at WHCC, you're a 10-minute walk or a 5-minute cab ride from one of the best examples in the world.

Your destination, 1717 Columbia Road, is one of America's few remaining medical homes.

Christ House is a 33 bed medical home serving people who are homeless in Washington DC.

My first experiences caring for populations with unique disadvantages developed here - as did a lifelong commitment to serving underserved populations and making sure every consumer of healthcare and wellness goods and services has a 'voice' in the system.

I hope all here, particularly policymakers and pundits based in the Beltway area, will take this open invitation to tour Christ House seriously.

Last night some coworkers from Christ House gathered to celebrate the life of one of our patients who passed away. This calm, smiling, quiet little man spoke many languages and desperately wanted to return to work.

I met him just before I left Christ House to move to Holland, but in his 4 months at Christ House my teammates there became his family. When he called back to the nursing station during one of his hospital stays, his closing line was: "I'm coming home soon."

Here's a call to action for healthcare organizations at WHCC.

Think, hard, about what it takes for patients to feel that sense of medical home...how do you make consumers feel like we're coming home soon?