

AAMC Focus Session: The Medical Home



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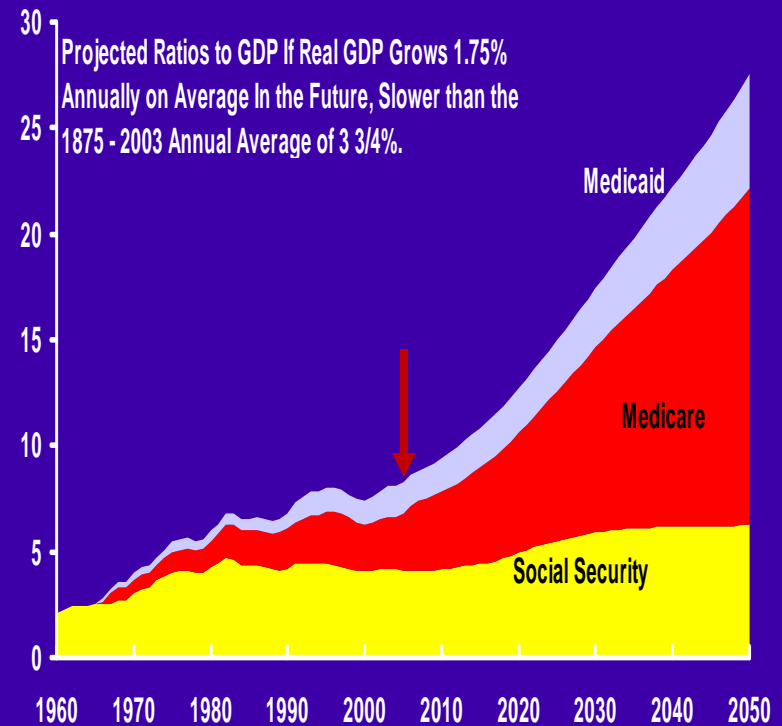
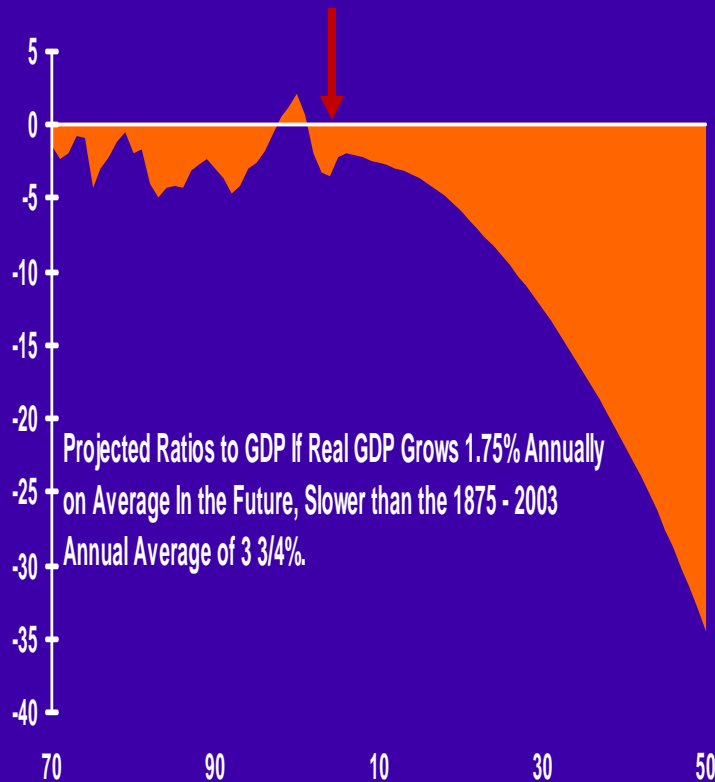
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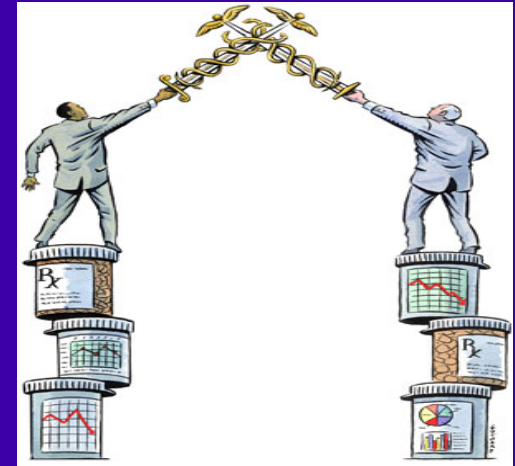
The External Environment

The "Official" Fiscal Outlook ...

... It's Mainly a Health Care Issue



The External Environment



Care Delivery Model Stagnation

Confidence in the health care system has declined

- Poorly Organized Delivery System
- Inadequate Information Infrastructure
- Dangerous -- even deadly -- mistakes in hospitals

Pressure to reform has grown

- Easy-to-read, published safety and quality report cards
- Mandatory reporting of medical errors
- Toxic Payment System-Pay-for Performance
- Medical Malpractice Crisis-Tort Reform

The Quest For Value

"The future ain't what it used to be"

"A nickel ain't worth a dime anymore"

The Medical Home: Where did it come from?

- Effective primary care proposals of the:
 - Institute of Medicine
 - World Health Organization
 - American Academy of Pediatrics
 - Coined the term
 - Current form was formulated by the Academy in a 1992 position paper-”approach to providing comprehensive primary care”
- Endorsed by:
 - American Academy of Pediatrics (AAP)
 - American College of Physicians (ACP)
 - American Academy of Family Physicians (AAFP)
 - Statement of “Joint Principles” in March 2007

*“With Great Power Comes
Great Responsibility”*



AAMC Commitment to the Medical Home

- Every person should have access to a medical home
 - Trusted advisor and provider supported by a coordinated team
 - Promotes prevention
 - Provides care for most problems and is point of first medical contact
 - Coordinates care with other providers and community resources
 - Provides care and health education in a culturally competent manner
- Research
 - Measure the core function of the medical home
 - Develop evidence based approach to best implement

AAMC Commitment to the Medical Home

- Payment for the medical home model
 - Contribution to prevention, patient care, and care coordination
- Training to enact the medical home model as part of a team
- Commitment of the AAMC to work with member institutions to understand how the medical home model can best be adapted in academic and community settings

Academic Health Care World



The best and brightest
Near Term Staying Power
and Resources



High use of specialist and
specialized procedures are
distinguishing characteristics of
our world
Absence of specialist role clarity



The Academic Culture-*"We love
progress but we do not like
change"*

Will it be better than the
adoption of a Patient Safety
Culture

*“Life’s most persistent
and urgent question is,
what are you doing for
others?”*

- Martin Luther King, Jr.