

Challenges and Opportunities in Implementing the Medical Home in an Academic Health Center

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Transforming Medicine

Background - 15 years of experiments

■ Clinical Care

North Carolina Medicaid: 33 practices and 40,000 patients

Duke Managed Care: 1200 physicians and 40,000 patients

Duke Health System:

- PAs/NPs
- Microclinics
- EMR
- Care coordination
- Disease vs population registries



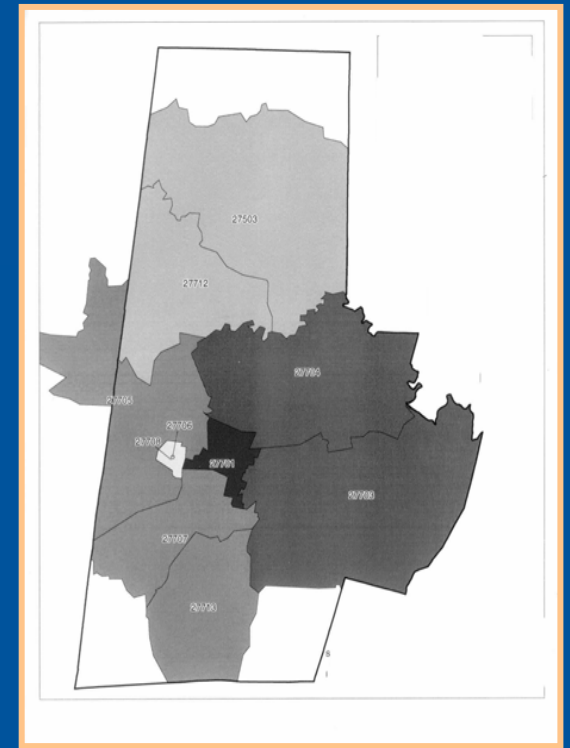
- **Education**

Redesign of the Family Medicine Residency

Health care leadership training for students, residents and faculty

- **Research**

Durham County: Duke CTSA-funded large scale experiment to improve the health of Durham County



Medical Home Version 1 – Office Redesign

- **Care**

Infrastructure in the office

- Disease registry
- Care management
- EMRs

- **Money**

- Enough for infrastructure (especially for EMR)
- Enough to get physicians to participate

- Education – add to current programs

- Students
- Residents
- Faculty
- (Not all will be interested)

- Research

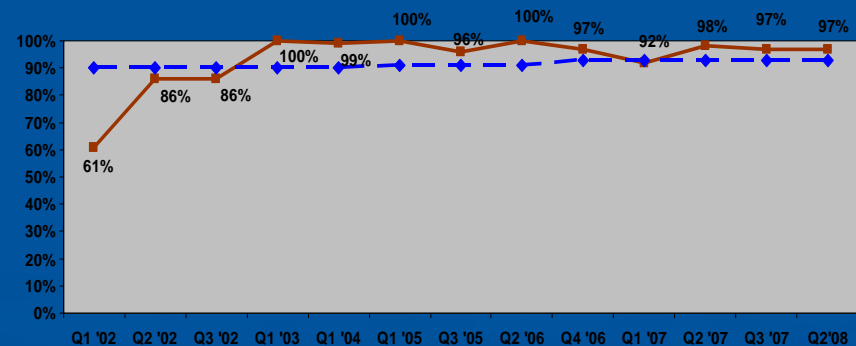
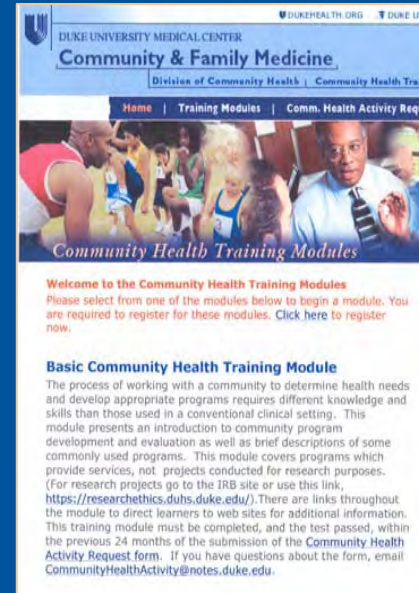
- Office outcomes

- Challenges

- Resources
- Culture
 - Goals
 - Control
 - Teams

- Outcomes

- 10-20% improvement



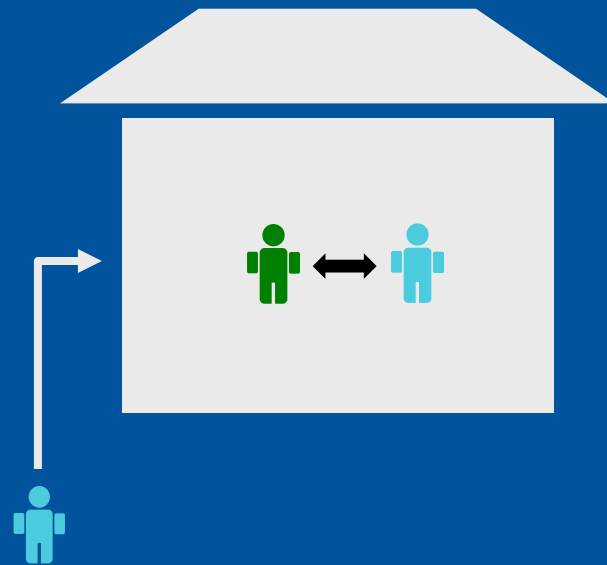
Traditional Health Care

Focus: Individual Patients

Care Location: Offices

IT: Minor

Provider: Physicians



Community Team



Office Team



Patients



Physicians



Office



Hospital



Anywhere



IT



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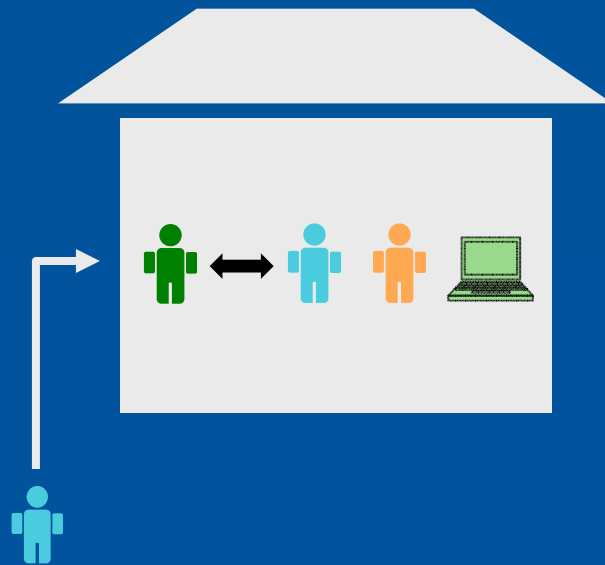
Medical Home Version 1

Focus: Improved outcomes for patients seen in office

Care Location: Offices and hospitals

IT: Minimal

Provider: Physicians and Office team



Community Team



Office Team



Patients



Physicians



Office



Hospital



Anywhere



IT



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Version 2 – Redesign Beyond the Office

■ Care

Build connections with hospital, community

Provide multiple options for patients: PCMH, urgent care, microclinics, home care

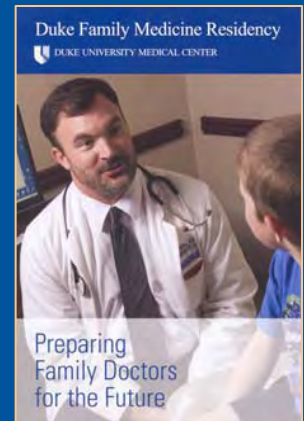
Redesign processes to improve outcomes, reduce cost



■ Education – Redesign Programs

Shifts from inpatient to outpatient, and then to community

- **Significant** resistance
teaching practice vs practice that teaches



■ Research

Transitions, errors, system barriers



■ Challenges

Resources

Organizational barriers (RRC, Medicare)

Culture: shift from physician perspective to evidence-based systems of care

■ Allies

■ Patients

■ Payors

■ Employers

■ Foundations

■ Agencies

■ Outcomes

■ 20-40% improvement



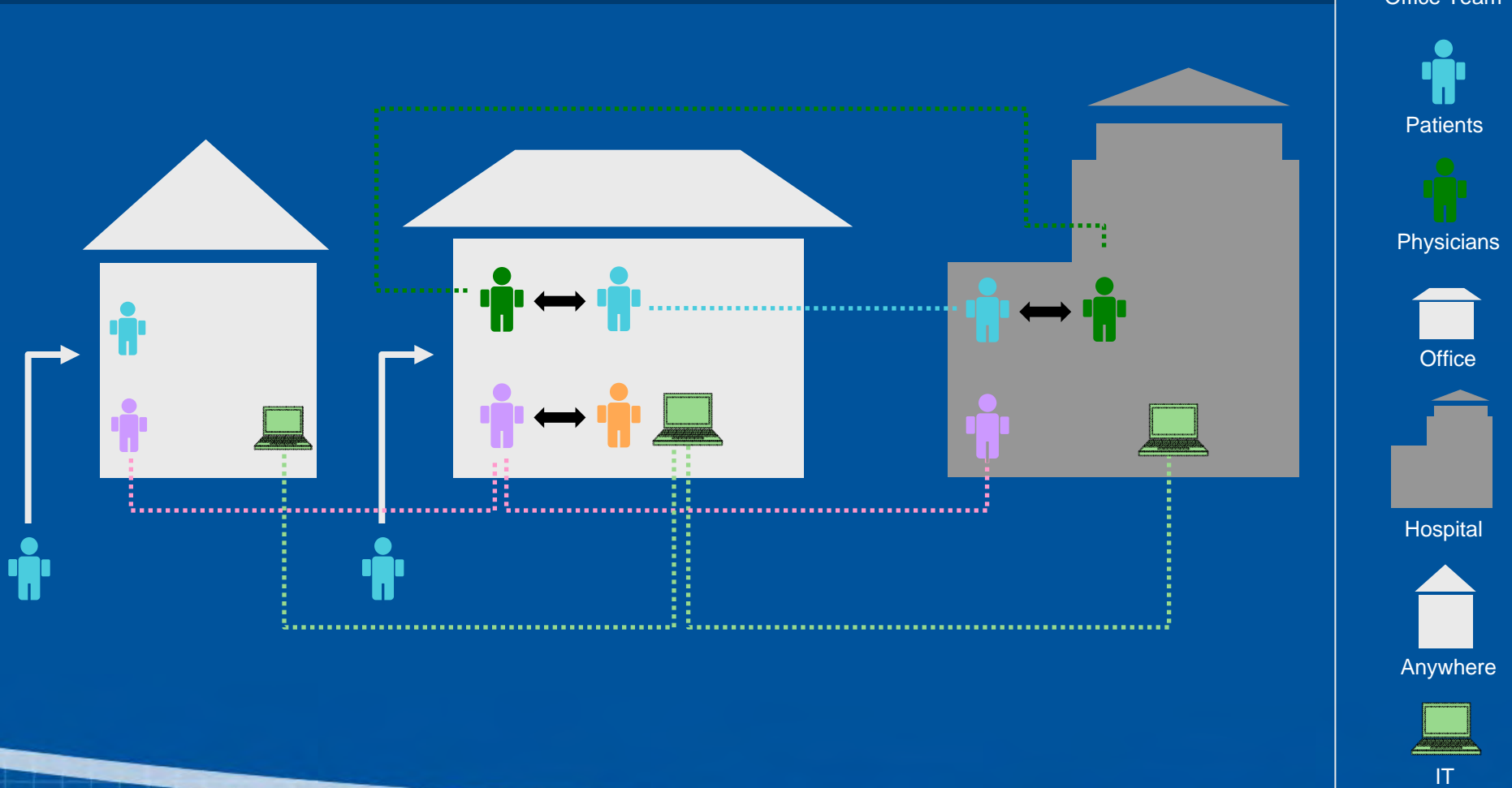
Medical Home Version 2

Focus: Improved outcomes for patients seen across the spectrum of care

Care Location: Offices and hospitals

IT: Somewhat integrated

Provider: Physicians, Office team, and Community team



Version 3 - Transformation

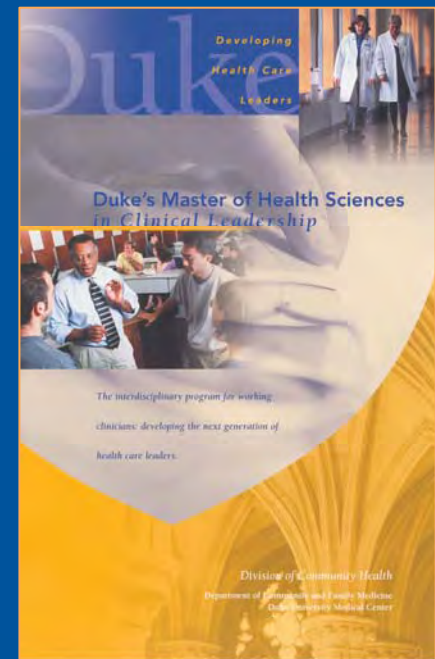
■ Care

Fundamental rethinking about how care can be delivered

- When do we need to see patients face to face?
- How to integrate care with peoples' lives
- What outcomes matter

■ Education

- Outcomes
- Teams, community outcomes
- Redefine roles
- Hospital admissions as failures



■ Research

- Improving the health of communities
- Unmet needs (CTSAs)

■ Challenges

- Culture: from belief that we know what our patients need, to realizing that we have much to learn
- Reimbursement

■ Allies

- Patients, NIH, CDC, HRSA

■ Outcomes

- ??????



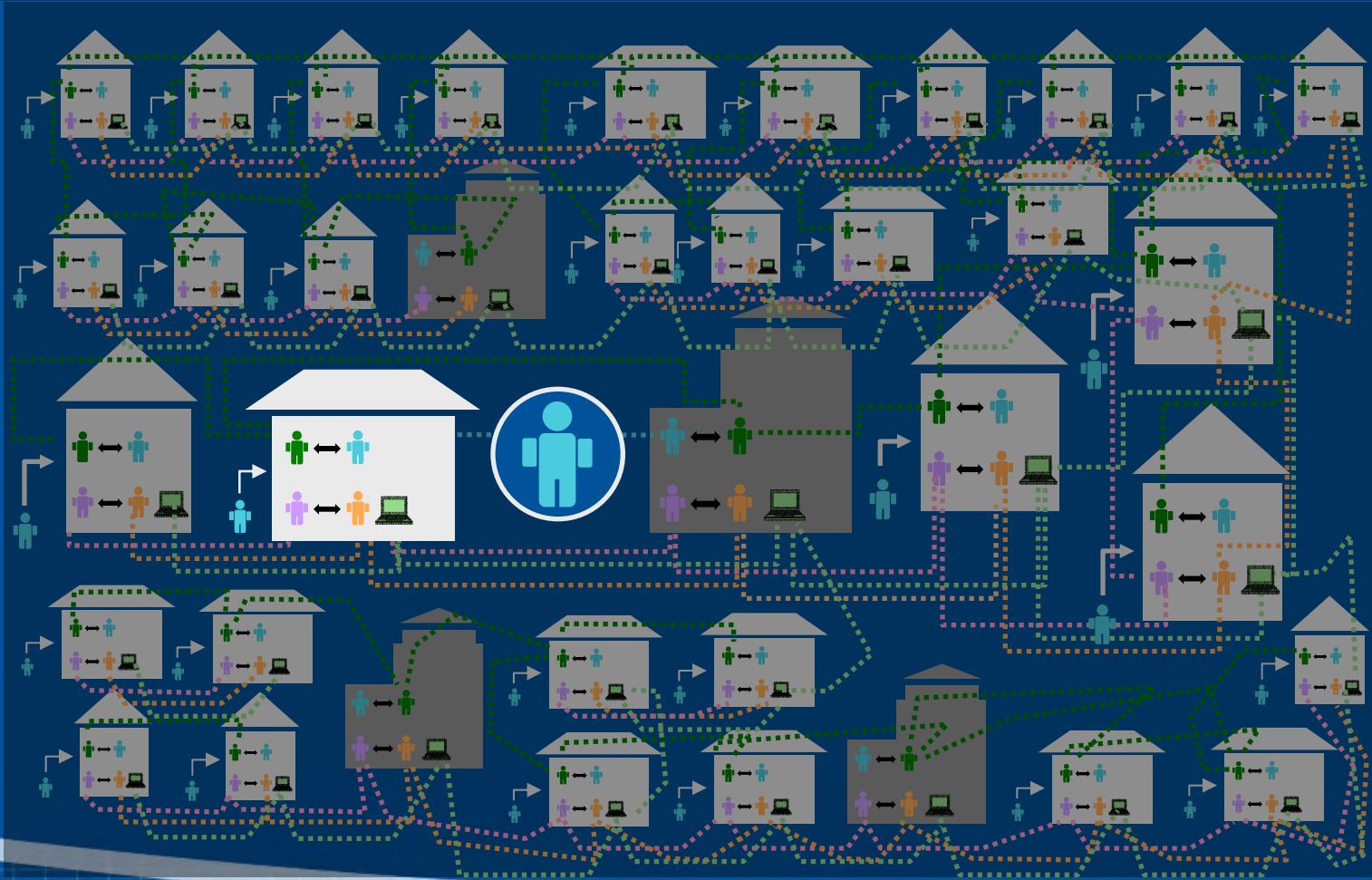
Medical Home Version 3

Focus: Improved outcomes for all

Care Location: Anywhere

IT: Highly integrated

Provider: Network




Community Team


Office Team


Patients


Physicians


Office


Hospital


Anywhere


IT

New Challenges Require New Solutions...



Never doubt that a small group of concerned citizens can change the world, indeed it's the only thing that has.

Margaret Meade