The *Medical Home & Trusted Healer* Healthcare Revolution

What is the *medical home?*

A *medical home* provides access to your *Trusted Healer* when you need it, anytime day or night. This new model builds upon and improves on old-style primary care, which decades ago had been patient-centered, comprehensive and personal. The refined version advocated by Paul builds into that model team-based, coordinated care that is accessible and focuses on quality and safety. All over the developed world, vast numbers of *Trusted Healers* are once again finding joy, practicing under the *medical home* model.

Not unlike the difference between a horse-drawn buggy and a powerful sports car, this approach provides a big departure from the typical twentieth-century medical office.

When we complete this global transformation, the table will be set for solving other big issues which today look an unbridgeable distance away. Evidence is already mounting that the *medical home* is our path forward.

"The medical home concept was first used in 1967 by the American Academy of Pediatrics as an ideal for the care of special needs children," Dan Pelino says in his new book, ***Trusted Healers.*** A quarter-century later, the AAP adopted as a formal policy statement, 'the medical care of all infants, children, and adolescents should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective."

Dr. Paul Grundy, who is featured in Pelino's book, has championed the advancing role of the medical home, adding in nurse-practitioners, physician assistants, and registered nurses, freeing up the doctor to practice medicine. "Doctors all over the world embraced the concept of the trusted healer," recognizing that the healer can be a key member of the team is well," writes Pelino.

The medical home transformation has unfolded for thousands of medical practices, as doctors regained the joy of the practice of medicine, helping physicians and the care team to end their burnout crisis and improve patient care.

Most healthcare insurance in the country is bought and paid for by large corporations on behalf of employees. The other big buyers of healthcare include the Veterans Administration, the Department of Defense, the Federal Employee Health Benefits Program, Medicare, and Medicaid. Each organization needs to have a hand in the reform movement. So a common platform was needed, a new organization that focused on the transformation of primary care.

Dr. Grundy seized the momentum and set about to create an exchange of excellence with the best healthcare providers in the world. This initiated a worldwide dialogue about the vital importance to *Trusted Healer* and a *medical home.* Other nations, particularly Denmark, had based their healthcare around robust primary care and sported a widely acclaimed medical system, both from a quality of care and a cost standpoint. Others could lead from that experience.

In 2006, business and primary care joined together and created this platform for change. All the stakeholder organizations had a seat at the table – the primary care associations, insurance companies, equipment manufacturers, pharmaceutical companies, hospitals, health systems, mental health, long-term care, the Veterans Administration, Department of Defense, US government employees, Medicare and Medicaid…everyone.

Because of the highly collaborative nature of their work together, they named this powerhouse organization the Patient-Centered Primary Care Collaborative (PCPCC).

Here's what they agreed to do together:

- Advance an effective and efficient health system built on a strong foundation of primary care and the patient-centered *medical home.*
- Facilitate improvements in patient-physician relations.
- Create a more effective and efficient model of healthcare delivery.

According to the *Joint Principles of the Patient-Centered Medical Home,* developed and maintained by a number of professional societies, the five main features of a successful patient-centered medical home published on the PCPCC website include:

- Providing comprehensive care by considering the patient as a whole person and supporting both mental and physical health with a coordinated care team.

- Taking a patient-centered approach to care delivery by developing meaningful relationships with the patient, her family, and her caregivers that considers the patient's socioeconomic and cultural values and preferences.

- Employing care-coordination strategies by harnessing health information exchange, EHR interoperability, and population health management analytics. This ensures that patient health information is accessible and usable at all care sites across the healthcare continuum.

- Ensuring the accessibility of services by offering extended hours, alternative sites for care during emergencies, improving the scheduling process, or making use of technologies such as *telehealth, mHealth,* and home-monitoring devices. (The term *mHealth* refers to use of mobile and wireless technologies to support the achievement of health objectives.)

- Focusing on care quality and patient safety by using evidence-based medicine clinical decision support tools, healthcare analytics, and best practices. This will provide a safe, high-quality, satisfactory experience for each and every patient.

The wonderful thing that primary care doctors have is a continuity of relationship with their patients. A primary care home is attractive because it promotes integration, multidisciplinary work, and care coordination. Robust primary care homes can detect and treat chronic diseases earlier, and be more involved n the prevention stage than just the treatment phase.

"As Congress debates healthcare reform, a terrific model can be founded in ***Trusted Healers***," says Pelino. "The medical home and trusted healer concept has proven to be a cost-effective, long-term success for the quality delivery of healthcare."