

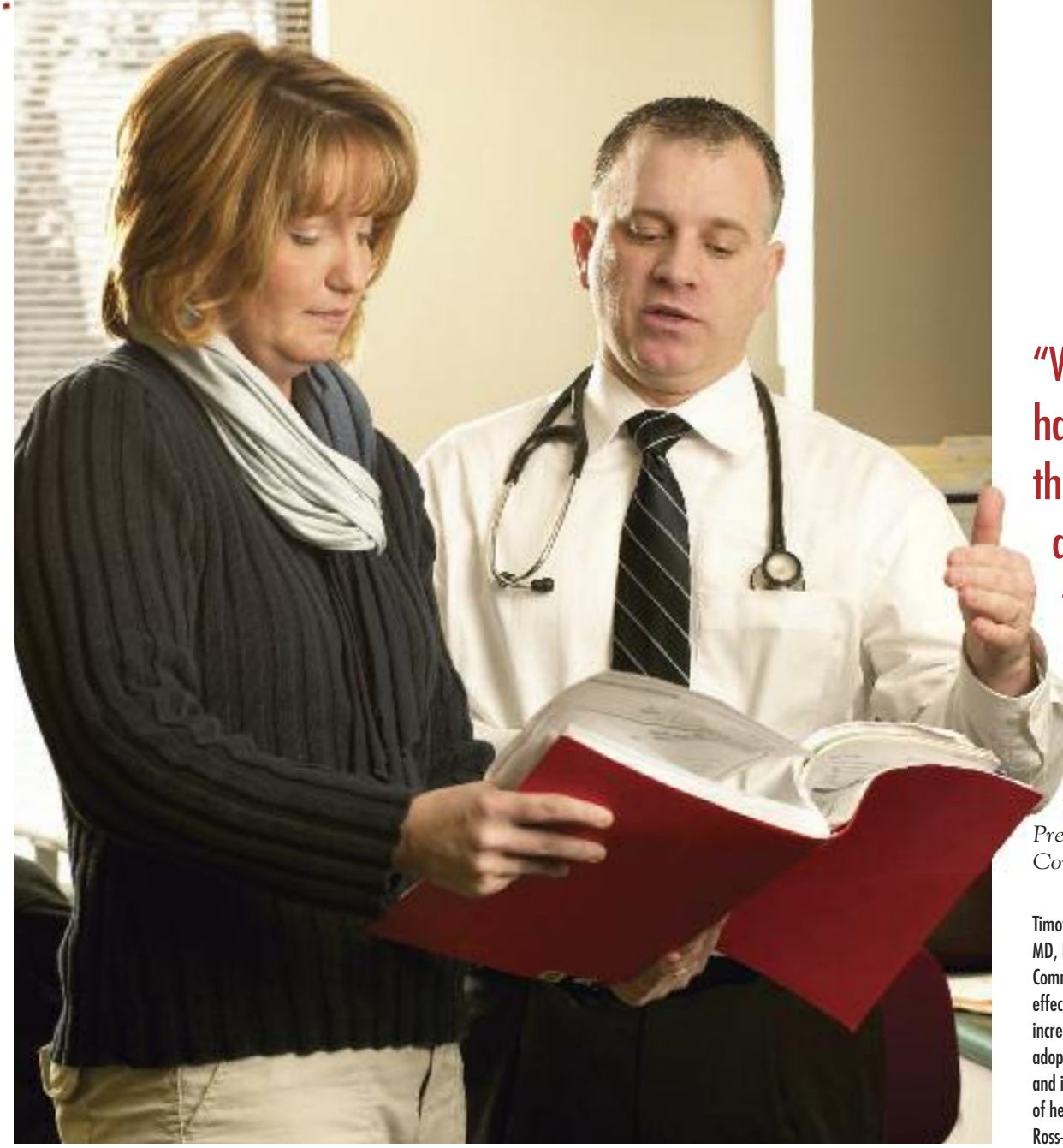


THE MEDICAL HOME

Establishing a “medical home” for healthcare is becoming increasingly important as consumers realize the value of preventive care and coordinating the management of chronic conditions, such as diabetes, depression or heart disease.

A research-based medical home approach embraces comprehensive healthcare that focuses on patient education, follow-up and prevention. Physicians who spend more time upfront with patients make a measurable difference in preventing emergency room visits. When patients take a proactive approach to managing their

healthcare, it makes sense that fewer health emergencies occur. Timothy Quinn, MD, President of MercyCare Community Physicians, is a firm believer in this model that transforms the status quo in family medicine. He is working with the Iowa Healthcare Collaborative to trigger more interest in the medical home model statewide. Dr. Quinn explains, “We need to have a system that provides accountability for both patient and doctor. The only way to get from ‘good’ medical care to ‘excellent’ medical care is to be proactive, to educate the patient and to provide follow-through.” This means more physician-patient interaction and involvement. But—more interaction and involvement is an investment. For this reason, Dr. Quinn relies on the assistance of health coaches who call patients to remind them of appointments and screenings. They contact high-risk patients or ones who don’t follow through in an attempt to keep them engaged in their healthcare. They also manage patients’ electronic medical records, ensuring they are up-to-date and accurate.



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Timothy Quinn, MD, President of MercyCare Community Physicians

Timothy Quinn (right), MD, President of MercyCare Community Physicians, says the effectiveness of his practice has increased dramatically since he adopted the medical home approach and in-corporated the assistance of health coaches, like Melody Ross-Neuman (left).

At appointments, patients receive personalized health plans with their lab results and follow-up calls for high-risk conditions. With the help of his partners, Dr. Quinn created health education PowerPoint presentations on computers for patients at his MercyCare Blairs Ferry clinic. Patients read them while they are in examination rooms, prompting questions about prevention and screenings. Traditional healthcare, says Dr. Quinn, is generally “episodic care that is not coordinated, and has no incentive for follow-up or thinking about health maintenance and prevention.” Patients like the medical home approach but, Quinn says, “The only way to convince doctors to try something like this is to demonstrate that it works and makes a difference. Unless we can demonstrate it, we can’t enact change.” Since incorporating health coaches and a

medical home approach, Dr. Quinn says his effectiveness has increased dramatically over the past four years. “It is a systematic approach to how we think about medical care and relies on the input of a team. I still treat patients one at a time like I did before. The improvement of our care delivery stems from having a team that understands global delivery of care,” says Dr. Quinn. “We’re far from being perfect, but we won’t get anywhere if we don’t start somewhere.” MercyCare currently is conducting a six-month pilot study to determine the most effective approach to enhance care and communication with patients. “It’s a work in progress that acknowledges that there is only so much an individual clinician can do without building effective teams to support patients,” says Dr. Quinn.

