

EDITORIAL

A home away from home

The patient-centered health home

The dental community needs to take part in setting health goals for all patients and in forging a system that achieves the best possible health outcomes for all patients.

The concept of a “medical home” was proposed more than 40 years ago, in 1967, by the American Academy of Pediatrics to address the complex clinical and social services required for children with special needs. The medical home is not a physical structure but a patient-centered model that addresses all of a patient’s health care needs.

The basic tenet is to identify a primary care physician who is thoroughly familiar with a patient’s medical history and to have this care provider coordinate all of the patient’s health care needs. The medical home model focuses on improving health outcomes by providing a more comprehensive, integrated and coordinated primary care service with the aim of ensuring the best (preferably evidence-based) and most cost-effective care for the patient. The model has been endorsed by medical organizations representing more than 330,000 physicians, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association. It is not surprising that the pediatric medical community has taken the lead in this effort, as their focus always has been on prevention and continued care until adulthood.

Only more recently has medicine in general recognized the need to change from an acute care to a chronic care model. Fueling this change is increased longevity in our population, with its attendant rise in chronic conditions. Medical education and treatment philosophies are following suit, and episodic care has been supplanted by the need for a sustained physician-patient relationship. This fits well with the thinking behind a medical home concept.

The insurance industry also is on board with this, having recognized that primary care coordination, in association with health-plan participation, provides a less expensive alterna-

Michael Glick, DMD
Editor
E-mail “glickm@ada.org”

tive to specialized care. One important concern: reimbursement for various functions, such as coordinating health care visits outside the primary care practice or maintaining continuous contact and follow-up care with patients. Another essential part of the medical home that needs enhancement is health information technology, including development of easy, quick access to medical information, as well as e-prescribing and cross-practice integration of electronic health records. It is anticipated that a medical home will reduce the number of hospitalizations and emergency visits, resulting in further cost savings. Despite recent advances, the successful implementation of a medical home remains a work in progress.¹

The notion of creating a dental home also has been proposed.² Similar to the medical home, a dental home provides coordinated and patient-centered preventive, continuous, emergency and specialized oral health care. Also, it has been suggested that a dental home may reduce health care disparities.³ Other questions about a dental home remain unanswered. For example, is there a need for a dental home if a patient's overall health care is coordinated through a medical home? Should oral health care needs be separated from other health issues? Or should the medical home and the dental home merge into a "patient-centered health home"?

In December 2008, the American Academy of Pediatrics published a policy statement calling for improved col-

laboration with oral health care professionals to manage oral health and, in particular, to manage dental caries.⁴ Strategies were proposed on how to improve collaboration between pediatricians and oral health care professionals.

Today, pediatricians perform caries assessment, provide dietary counseling to reduce the risk of developing caries and apply fluoride varnish. These are services traditionally pro-

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vided only by oral health care professionals. On the other hand, there are oral health care professionals who screen and monitor patients for blood pressure and plasma glucose levels to assist them with their overall health. Thus, movements are emerging that push the medical home toward the dental home and the dental home toward the medical home. To further the creation of a patient-centered health home, additional and more innovative strategies need to be addressed, including reimbursement issues, more effective referral patterns, integrating health technologies between medical and oral health care providers, and cultivating a willingness to

look beyond traditional scope of practice.

There is much discussion in progress about how the future oral health work force will look. Unfortunately, this discussion has focused mostly on who should provide care rather than on what type of care is provided and how. A medical home, a dental home or a patient-centered health home will need staff members who are intimately involved in patient care, especially in coordinating services across the health care system.

Dentistry is not a subspecialty of medicine, but an autonomous partner in health care delivery. We are health care professionals who happen to be dentists, and we need to ensure that our contribution to overall health and well-being is recognized as essential and as one that cannot be assumed by others who do not have our training and expertise. The dental community needs to take part in setting health goals for all patients and in forging a system that achieves the best possible health outcomes for all patients. This requires our proactive involvement in creating the patient-centered health home. ■

1. Rittenhouse DR, Casalino LP, Gillies RR, Shortell SM, Lau B. Measuring the medical home infrastructure in large medical groups. *Health Aff* 2008;27(5):1246-1258.

2. Nowak AJ, Casamassimo PS. The dental home: a primary care oral health concept. *JADA* 2002;133(1):93-98.

3. Graham MA, Logan HL, Tomar SL. Is trust a predictor of having a dental home? *JADA* 2004;135(11):1550-1558.

4. Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics* 2008;122(6):1387-1394.