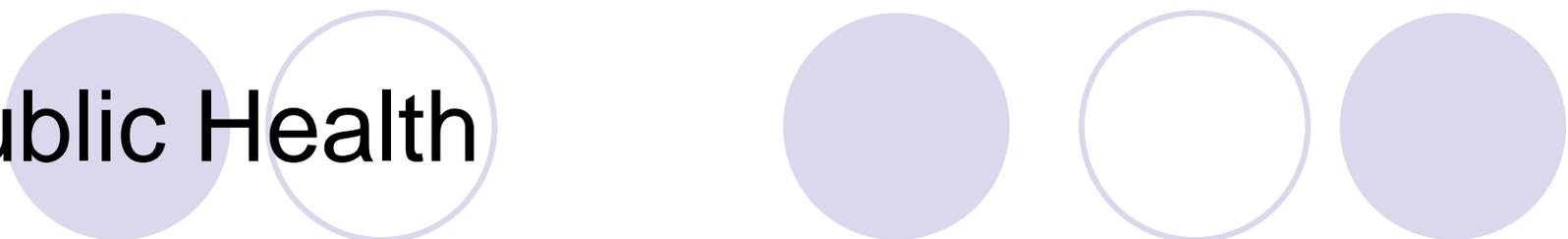


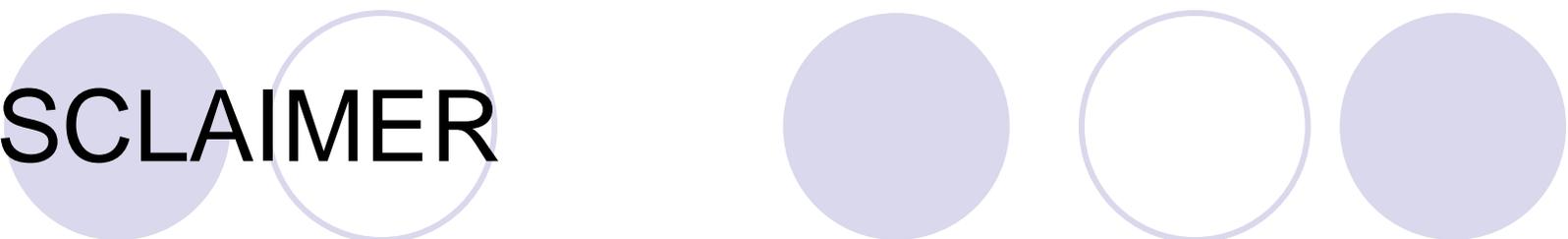
Public Health

- Public health consists of the activities that society undertakes to assure the conditions in which people can be healthy, including organized efforts to prevent, identify and counter threats to the health of the public.



Public Health

- But ask people “What is Public Health?”
- The most common response to this question by the general public is, “Health care for poor people.” While public health does play a role in providing a safety net, the field is broad, diverse and now more important than ever.
- But, today’s discussion is about “health care for poor people.”



DISCLAIMER

- *The following comments are mine alone and do not necessarily reflect those of my colleagues or my bosses.*
- Providing care through a “medical home” model is just plain “right”
 - Increases safety
 - Improves outcomes
 - Improves efficiencies for the system (reform!!), but not necessarily for the providers at the point of care.

Wilkes County's Safety Net System – a real community coalition



- Partners:

- Wilkes County Health Department
 - Board of Health, Medical Director, Board of County Commissioners.
- Wilkes Regional Medical Center
- Rural Health Clinics: Mountain View, Boomer, West Wilkes
- Private Physicians – family practice, internal medicine, specialists/surgeons, optometrists, ophthalmologist
- Local specialty groups: radiology, clinical laboratory, anesthesia
- Northwest Community Care Network
- Health Net/Care+Share, Duke Endowment, local tax dollars!!



Wilkes County Concept of a Medical Home (Similarities with accepted definition of PC-MH)

- Personal Provider – personal relationship, continuous and comprehensive care
- Provider directed – but with public health support system
 - Care Managers with Community Care
 - Case Managers for at-risk families
 - Social Worker (bilingual) for the uninsured
 - Passionate “connectors” of people with identified medical/service needs

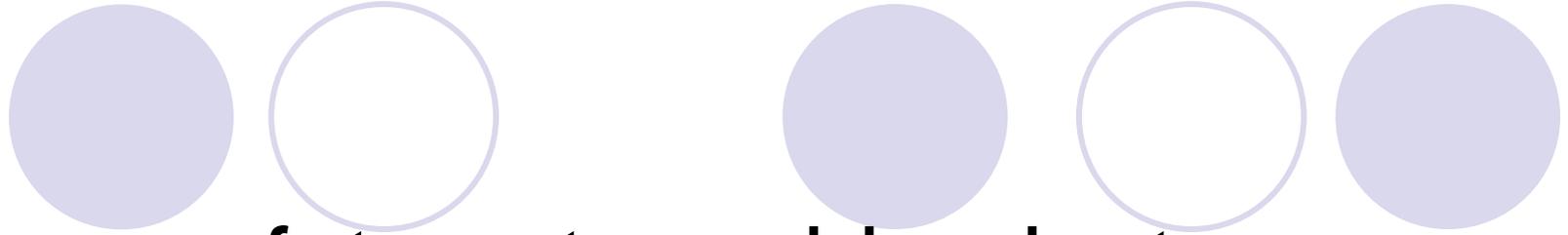
Wilkes County's Concept of a Medical Home (Similarities with AAFP/AAP/ACP/AOA definition of PC-MH)

- Whole person orientation with patient feedback
- Care coordinated and integrated (the best we can)
- Evidence-based medicine and clinical decision support tools guide decision making (the best we can)
- Quality Improvement – apply Community Care standards to all patients, participation in collaboratives for QI.
- Patient access scheduling with extended hours

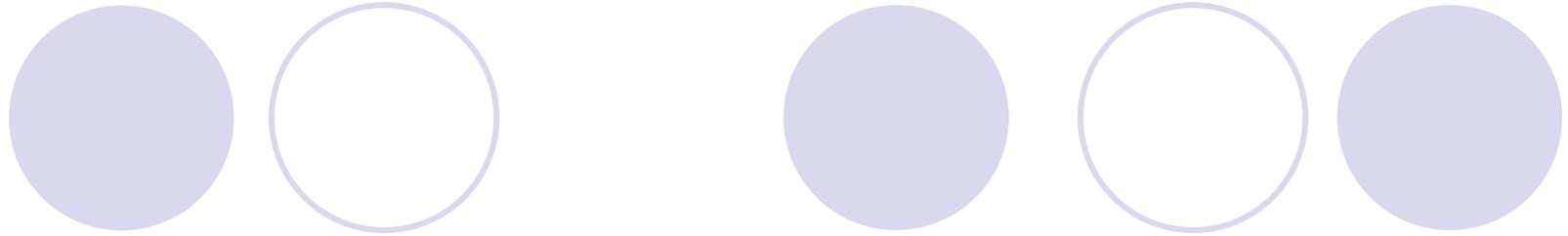


Where the similarities end...

- Information technology is nowhere
- Following the reimbursement is time consuming with limited results because of bad payer mix
- Still limited clinical decision-support tools
- Patients don't always want to participate in decision making – consider cultural competencies and literacy



For a safety net provider, just a reminder that providing health care for uninsured poor people is not sustainable without governmental funding.



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