

The Evolution of the Medical Home at Duke

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Professor and Chair

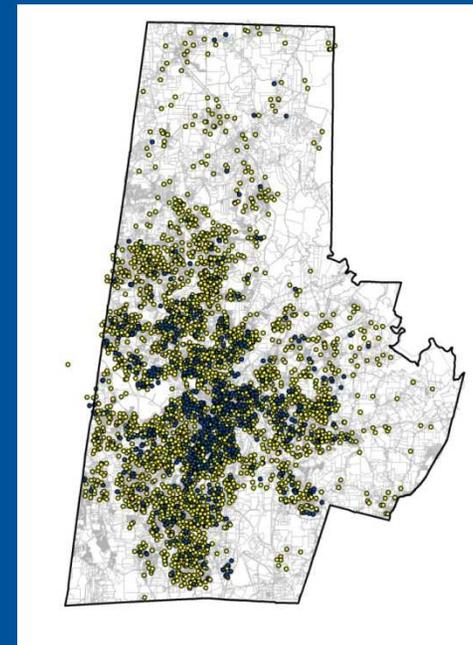
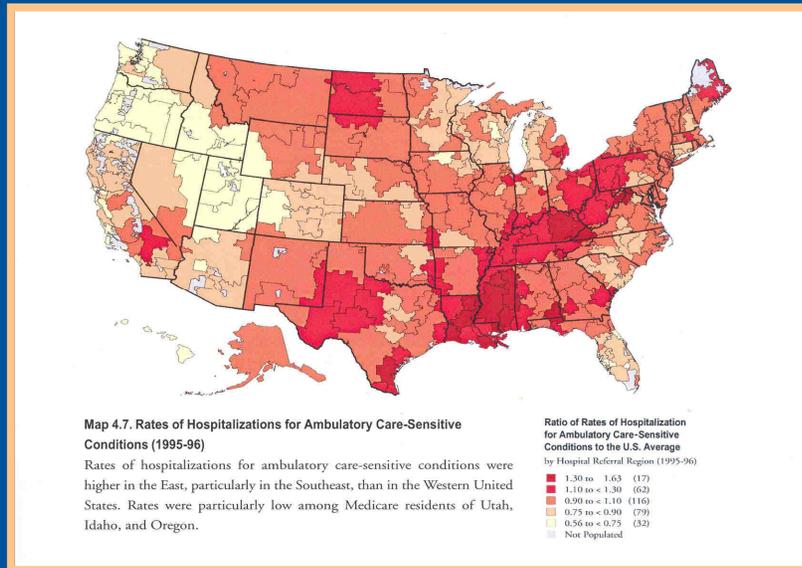
Department of Community and Family Medicine

Director, Duke Center for Community Research



Duke Translational Medicine Institute

Disease Burden/Practice Patterns Vary



Primary Care Can't Do It Alone

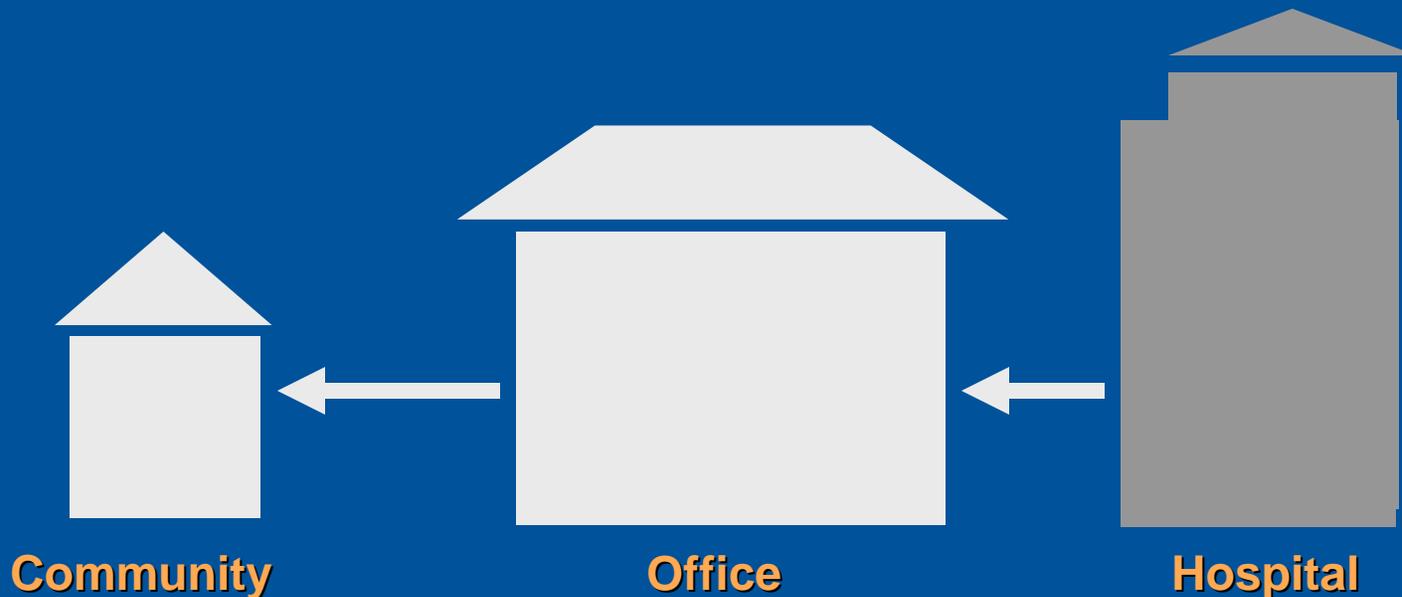
Time Required to Meet Clinical Guideline Recommendations

Type of Visit	Hours/Day	% of Clinic Time
Acute	3.7	17.0
Chronic	10.6	48.9
Preventive	7.4	34.1
Total or mean	21.7	100.0

Source: Yarnall KSH, Ostbye T, Krause KM, Pollak KI, Gradison M, Michener JL. Family physicians as team leaders: "time" to share the care. *Prev Chronic Dis* 2009;6(2).

Data obtained from National Ambulatory Medical Care Survey, 2006

Q: What services can be most effectively provided where, how, and by whom? And how does this need to vary?



Walltown and Lyon Park Clinics

❖ Duke-Durham Neighborhood Partnership:

- Population: African-American, new Latino population, low-income, transient, uninsured
- High ED use; high risk health behaviors; substance abuse; depression/anxiety
- 37% of patients surveyed would have gone to ED
- High patient satisfaction – 4.7/5.0



Just for Us



- ✦ Since 2000, serving 350 patients, average age 70 who have multiple chronic conditions



- ✦ 44% have mental illness
- ✦ All are home bound
- ✦ 84% are African-American; many with low to no family support
- ✦ Low literacy; illiterate

Community Partners:

City of Durham, Housing Authority
Lincoln Community Health Center
Durham Council on Seniors
Area Mental Health Agency
Durham County Health Department
Durham County Department of Social Services

Practice Partners:

Duke CFM, SON, DUH, DRH, Center for Aging,
Department of Psychiatry

Just for Us

Outcomes

- * Ambulance costs ↓ 49%
- * ER costs ↓ 41%
- * Inpatient costs ↓ 68%
- * Prescription costs ↑ 25%
- * Home health costs ↑ 52%

All patients with hypertension 79% ≤ 140/90
Diabetics with hypertension 84% ≤ 140/90

Community Redesign

DCCR

Duke Center for Community Research

DURHAM
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 Duke Translational Medicine Institute

CTSA Clinical & Translational
Science Awards

Goal: Improve Health in Durham County

* Develop innovative approaches to translate best practices into community settings , using collaborative Duke-Durham teams

* Over 400 team members –

Half from Duke, half from community partners, representing 90 community agencies/organizations

* Projects:

Life stage

- Maternal/Fetal Health
- Adolescent Health
- Seniors' Health

Behaviors

- Substance abuse/pain management

“Hard”

- Cardiovascular
- Cancer screening/survivors
- Asthma/COPD

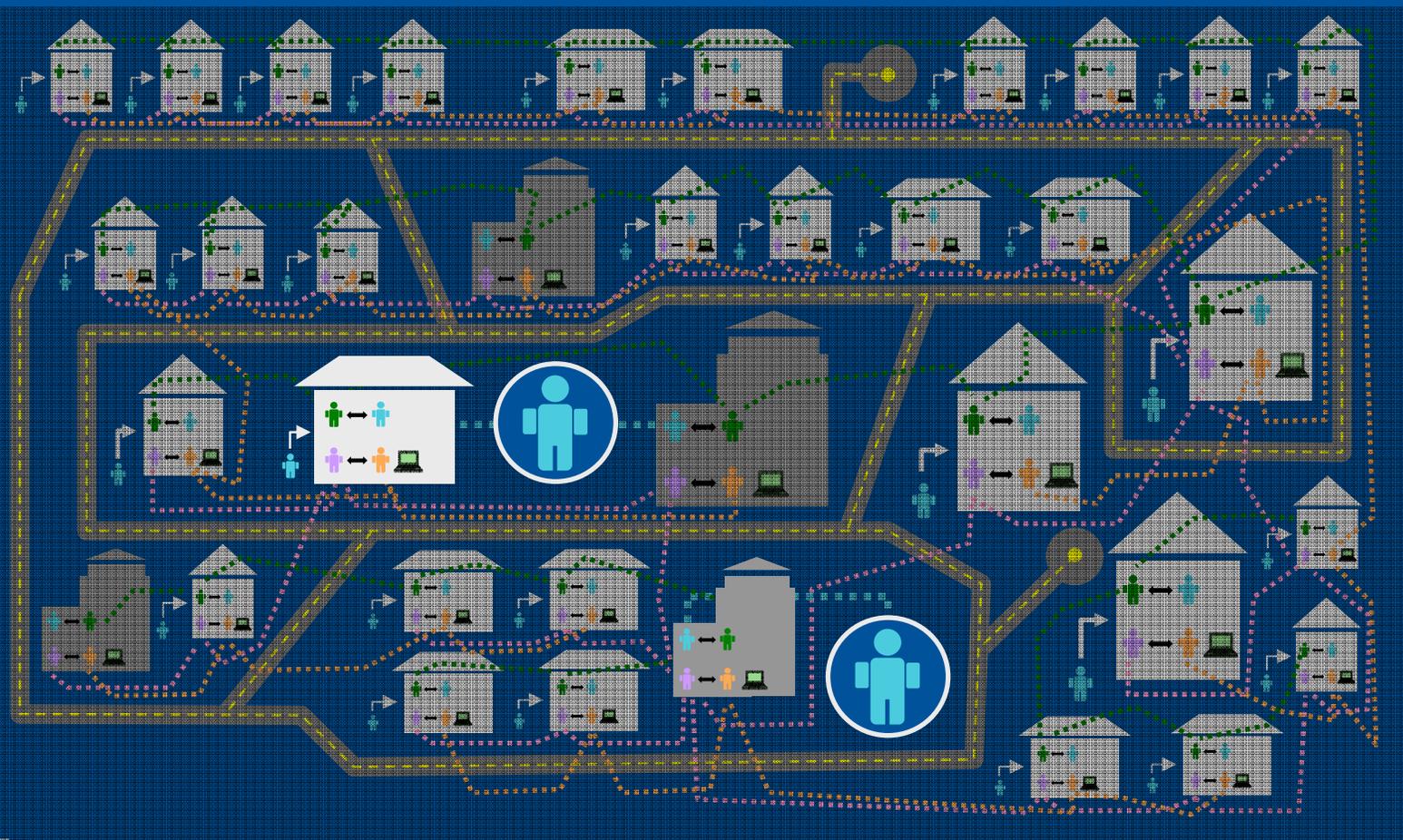
Medical/behavioral

- Obesity
- Diabetes
- STDs



Duke Connected Care™

Locate providers and services as needed to improve health



Community Team



Office Team



Patients



Physicians



Office



Hospital



Anywhere



IT

Conclusions

- * Health requires more than medicine
- * Health care requires more than physicians
- * Improving health requires teams in the office and in the community
- * Community partners add expertise and resources
- * Needs vary; one size does not fit all
- * This is a task for a new generation of academic health centers
- * We can find the funding...Can we find the will?

New Challenges Require New Solutions...



...Solutions that Combine
Innovation with Community
Engagement