The Medical Home and Hospice

Medical Home	Hospice
Personal Relationship: Each Patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care	**Personal Relationship:** Patient and Family is the unit of care. Certainly, an ongoing relationship with a physician is optimal, though few practices can meet productivity standards and have one individual responsive to every patient. There is no mention of the role of the family in this approach to health care, though we no social support and family dynamics impact health to great degree. In hospice the "personal relationship" is with the "primary nurse" who is a qualified to be a first contact, and oversee comprehensive care under the medical supervision of a Medical Director. In Hospice, data is collected on the family's recognition of a personal relationship with a primary nurse.
Team Approach: The Personal Physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing patient care.	**Team Approach:** In Hospice, there is a team of individuals who collectively take responsibility for care of the patient AND family. This is broader than a typical physician office – with Social Workers and Spiritual Care providers, as well as physician and nurse on the team.
Comprehensive: The personal physician is responsible for providing for all the patient's health care needs at all stages of life or taking responsibility for appropriately arranging care with other qualified professionals.	**Comprehensive:** The designated team is becomes well known to the patient. One person cannot feasibly be available 24/7. Other than the EMR, there can likely be familiarity with the patient, compared to the hospice IDT.
Coordination: Care is coordinated and integrated across all domains of the health care system, facilitated by registries, information technology, health information exchange and other means to assure that patient get the indicated care when and where they want it.	**Coordination:** Hospice has proven effectiveness coordinating across settings and providers, beyond the management of information electronically. The IDT actually visits the patient across settings and communicates by phone or in person with other providers.
Quality and Safety: Quality and Safety are hallmarks of the medical home. This includes using electronic medical records and technology to provide decision-support for evidence-based treatments and patient and physician involvement in continuous quality improvement.	**Quality and Safety** Currently under hospice there are quality mechanisms that are designed to reach across providers and institutions. Certainly EMR will assist as will EBT in increasing quality, but may do little to increase the safety of the patient across settings and providers.
Expanded Access: Enhanced access to care through systems such as open scheduling, expanded hours, and new options for communication between patients, physicians, and practice staff.	**Expanded Access:** Hospice's have team accountability for immediate response 24 hours a day.
Added Value Payment that appropriately recognizes the added value provided to patients who have a Patient-Centered Medical Home.	**Would this be duplicated payment for patients in hospice?**