



MEDICAL-HEALTH NEIGHBORHOOD

Population Health Workgroup

VERSION 3.0 – FINAL – October 2015

Introduction

As the SHIP Regional Health Collaboratives are starting to be established, there is an increasing need to address the medical neighborhood concept in Idaho, specifically as it pertains to the SHIP effort and the PCMH transformation. DHW Division of Public Health was tasked by the Population Health Workgroup to start this conversation by providing a draft definition of the medical neighborhood tailored to Idaho's unique approach to healthcare transformation.

Definitions

A white paper prepared in 2011 for the U.S. Department of Health and Human Services states: "We conceptualize the medical neighborhood as a PCMH and the constellation of other clinicians providing health care services to patients within it, along with community and social service organizations and state and local public health agencies."

Defined by the Patient-Centered Medical Care Collaborative (PCMCC), "the 'medical neighborhood' is a clinical-community partnership that includes the medical and social supports necessary to enhance health, with the PCMH serving as the patient's primary "hub" and coordinator of health care delivery."

Discussion

Both definitions cite PCMH as the central point of the functioning medical neighborhood, charging the PCMH with the information coordination between neighbors through clinical-community linkages, and ultimately with the care coordination of the individual patient.

As comprehensive as these definitions are with their inclusion of community and social service organizations and state and local public health agencies, in reality most stakeholders perceive the medical neighborhood as comprised of primary, secondary and tertiary health care providers. This skewed, clinical interpretation of medical neighborhood has a potential to overshadow Idaho's comprehensive and preventive care approach to one's health. To ensure Idaho's operational concept of medical neighborhood inclusion of non-clinical services to the highest degree possible, we propose the adoption of the following definition of the medical neighborhood with an assurance and clarification that the focus should be on meeting the

needs of the individual patient, but also incorporate aspects of population health and overall community health needs. A tiered approach is important to initially support practice transformation at the medical neighborhood level, e.g. linkage to medical specialists and subspecialists that will broaden over time to include additional community-based support for the practices and patients. Additionally, we propose to re-label the medical neighborhood to the 'medical-health neighborhood' and further refine the definition using language and terminology as a promotional tool to propagate the concept of the broader neighborhood. By doing so, we can guide care delivery participants and recipients to consider broader determinants of health as part of a more comprehensive approach to improving health, addressing health inequalities, and accelerating health impact.

Proposal

"The medical-health neighborhood is the clinical-community partnership that includes the medical, social and public health supports necessary to enhance health and the prevention of disease, with the PCMH serving as the patient's primary "hub" and coordinator of health care delivery with a focus on prevention and wellness within the context of services available outside the clinic setting. The medical-health neighborhood can include: medical specialists; community services such as food, housing and transportation; dietitians; behavioral health specialists; home health; dental professionals; community health workers, community health emergency medical services, education, social services, etc. - that help provide wrap-around, community level support for the PCMH and patient to achieve better health outcomes and wellness."