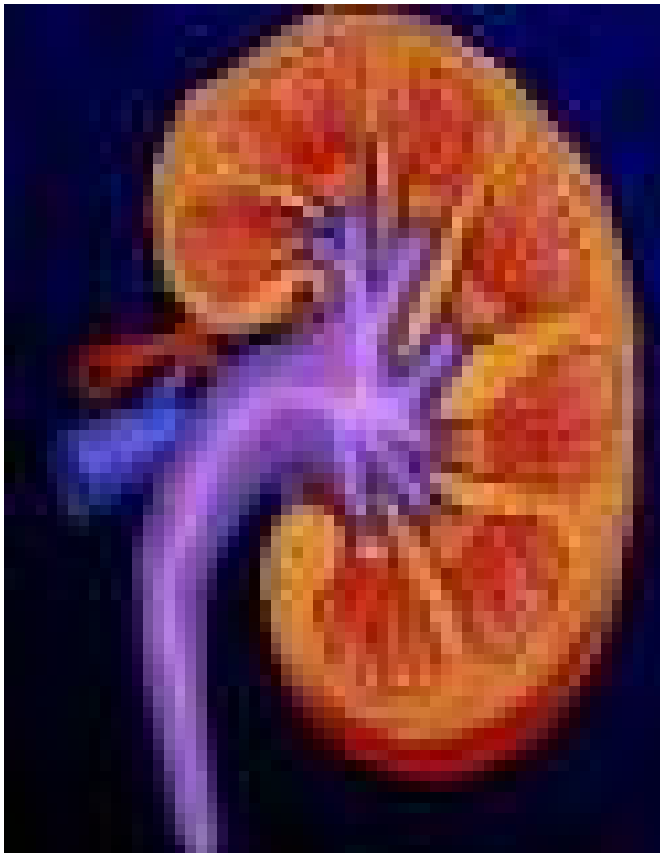


"Medical Home" Addresses Crisis in Primary Care

November 04, 2010 2:45 AM Ryan Rivet
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The practice of medicine has changed since the days when it was largely administered by family doctors who were thoroughly familiar with their patients. It seems there are fewer and fewer personal physicians practicing relationship-based medicine, and those who do are working in a healthcare system that is in trouble, according to a Tulane University School of Medicine faculty member.



After Hurricane Katrina, mobile clinics operated by Tulane health professionals have helped to fill the gap in primary care for New Orleanians. (Photo by Paula Burch-Celentano)

“We are already at a crisis point, but it's going to get worse,” says [Dr. Richard Streiffer](#), professor of family and community medicine, who points to the “fragmentation of care” that has occurred during the last four decades due, at least in part, to the increasing specialism in the U.S. physician workforce.

“The United States has no more than 30 percent of our physicians in primary care,” says Streiffer. “Unlike in the U.S., the high-performing healthcare systems around the world are typically based on a strong foundation of primary care with about 50 percent or more of their physicians in primary care.”

Streiffer says the nation's already-stressed primary care system will be further taxed in the future. Fewer than 20 percent of U.S. medical school graduates chose careers in primary care last year.

There are efforts to change this trend through medical home curricula.

“It's a team-based approach to practice,” says Streiffer, “where an individual's health care is coordinated by a physician-directed team that is comprehensive in nature — meaning that it looks at the big picture.”

Streiffer says the medical home curriculum is trying to bring back relationship-based medicine that merges the best of the old with the best of the new.

The [School of Medicine](#) at Tulane recently received a \$1.1 million [grant](#) from the U.S. Health Resources and Services Administration that will support the development of a medical home curriculum.

“I think in many ways it's going back to that old country doctor model, but in a modern version with computer technology and other team members — nutritionists, social workers, mental health providers — being part of that team,” Streiffer says.