

Editor's Message

My Patient-Centered Medical Home

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Whenever management unveils a new policy, it creates a predictable trajectory of unease amongst the doctors and staff. It does not matter if, by “management,” we mean the CEO of the hospital, the office manager of a small practice, or the federal government.

Doctors are fundamentally rugged individualists with strong opinions, and we all believe we know what “best practices” look like. The idea of standardized, electronically mediated, edict-from-on-high healthcare rankles even the most corporate-minded of us, and almost immediately we hear our peers moaning, “the golden age of medicine is over,” and “here comes Big Brother to tell us how to do our jobs!” This was true when Medicare showed up. It was true when HMOs reigned supreme during my med school years, and now we hear it again with Obamacare. The men in suits continue to reassure us that THIS version of healthcare economics will be to everyone’s benefit. We remain skeptical, and our assistants assume a defensive posture and ask questions like, “Am I going to get fired if I don’t go along with this?” and “Am I going to be replaced by a computer?” Most of the catastrophes we predict in healthcare policy will not come true. Many of the rainbows and ponies the leadership predicts will also fail to appear. We are all a little bit wrong and all a little bit accurate.

Every expert in billing, coding, and the “business” of healthcare tells us that the secret to success is an EHR. Every patient who has sat in a room with a doctor who is muttering into a computer wants another doctor. After the data has been entered into the EHR system, the patient goes home and enters

her own data into the online “Rate Your Doctor” website: “I felt like a number rather than a person.”

I am the kind of person who makes my own jam and pizza dough and home-ferments kombucha, and I have a friend up the street who literally boils down the neighborhood’s sap to make syrup for us. Yet we both accept that technology makes a lot of things more streamlined, and I personally accept that I will eventually work with an EHR.

What I won’t accept is that the healthcare I provide needs to lose the artisanal touch I bring to both my medical practice and my canned goods. Those are the things that make me special and make my patients feel important. Consequently, I have decided that when I do “standardize” my practice to meet policy guidelines, I will name my EHR “Stephanie.”

Stephanie was my nurse for seven years. She knew everything about every patient: their allergies (because of the rash they came in with that time they got a sulfa drug); their last colonoscopy (having set it up); their family history (having lived in the community and remembering most of the times their mothers or sisters got sick); and would remind me of things the patients needed so I could stick to doing my job without having to keep track of all the details. In other words, she was everything you could want in an EHR. It was one of her talents.

What I loved the most about her, though, was that she was a riot. She was always lots of fun at work, and she treated all patients with respect and kindness, whether they were nice ladies from “old money” in our coastal community or if they were lobstermen struggling with addiction and stinking of kelp. She was genuinely loving to the people around her. Every

office birthday was marked with a cake, every sad event was marked with a card, and she always dressed up on Halloween. People who have not been my patients for years still tell me how much they appreciated the way she always made each of them feel special and important.

In other words, she was everything you could want in a caregiver or friend. This is also a talent. Many of us have been lucky enough to have a “Stephanie” in the office.

In this issue of OFP, we will feature an article by one of the national experts on the patient-centered medical home or PCMH. Hopefully, it can give us the information we need to be adherent with the requirements, while putting to rest our fears that Big Brother will be managing our patients instead of us or that our office will lose its personal touch.

I moved from my small town to a larger one, and the data points are too many and the patients too transitory for me to expect my MAs to know when Mr. Eaton had his last lipid panel or whether Ms. Levesque is due for her mammogram without looking it up. Outsourcing the bean counting will give me more time for the rest of medicine — the comprehensive exam, the sharing of grandchild pictures or work on the new quilt, and absolutely more time for hands-on osteopathy.

My EHR will only replace the parts of humans that are replaceable. It will keep track of the screening requirements, the last flu shot, the allergies, and the referrals. It will help me stay adherent to PCMH guidelines and give me reminders when I need them. And I really don't begrudge the computers of the world that part of Stephanie's skill set. In fact, I embrace it because it makes life easier.

Stephanie died in September, too young and too soon. I don't care that all she knew about patient labs is gone and I don't care that she won't remind me not to use latex with Mrs. Grindle. A computer can do all that for me and for anyone else.

I care that the world has lost her smile. I care that she would text me jokes four years after we stopped working in the same office. I care that she would sit on the floor with me as we soothed a patient who had fainted and that she would hold an old man's hand while I did the skin biopsy he did not want to admit made him nervous. It never occurred to either of us that she could be replaced by a computer. She was everything it means to be “patient-centered” and everything that makes a medical practice feel like home. She could never be replaced by a database.

My real “patient-centered medical home” lies in me and the wonderful people who help me treat them. When my patients and family remember me, I hope that no one eulogizes me by discussing my encyclopedic memory of screening guidelines. And when I name my EHR “Stephanie,” I hope everyone who sees me type asks me where I got the name for the part of my office that knows absolutely everything that is important.