Holding the fort

Glenn Duns

'Home is the place where, when you have to go there, they have to take you in.'[1]

The patient-centered medical home is a model that has been adopted by many organisations worldwide. It describes an approach to the delivery of primary care that is family-centered, accessible, continuous, comprehensive, coordinated, compassionate and culturally effective.[2]

For a general practice to be considered a 'medical home' it requires certain characteristics such as coordination of organised care teams for patients with complex medical conditions who require multidisciplinary care across health care settings; respect for patients' values and needs, including encouragement of patient empowerment and capability; and institution of continuing quality improvement processes that develop and maintain a practice quality framework. These characteristics have been explicitly linked with quality care.[3]

The concept of a medical home has existed for many years, having first been introduced in 1967 by the American Academy of Pediatrics. It was initially used to describe a central source for paediatric health records, and was developed in response to concerns about 'duplication and gaps in services that occur as a result of lack of communication and coordination'.[2] Over time, it gradually evolved into the current concept with its focus on primary care.

A home exists as a stable focus for the life of an individual or family, but it also serves a protective function by sheltering the inhabitants from influences that are potentially damaging to their health. Primary prevention aims to protect healthy people from developing a disease or injury. For example, poor eating habits can lead to obesity, which in turn can result in multiple medical conditions, including osteoarthritis.[4] The medical home could be seen as a place to shield people from the development of unhealthy habits, through interventions that seek to influence behaviour, whether this be at the individual or group level.

The medical home can also be seen as a place to shelter while awaiting the arrival of 'relief' in the form of new therapies. Secondary and tertiary prevention seek to prevent the development of complications and further deterioration in the patient with pre-existing disease. The discovery of a new therapy can be literally life saving, such as with insulin, or it can relieve an enormous amount of suffering. Arthritis and musculoskeletal conditions are the most common chronic conditions in Australia, with almost one-third of the population affected, and they contribute approximately $4 billion annually to direct health expenditures.[5] They are one of nine national health priority areas that have been chosen for focused attention by Australian governments because they contribute significantly to the burden of illness in Australia.[6]

In this issue of *AFP*, Jones[7] describes the latest research and therapy in osteoarthritis, a condition estimated to affect 1.6 million Australians.[8] Teichtahl and McColl[9] provide an approach to neck pain, a multifactorial and debilitating problem that can pose diagnostic and management challenges. Holland, Barnsley and Barnsley[10] review viral arthritis, and Golder and Schachna[11] update the diagnosis and management of ankylosing spondylitis.

As medical practitioners situated on the forefront of primary care, GPs play a crucial part in sheltering their patients, through the use of primary, secondary and tertiary prevention strategies. If each individual medical practice is seen as a patient-centered medical home, then the collection of practices throughout Australia and around the world constitute a vast community concerned with the promotion of health and wellbeing. In the face of adverse influences, this primary care network can act to provide shelter and ensure that the health of people always takes precedence.

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