THE ROLE OF THE GENETICIST IN THE PATIENT CENTERED MEDICAL HOME

Heartlands Clinical Services Workgroup
Ad hoc Medical Home partners
WHAT IS THE ROLE OF CLINICAL GENETICS IN THE PATIENT-CENTERED MEDICAL HOME?
A Commentary from the Medical Home Workgroup of the Heartland Regional Genetics and Newborn Screening Collaborative

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*Provisionally accepted, Genetics in Medicine*
What is a PCMH?

- Initially, the medical home was referred to as a central location for archiving the child’s medical record.

- Later the medical home moved away from the idea of a single locus for care to one that is patient-centered; focused on providing health services designed for the individual patient.
The seven joint principles of the PCMH

- Personal physician
- Physician directed medical practice
- Whole person oriented care – with patient engagement in their own care
- Care coordination and/or integration with clinical information systems that support high-quality care coordination
- Quality and safety
- Enhanced (superb) access to care
- Payment system supports the model
Several important questions continue to be debated such as

- Who can be the medical home?”,
- “Who can serve in the role of a primary care provider?” and
- “What is the role of specialists/sub-specialists.”

In this light, we have carefully considered one major question: What is the role of the medical genetics team (clinical geneticists, genetic counselors, etc.) in the PCMH?
Specialists and the PCMH

The types of clinical roles that have been suggested that a specialist can assume include:

- Cognitive Consultation,
- Procedural Consultation,
- Co-manager with shared care
- or Co-manager with principal care
Medical Home Neighbor

- To improve the PCP-Specialist interface through strengthening the primary care structure, the concept of the Medical Home Neighbor (PCMH-N) was developed.

- This development put forth innovations aimed at strengthening primary care that includes:
  - telemedicine,
  - integration of primary-specialty care,
  - and decision support and e-referral.
Is Clinical Genetics Unique?

- Genetic conditions are rare
- Often diagnosed in childhood, but require lifelong management.
- Due to the frequency of required genetics clinic appointments, often a unique bond develops between the family and the geneticist.
- Biochemical crises may result in emergency room visits and inpatient stays. In these cases, it is often the geneticist who is consulted for management recommendations.
Is Clinical Genetics Unique?

- Some genetic syndromes require close surveillance and serial laboratory tests or imaging. These conditions are more similar to the most complex and chronic conditions followed by other specialists.

- However, in genetics, almost all of the patients meet these criteria. Therefore, based on the unique nature of this specialty, geneticists may have a different role than that of a ‘typical’ specialty, related to the PCMH.
So what is the role of the geneticist in the PCMH?

As we have investigated this question over the past two years, we have identified at least seven roles that different clinical genetic practices self-report as the way in which their practice interfaces with the PCMH. These reported roles are:

1. No role or interface
2. Medical Home neighbor
3. The geneticist as the Medical Home
4. Educator of the PCP
5. Consultant / provider of quaternary care
6. Co-manager of medical home
7. Supporter of a family-directed ‘PCMH’
Want to know more?

For a more detailed description of these roles that a clinical geneticist may play in the PCMH, the reader is referred to a companion article that may be accessed at:

http://www.heartlandcollaborative.org/workgroups/clinical-services/role-geneticist-medical-home