

# The Medical Home: What Is It? How do Nurse Practitioners Fit In?



The concept of the Medical Home is derived from the need to revamp the health care system to meet increasing needs to provide access to health care and manage chronic care more effectively in today's health care system. The most discussed model is that of the "medical home" articulated and promoted by the American Academy of Pediatrics (AAP), the American Academy of Family Practice (AAFP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA).

The joint principles for the patient centered primary care or medical home model include the presence of a personal physician in a physician directed practice who focuses on the whole person, provides coordinated and integrated care that is of high quality and safe, that enhances access and for which there is appropriate payment. The fatal flaw in this model is that the proponents do not include other primary care providers.

While nurse practitioners are being utilized in a variety of demonstrations throughout the country, the above proponents continue to be reluctant to include other members of the health care team as primary care providers in this model. Interestingly this model is the nurse practitioner model of care: a personal provider who focuses on the whole person, provides coordinated and integrated care that is high quality and safe, that enhances access.


A report from a think tank held by the Fellows of the American Academy of Nurse Practitioners that speaks to these issues may be found on the AANP website at [www.aanp.org](http://www.aanp.org). The report discusses this model from the nurse practitioner perspective, demonstrating how nurse practitioners can participate and enhance the model with the following recommendations.

Legislation, regulation and/or demonstration projects that address patient centered primary care:

1. Must be based on the Institute of Medicine's definition of primary care. (The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community).
2. Should be designed to allow all licensed primary care providers to serve in this role.
3. Should give special attention to the support of safety net providers who provide care for patients who would not otherwise have access to care.

**Administration**  
P.O.Box 12846  
Austin, TX 78711  
p 512-442-4262  
f 512-442-6469  
[www.aanp.org](http://www.aanp.org)

**Office of Health Policy**  
P.O.Box 40130  
Washington, DC 20016  
p 202-966-6414  
f 202-966-2856



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4. Should include nurse practitioners in the design and development of such programs.

Nurse practitioners need to be included in this and any other model of primary and chronic care if they are to be successfully implemented in the health care system of this country.

**What can you do?**

1. Work with your federal and state legislators to facilitate the inclusion of nurse practitioners in demonstration programs, pilots, and the development of frameworks for providing patient centered primary care/medical homes.
2. Get involved in programs being developed in your practice, hometown, and state.
3. Ask other health care colleagues and patients to advocate for you.

It is important for nurse practitioners to be visible and to educate legislators, regulators, grant writers and the public about the role of nurse practitioners in primary care.

