



## Catching Up With ...

**Jeanne McAllister, BSN, MS, MHA**

Jeanne McAllister is Director and Co-Founder of the Center for Medical Home Improvement (CMHI) of the Crotched Mountain Foundation in Greenfield, NH – [www.medicalhomeimprovement.org](http://www.medicalhomeimprovement.org) -- which serves individuals with disabilities and their families. CMHI promotes high quality primary care in the medical home and supports primary care practices across New England and the U.S. Ms. McAllister has been engaged in research, practice improvement, teaching, advocacy, and project management for medical homes serving children, youth, and adults since the early 1990's. She is widely published and widely respected. She talks about her work and reflects on what a small world this is.

### Jeanne Walker McAllister, BSN, MS, MHA

- Director, Center for Medical Home Improvement (CMHI), Crotched Mountain Foundation, Greenfield, NH (2004 – Present)
- Adjunct Associate Professor of Pediatrics & Psychiatry, Dartmouth Medical School (2007 – Present)
- Lead consultant, American Academy of Pediatrics National Center for Medical Home Initiatives; Co-Principal Investigator, grant from The Commonwealth Fund to the University of Connecticut on care coordination in high performance pediatric care systems (2006 – Present)
- Hood Center for Children and Families, Children's Hospital at Dartmouth Hitchcock Medical Center, Lebanon, NH – Research and project management positions leading to establishing the Center for Medical Home Improvement (1993 – 2004)
- Bachelor of Science in Nursing (BSN), University of Vermont; Masters of Health Science Education (MS), Health Professions Education, University of Pennsylvania; Masters of Health Administration (MHA), School of Health and Human Services, University of New Hampshire.

**Medical Home News:** *You have been about this “medical home” stuff probably longer than anyone. Has it matured and spread as rapidly as you would like over the past 10 years and more?*

**Jeanne McAllister:** Yes and no. Recently, medical home initiatives have spread far more quickly than many of us dreamt possible. Yet at times I worry that the viral “spread” of the medical home may risk running “thin” and lacking fidelity to the meaning of the model. There is a rush to be included in pilots, to be “recognized”. The application process is extensive and, once achieved, clinicians and staff breathe a sigh of relief, tempted to declare their medical home evolution complete. But a continuous, energizing, and transformative team process with quality improvement and testing of care innovations is now crucial. Such emphasis, coupled with patient and family-centeredness, is what will result in efficient and effective health care.

**Medical Home News:** *There is a very specific set of characteristics that define a “patient-centered medical home.” Does it trouble you at all when the term “medical home” is loosely applied to mean simply a stable primary care assignment?*

**Jeanne McAllister:** The characteristics are helpful, but yes it does. The medical home was born in pediatrics, with a re-emphasis on the family/family-centered care. Pediatric medical homes have consistently acknowledged that a medical home does not mean simply having a primary care provider's name on your insurance card. Leaders are cautioning that medical home momentum has occurred before the evidence fully supporting the model is in and that failure to show cost savings will dilute its impact. The latter is true of course. However, we have evidence that a relationship with a consistent provider and team over time, in a primary partnership relationship, improves both health and cost outcomes. I am concerned that unless a multipronged investment in primary care occurs, erosion or degradation of the true meaning of the “medical home” could actually contribute to a pervasive cynicism about our health care system.

**Medical Home News:** *How well do you think we are doing as a nation in meeting the health care needs of children and adolescents with special needs? What's the most important change you would make if you were in charge?*

**Jeanne McAllister:** This is difficult to answer briefly. We have made incredible progress in our knowledge and treatment of various chronic conditions, and yet it seems that our systems fall further behind. Child health and education systems are a patchwork quilt developed reactively over multiple years, with professionals struggling to meet families' needs in the face of deep programmatic cuts. The change I would make would be to establish one clear voice for children, such as a state level children's cabinet or coalition charged with redesigning our systems to create truly integrated health and educational efforts. This would include full representation of youth and families, who must be equal partners in the system re-design process.

**Medical Home News:** *The Administration is readying the new national demonstration program for medical homes serving the Medicare population. Are there differences in the way a medical home for children needs to operate than one for relatively healthy adults or for the very elderly with multiple chronic conditions?*

**Jeanne McAllister:** There are more similarities than differences. Many resources and tools CMHI has developed for children have been adapted for adults with chronic conditions or the frail elderly. Families must always be a part of the equation particularly for children/youth. Opportunities to help parents raise healthy, well children are significant; in this way we can have an impact upon the health and wellness of entire extended families. The primary care medical home for all ages, across the lifespan, is perhaps a better concept than pediatric versus adult. A true medical home is good for you at any age.

**Medical Home News:** *You did your master's on allied health professions. What should we be teaching students today?*

**Jeanne McAllister:** Team skills with opportunities for health care professionals to learn in teams (rather than separately). Patient advocacy with patient/family-driven improvement is also needed. Care coordination, addressing medical, social, developmental, behavioral, educational, and financial needs must be included. Ideally educational experiences would help learners to walk in their patients' shoes, follow them throughout episodes of care, from hospital to home to school and work, through their navigation of the health care and payment systems. Traditional learning, focused primarily on face-to-face encounters in discrete hospital or clinic visits, is simply not sufficient preparation for today's professionals.

**Medical Home News:** *Finally, tell us something about yourself that no one would be likely to know.*

**Jeanne McAllister:** I grew up in a small suburb of Cincinnati. One of my favorite playmates as a young girl was Ellen Gilligan. She and I used to sneak into her older sister Kathy's room to play with her dolls and other toys. This at times led to some childhood spats! That “Kathy” is Kathleen Gilligan Sebelius, now Secretary of Health and Human Services, who just announced a major medical home initiative involving Medicare and existing state multi-stakeholder projects. Small world!