Public health nursing in the 21st century: Reclaiming our roots through home-based care coordination & case management

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In 1893, Lillian Wald defined public health nursing as a specialty focusing on the health of vulnerable and marginalized populations. She recognized that health care needed to address the social, economic, and medical aspects of care through care coordination and case management. She promoted a public health nursing model focusing on health promotion and disease prevention. By 1930 there were more than 4200 government and community sponsored public health nursing agencies in the U.S. providing home-based, health promotion and disease prevention services to vulnerable individuals and families. In the last half of the 20th century, these public health and visiting nurse services gave way to private and hospital-based home health agencies focused on providing diagnosis-specific billable services for clients being discharged from acute care. With health care reform and the recent emphasis on reducing preventable hospital readmissions, incentives to provide post-discharge care coordination, transitional care, and case management services to address chronic care and disease management needs for vulnerable clients in the community have increased. However, the proposed models remain disease-focused and do not address the larger social determinants of health that influence individual and family outcomes. The purpose of this presentation is to provide an overview of public health nursing's rich history of delivering home-based health care for some of the nation's most vulnerable populations, and to identify opportunities for public health nurses to reclaim our roots through innovative and comprehensive models of home-based care coordination and case management in the 21st century.

Learning Objectives:

Describe public health nursing's history of home-based care coordination and case management focused on multiple determinants of health.

Discuss the influence of early 20th Century public health nursing services on health promotion and disease prevention.

Identify current opportunities to implement innovative home-based models of transitional care and case management rooted in the history of public health nursing.

Keywords: Case Management, Home Based Care

Helpful Websites:

- Care Transitions Program®, http://www.caretransitions.org/#
  - Eric Coleman, MD, MPH
- Transitional Care Model, http://www.transitionalcare.info/
  - Mary Naylor, RN, PhD, FAAN
- Project BOOST
  - http://www.hospitalmedicine.org/resourceroomredesign/rr_caretransitions/html_cc/project_boost_background.cfm
  - Society of Hospital Medicine
- Project Red, http://www.bu.edu/fammed/projectred/
  - Boston Medical
- National Transitions of Care Coalition -- http://www.ntocc.org/
- National Quality Forum, http://www.qualityforum.org/npp/
- American Nurses Association, http://www.nursingworld.org/care-coordination
- Center for Medicare and Medicaid Services, http://innovation.cms.gov/initiatives/Medicare-Coordinated-Care/

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