



Stories from the American Board of Family Medicine

ED Patients Find Medical Home with Help from ABFM Diplomate – Jacob Marshall, MD



For over 20 years, board-certified family physician Jacob Marshall, MD, has been serving patients in the Emergency Department. He sees it as his “responsibility to effect changes in the ED that improve the underlying causes of morbidity and mortality among patients seeking care.”

He’s served as the ER Medical Director at Touchette Regional Hospital in Cahokia Heights, Illinois, since 2019. Before that, he was ER Medical Director at St. Joseph’s Hospital in Breese, IL for five years. Dr. Marshall noticed a gap in access to primary care for a large percentage of the population coming into the emergency department. “One of the disparities I have found is that a good percentage of our clientele use the emergency department for all their health care needs,” said Dr. Marshall. “They don’t have a medical home and lack the continuity of care and opportunities for reassessment that would occur in a well-run primary care clinical setting.”

To address this problem and improve care outcomes, Dr. Marshall engaged the assistance of the Chief Medical Officer for TRH and staff from Southern Illinois Healthcare Foundation (SIHF). The aim of Dr. Marshall’s performance improvement (PI) effort was to identify every ED patient with no assigned or known Primary Care Medical Home (PCMH) and provide them with a legitimate contact with a primary care home. SIHF, a Federally Qualified Health Center (FQHC), has more than 20 different offices and clinics spread across the Metro East area. They enthusiastically agreed to enroll this population of patients into their practices and manage their primary care. The project team coordinated the designation of a PCMH based of the patient’s zip code and the location of the various SIHF clinics. As a result, over a 60-day period, 100% of the 85 patients were assigned to SIHF primary care practice for their follow up care.

Dr. Marshall utilized ABFM’s Health Disparities/Equity Self-Directed Clinical (PI) activity to report his improvement efforts and receive certification credit for the work he was already doing to improve care for patients he served. “Patients are appreciative of the effort among the staff at TRH and SIHF. Being assigned a medical home now allows them an opportunity to sustain the care and treatments initiated in the ED,” says Dr. Marshall.



I like the fact that you have 3-year periods where you need to demonstrate that you are looking at what you are doing, seeing if there’s something that you can do to make things better, and then documenting and reporting it. This effort to identify a medical home for patients I see in the ED was a good fit with ABFM’s HealthEquity PI option.

Jacob Marshall, MD

Dr. Marshall found the PI submission form to be intuitive for reporting the process improvement approach, disparities and barriers identified, and the outcome of the efforts. He makes a point that physicians are always encountering problems in how care is delivered. “How are you going to fix this problem? How are you going to do better for, not only the job that we do and the people we work with, but for the people for whom we are working?” he asks, noting a mantra drilled into him by his father to “Always make things better than you found them,” says Dr. Marshall.



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