

STEPPING STONES

Sizing up your Medical Home

Just like there are different types of health insurance plans, different sizes of hospitals and different levels of care, there are different styles of medical practices. Knowing about the features of Medical Home may help you to get the type of care that you are looking for.

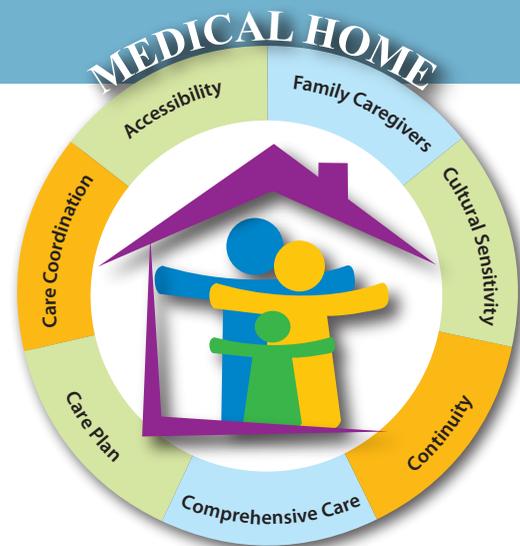
"Medical Home" has become a very popular idea now-a-days, but just what is a Medical Home? Medical Home is an idea, not a place. It is a way of delivering health care, usually through the regular doctor's office, where the patient is known best and usually gets their regular care.

Many employers, insurance companies, as well as state and federal agencies now encourage the idea of a Medical Home. They use different definitions. They may have a process through which a practice, a provider, or a health care organization can be recognized as a "Medical Home." All medical homes are not alike. Since there is not one standard definition of a Medical Home, it is important to learn what this means to your provider.

WHAT MAKES A MEDICAL HOME?

A Medical Home has many aspects. The patient and his/her family work as close partners with the Medical Home provider while the others involved - all of the people, places, and organizations that the patient is involved with, such as specialists, schools, other health, and community organizations - are helped by the medical home provider who, with the patient and his/her family, directs the care with all of the others involved. Working together with the primary care provider, all of the involved individuals can deliver the best possible care to the patient.

- **Accessibility:** The first part of Medical Home is Accessibility. This means that care should be easy for the patient and family to get appointments, referrals, and services in a reasonable time, a reasonable distance, and within financial and insurance limitations. The doctor should spend enough time with the patient to make sure that all of the needs are addressed.
- **Family—the Primary Caregiver:** Second, the family is considered as the primary caregiver and the support for the patient, therefore medical decisions are made WITH the family respecting their wants, needs, and preferences.
- **Cultural Sensitivity:** Third is also sensitivity to differences in culture, language, beliefs, and traditions of the family. These are recognized, valued, and respected.
- **Continuity:** The next idea is continuity; the same doctor cares for the patient over the years until they transition to adult care. This helps to ensure that the provider and patient/family best know one another, mutually respect one another, and is ideal for monitoring patient care, particularly for those with special needs.
- **Comprehensive Care:** A Medical Home should be comprehensive, where all providers work as a team (generally directed by the primary practice) to meet all of the patient's needs, including prevention and wellness, acute, and chronic care. Staff are aware of resources and make referrals and connections when appropriate.



- **A Care Plan:** The other part of a Medical Home is a tool, a care plan, developed to help understand the big picture of the patient. The Care Plan is created in partnership with the family and includes involved clinicians, community agencies, and organizations; care is organized across the health care system, including specialties, services and supports.

- **Care Coordination:** More involved practices participating in Medical Home will have a Care Manager or Care Coordinator who takes the responsibility for coordinating the care of patients with chronic conditions or who use care beyond what is usual. This person may take the lead in developing the Care Plan as the tool to help the patient to get the needed care in a way that uses the Medical Home concepts. The Care Coordinator may help schedule appointments, get supplies, or connect the patient and family with other providers, agencies and organizations, among other things. A Care Team made up of staff members, clinicians, and perhaps a family representative usually exists at this level of Medical Home and they meet with some regularity to discuss the patient's case as outlined in the Care Plan.

Within the Medical Home, relationships between patients, provider, and staff are built upon trust because the patient/family is treated as part of the team in their own health care.

Family is a valued partner.



WHY SHOULD YOU WANT A MEDICAL HOME?

The US Department of Health and Human Services' Healthy People 2010 goals and objectives state that "all children with special health care needs will receive regular ongoing comprehensive care within a medical home."* Medical Home is a great way to help be sure that all of the person's needs are taken care of in the safe and easy way for the patient and family in cooperation with trusted medical professionals – it is a best practice and it just makes sense.

Since Medical Home concepts have become more broadly accepted, it is important to know just what type of Medical Home you may be stepping into. Beyond just asking if the practice follows a Medical Home model, it may be important to ask some questions:

- Would you tell me what Medical Home is like in your practice? What can I expect to be different because you follow this model?
- Do you have a Medical Home certification or are you associated with an organization that gave you that designation?
- Do you have one individual who does Care Coordination tasks?
- Do you use a team approach to care and is a parent a member of your team?
- Will I (my child) see the same provider at each visit?

DO YOU WANT OR NEED A MEDICAL HOME?

Perhaps you cannot locate a Medical Home practice or you are already seeing a doctor who does not follow the medical home model. What steps can you take to begin to build Medical Home ideas into the practice?

1. Go to the Pennsylvania American Academy of Pediatrics Medical Home website to learn more about the hallmarks of medical home. Visit at <http://www.pamedicalhome.org/>
2. Talk to the staff and provider about the elements of Medical Home that you feel would be important to your child and family as a first step. Most things remain the same until there is a reason to make a change. Share your feelings that a Medical Home is valuable and how it would help your child, other patients, and the practice.
3. Share material, websites, or stories about the benefits of Medical Home.
4. Perhaps your practice has no official certification nor accreditation, but if your practice applies the concepts of Medical Home they may be interested in becoming a medical home practice affiliated with the PA American Academy of Pediatrics Medical Home Project. Ask, "Would you consider incorporating Medical Home concepts or becoming a Medical Home?"

For more information, or to link your pediatrician with a Medical Home group, see <http://www.pamedicalhome.org/> or email us at: pamedicalhome@paaap.org

To connect with PA AAP Medical Home parent advisors or connect with other parents, feel free to email:

Andrea Johnson ajohnson614@outlook.com & IrisAnn Heiser heiseradvisorwest@gmail.com or check out the Facebook page: <https://www.facebook.com/pamedicalhome>.

*[US Department of Health and Human Services, Health Resources and Services Administration. Measuring Success for Healthy People 2010: National Agenda for Children with Special Health Care Needs. Washington, DC: US Department of Health and Human Services; 1999]



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The PA Family to Family Health Information Center is a project of the Parent Education Advocacy Leadership (PEAL) Center and is funded by the Health Resources Services Administration Maternal and Child Health Bureau under Grant H84MC26214.