www.medicalhomeinfo.org

The National Center of Medical Home Initiatives for Children with Special Needs

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The National Center of Medical Home Initiatives for Children with Special Needs provides support to physicians, families, and other medical and non-medical providers who care for children and youth with special health care needs (CYSHCN) so that they have access to a medical home. Please visit this website to learn more about CYSHCN, the providers and families that care for them, and the strategies that practices, communities, and states are taking to improve their lives.

State Pages

FIND OUT WHAT YOUR STATE IS DOING TO ENSURE THAT ALL CHILDREN AND YOUTH HAVE ACCESS TO A MEDICAL HOME.

Learn what's going on around the country and in your state by visiting the ***State Pages*** Web section. The state pages provide information on state medical home initiatives, key partners, related grant activities, and local resources for families and providers

Subscribe to our Listserv® and

MEDICAL HOMES@WORK is an e-Newsletter that offers bi-weekly updates on medical home issues including new resources, funding opportunities, screening and surveillance updates, and transition from pediatric to adult health care.

Tools/Resources

BROWSE THROUGH OUR EXTENSIVE LIST OF TOOLS THAT WILL HELP ENSURE EVERY CYSHCN HAS ACCESS TO A MEDICAL HOME.

The National Center provides tools for families, providers, youth, etc. that are easy to access and download. We encourage you to visit the ***Tools/Resources*** Web Section and adapt these tools to best meet the needs of your child, your patient, or your client.

HELP JUMP-START A MEDICAL HOME INITIATIVE IN YOUR COMMUNITY/ STATE.

The *Every Child Deserves a Medical Home* training curriculum contains seven components that offer strategies and resources to provide care for children and youth in a changing health care environment. The components include:

- Common Elements
- Family-Professional Partnerships
- Practices, Policies & Procedures
- Comprehensive, Coordinated, Collaborative Care
- Transitions
- State and Local Advocacy
- Surveillance and Screening

Publications

MORE THAN 9 MILLION U.S. CHILDREN AND YOUTH HAVE CHRONIC ILLNESSES OR DISABILITIES; 47% OF THEIR FAMILIES REPORT THAT THEY DO NOT RECEIVE COORDINATED, ONGOING, COMPREHENSIVE CARE WITHIN A MEDICAL HOME.

National Survey of Children with Special Health Care Needs, 2001, http://www.cshcndata.org

For more information, visit the ***Medical Home Publications*** page, which includes many articles and reports, as well as policy statements developed by the AAP Council on Children with Disabilities.

REACTIONS FROM FAMILIES ON THE MEDICAL HOME

"Knowing that you're not the only one fighting to get something that there's somebody else there doing that for you being your advocate, it's very positive"

"Something like this would take the weight off... you could relax a little..."

From the Ohio Medical Home Focus Group Project

www.medicalhomeinfo.org is the premier resource for improving the lives of children and youth with special health care needs and their families through a medical home.

For more information on Medical Homes:
e-mail the National Center medical_home@aap.org or call 800-433-9016 ext. 4917.

Medical Home Facts

WHAT IS A MEDICAL HOME?

Every child deserves a medical home.

The American Academy of Pediatrics describes the medical home as the standard of primary care in which a pediatrician, in partnership with the family, works with appropriate community resources and systems for the optimal health of the child. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood. Through a medical home, quality improvement initiatives are utilized in the delivery of heath care to all children.

In March 2007, a consensus statement on medical home principles was developed and jointly endorsed by the American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American Osteopathic Association (AOA), and American Academy of Pediatrics (AAP). Understanding the unique needs of children and families, the AAP wishes to highlight certain critical pediatric medical home principles:

- **Family-centered partnership:**
  Trusting, collaborative, working partnership with families, respecting their diversity and recognizing that they are the constant in a child's life

- **Community-based system:**
  Family centered- coordinated network designed to promote the healthy development and well being of children and their families

- **Transitions:**
  Provision of high-quality, developmentally appropriate, health care services that continue uninterrupted as the individual moves along and within systems of services and from adolescence to adulthood

- **Value:**
  A high-performance health care system requires appropriate financing to support and sustain medical homes that promote system-wide quality care with optimal health outcomes, family satisfaction, and cost efficiency

A medical home is defined as primary care that is:

ACCESSIBLE
- Care is provided in the child's community
- All insurance, including Medicaid, is accepted and changes are accommodated
- Families or youth are able to speak directly to their medical home provider when needed

FAMILY-CENTERED
- Mutual responsibility and trust exists between the patient and family and the medical home
- The family is recognized as the principal caregiver and center of strength and support for child.
- Clear, unbiased, and complete information and options are shared on an ongoing basis with the family.

CONTINUOUS
- Same primary pediatric health care professionals are available from infancy through adolescence and young adulthood
- Assistance with transitions (to school, home, adult services) is provided
- The medical home provider participates to the fullest extent allowed in care and discharge planning when the child is hospitalized or care is provided at another facility or by another provider.

COMPREHENSIVE
- Health care is available 24 hours a day, 7 days a week
- Preventive, primary, and tertiary care needs are addressed
- The medical home provider advocates for the child, youth, and family in obtaining comprehensive care and shares responsibility for the care that is provided

COORDINATED
- A plan of care is developed by the physician, child or youth, and family and is shared with other providers, agencies, and organizations involved with the care of the patient.
- A central record or database containing all pertinent medical information, including hospitalizations and specialty care, is maintained at the practice. The record is accessible, but confidentiality is preserved.

COMPASSIONATE
- Concern for well-being of child and family is expressed and demonstrated in verbal and nonverbal interactions.
- Efforts are made to understand and empathize with the feelings and perspectives of the family as well as the child or youth.

CULTURALLY EFFECTIVE
- All efforts are made to ensure that the child or youth and family understand the results of the medical encounter and the care plan, including the provision of (para) professional translators or interpreters, as needed.
- Written materials are provided in the family's primary language.

-1. The Medical Home. *Pediatrics*. 2002; 110: 184-186.

The American Academy of Pediatrics, American Academy of Family Physicians, National Association of Pediatric Nurse Practitioners, Family Voices, and United States Maternal and Child Health Bureau endorse the medical home as the model for 21st century primary care.

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