

National Center for Medical Home Implementation

Your Source for Medical Home Information and Support

WWW.MEDICALHOMEINFO.ORG

The National Center for Medical Home Implementation (NCMHI) is a cooperative agreement between the Maternal and Child Health Bureau (MCHB) and the American Academy of Pediatrics (AAP) that works to ensure that all children and youth—with and without special health care needs—have the services and support necessary for comprehensive health care through the medical home approach to care.

Visit the NCMHI Web site to learn more about family-centered medical home and how clinicians, practices, families, states, and communities are advancing medical home implementation. Content areas of the NCMHI Web site include:

MEDICAL HOME STATE PAGES

Find out about medical home-related activities in your state by visiting the **State Pages** section of the site. These pages include regularly updated information on state pediatric medical home initiatives, key local partners for advancing medical home, child health data, and state specific tools and resources.

MEDICAL HOMES @ WORK E-NEWSLETTER

Subscribe to the free monthly **Medical Homes @ Work e-Newsletter** to stay up-to-date on new medical home tools, resources, training materials, upcoming events, funding opportunities, and national and state initiatives. To subscribe, send an e-mail with "Subscribe" in the subject line to medical_home@aap.org.

TRAINING & EDUCATION

Interested in learning more about medical home implementation? The **Training & Education** section of the site provides a list of upcoming conferences, webinars, and other learning opportunities. This section also describes various residency and medical student education initiatives, along with medical home competencies for Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs.

BUILDING YOUR MEDICAL HOME TOOLKIT

The **Building Your Medical Home toolkit** (www.PediatricMedHome.org) is a free online resource that helps a pediatric practice assess and improve its medical home capacity with resources and downloadable tools. Organized by 6 'building blocks,' the toolkit includes a crosswalk between each of the building blocks and the National Committee for Quality Assurance (NCQA) medical home recognition program "must pass" elements.

HOW TO IMPLEMENT

The NCMHI has catalogued an extensive list of user-friendly tools and resources for clinicians, families, youth, and others interested in creating a medical home. Visit the **How to Implement** section of the site to learn how you can adapt these tools to best meet the needs of all children and youth. This section is framed around the 6 building blocks of the *Building Your Medical Home* toolkit.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)

Almost 14% of US children have special health care needs, and nearly 1 out of 5 households with children include at least 1 child with a special health care need.¹ Visit the **CYSHCN page** located in the How to Implement, Care Delivery Management section of the site for tools and resources for CYSHCN, their families, and care providers.

FOR FAMILIES

The NCMHI recognizes that families are the foundation of the medical home. As such, the **For Families** section of the site hosts useful resources, including care notebook templates, community and state resources, tips on how to partner with providers, and a link to www.HealthyChildren.org—the AAP Web site for families. Several resources are also available in Spanish.

NATIONAL INITIATIVES

The **National Initiatives** section of the site provides a snapshot of medical home-related initiatives across the country, such as multi-payer demonstration projects and state grant programs. This section also provides updates on the various medical home recognition/accreditation programs, health care reform, and several other AAP projects that address the needs of children and youth and their families.

Contact the NCMHI at medical_home@aap.org or 800/433-9016, ext 7605



American Academy of Pediatrics
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What is a Family-Centered Medical Home?

A family-centered medical home is an approach to providing comprehensive primary care. In a family-centered medical home the pediatric care team works in partnership with a child and a child's family to assure that all of the medical and non-medical needs of the patient are met.

Through this partnership the pediatric care team can help the patient and their family access, coordinate, and understand specialty care, educational services, family support, and other public and private community services that are important for the overall health of the child and family. The desirable characteristics of a medical home developed by the AAP are listed to the right.²

TRANSFORMING IDEALS INTO REALITY

In March 2007, the AAP, American Academy of Family Physicians, American College of Physicians, and the American Osteopathic Association jointly endorsed the patient-centered medical home (PCMH) as an approach to providing comprehensive primary care for children, youth, and adults including seven principles: personal physician, physician-directed medical practice, whole-person orientation, coordinated care, quality and safety, enhanced access, and appropriate payment.³

ACCESSIBLE

- Care is provided in the child's or youth's community.
- All insurance, including Medicaid, is accepted, and changes are accommodated.
- Children, youth, and their families are able to speak directly to their pediatrician when needed.

FAMILY-CENTERED

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

CONTINUOUS

- The same primary pediatric health care professionals are available from infancy through adolescence and young adulthood.
- Assistance with transitions (to school, home, and adult services) is provided.
- The medical home provider participates to the fullest extent allowed in care and discharge planning when a 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 pediatrician advocates for the child or 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 pediatrician, child or youth, and family and is shared with other providers, agencies, and organizations involved with 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 the well-being of child or youth 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 and the child or youth.

CULTURALLY EFFECTIVE

- 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 paraprofessional translators, or interpreters as needed.
- Written materials are provided in the family's primary language.

1 US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. National Survey of Children with Special Health Care Needs Chartbook, 2005-2006. Rockville, MD: DHHS; 2008. <http://mchb.hrsa.gov/cshcn05/>. Accessed September 8, 2011.

2 Medical Home Initiatives for Children with Special Needs Project Advisory Committee. American Academy of Pediatrics. The medical home [reaffirmed 2008]. *Pediatrics*. 2002;110(1 pt 1):184-186.

3 Patient-Centered Primary Care Collaborative. Joint Principles of the Patient-Centered Medical Home. Washington, DC: Patient-Centered Primary Care Collaborative; 2007. <http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home>. Accessed September 8, 2011.

