

[About Us](#)[State Pages](#)[Tools/  
Resources](#)[Training Programs  
& Materials](#)[Screening  
Initiatives](#)[Grant & Funding  
Opportunities](#)[Model  
Programs](#)[Health  
Topics](#)[Medical Home  
Publications](#)

**The medical home Web site contains resources, information, and tools on providing medical homes for children and youth with special health care needs (CYSHCN). Visit this site 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 the lives of CYSHCN.**

## Publications

**CHILDREN WITH SPECIAL HEALTH CARE NEEDS MAKE UP 16.2% OF THE CHILD HEALTH POPULATION AND YET ACCOUNT FOR 45.7% OF THE MEDICAL CARE DOLLAR (in 2000).**

For more information visit the *Medical Home Publications* Web section, which includes information on federal initiatives, articles, policy statements and reports that have been developed on the Medical Home, as well as statements and reports from 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...*



*It sounds too good to be true.*

From the Ohio Medical Home Focus Group Project

## 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.

## Subscribe to our Listserv® and

eNewsletter 

### MEDICAL HOMES@WORK

An e-Newsletter that offers bi-weekly updates on medical home issues, resources, funding opportunities, news from the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, and a page on medical home and transitions.

## 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

### 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

**[www.medicalhomeinfo.org](http://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](mailto:medical_home@aap.org) or call 800-433-9016 ext. 4917.**

# Medical Home Facts



EXPLAINING THE MEDICAL HOME –  
TALKING POINTS FROM THE  
CENTER FOR MEDICAL HOME IMPROVEMENT  
([www.medicalhomeimprovement.org](http://www.medicalhomeimprovement.org))

- A **medical home** combines place, process, and people-
- The central place where primary care is provided
  - The process and scope of care in that place, and
  - The team of people delivering and coordinating care

Patients and families expect that their **medical home** staff will:

- Know and remember them
- Respect their ideas, customs and beliefs, and
- Help them coordinate care and information among multiple professionals and services

The primary care **medical home** strives to improve health outcomes and quality of life for patients and families - while improving the experience of providing healthcare for its office staff

Care received in a **medical home** can be good, better, or great depending upon the openness to change and commitment to partner with families/consumers to make things better

Improving care for children or adults with more complex health needs enhances the **medical home** experience for all patients; medical home is about practice-wide improvement - not a special, separate primary care program

A “great” **medical home** declares itself to be a medical home, and

- Knows its patients and patient populations
- Partners with and learns from youth and families
- Uses a proactive team approach to chronic condition care
  - Including planned visits, coordination of complex services, co-management with specialists, and assistance with transitions - especially to adult services
- Connects with other community-based organizations
- Offers safe, efficient care while preventing unnecessary or duplicative services, thus reducing health care costs

**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.**