

The Medical Home



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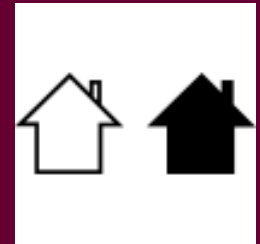
What is a medical home ?

Is it a place? Is it a concept?

- a system of health care for the child with special needs which is accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally centered
- A medical home is not a building, house, or hospital, but rather an approach....
-An approach to providing health care services in a high-quality and cost-effective manner.



Or....in other words



- A medical home is a way a CSHCN, their family and all their doctors work together to find a plan for them to reach their life goals/dreams and stay healthy in the process. It is also a way of putting all the people who can help CSHCN under one roof.

Who needs a medical home ?

A child who :

Is medically fragile

Multiple medical problems

Needs medical equipment and supplies

More than one care provider involved



Examples of kids who need medical homes

- Traumatic brain injury
- Prematurity :with residual deficits
- Trach/Vent
- Genetic disorders
- Severe asthma
- Cerebral Palsy
- Congenital Heart disease etc

Does the address matter?

Who is part of the family?

- A **Medical Home** can be found in any number of settings:
- in urban, suburban, and rural communities; in private practice, and community clinics.

A **Medical Home** for a child with special health care needs can be provided by: pediatrician, family practitioner, pediatric specialist, perhaps a nurse practitioner or other primary care provider who has the knowledge and skills to treat the child's special condition while also providing typical pediatric care.



Home Vs Hospital ?



The case for the medical home

1. Children spend less time in the hospital
2. Hospitalization is expensive
3. Increases the satisfaction of patient and family
4. Increased wellness resulting from comprehensive care
5. Less nosocomial infections
6. Improved quality of life
7. Exposure to activities of daily living

Qualities of a good medical home

Accessibility:

"its there when I need it"

- ❖ community care provider trained to care for CSHCN
- ❖ All insurance covered- including Medicaid
- ❖ Ensure that MD is accessible by public transport
- ❖ Ability to speak directly with PMD



Family Centered: *"we know our child best"*



- ❖ The family must be recognized as the primary care provider
- ❖ MD & family share responsibility in caregiving
- ❖ Family knows best (or pt themselves when old enough)
- ❖ Clear, complete and unbiased information is continually provided to family and pt.



Continuous:

"it's a long term commitment ..for everybody"

- ❖ Ideally the same PMD from infancy to adolescence
- ❖ Easy transition to adult care specific to pt needs
- ❖ The PMD is involved to the fullest extent when pt is admitted to the hospital



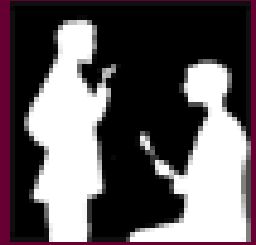


Comprehensive:

"my child need more"

- ❖ Physician well-trained to manage all aspects of care
- ❖ Outpatient and inpatient care for all medical issues, acute and chronic are available 24/7
- ❖ Preventive care given
- ❖ Physician acts as child and family advocate to acquire comprehensive care
- ❖ Longer scheduled appointments





Co-ordinated: *"all together nowpull"*

- ❖ Physician develops plan of care and shares with all other providers working with family
- ❖ Childs care coordinated through the medical home
- ❖ Current record of patients medical issues maintained at practice and easily accessible
- ❖ Families linked to support groups and family resources



Compassionate:

"....show us that you care"

- ❖ Physician demonstrates compassion for family and pt in verbal and nonverbal interactions
- ❖ Physician empathizes with families feelings and perspectives



Culturally effective: *"speak to me....in my language"*

- ❖ Family's cultural backgrounds recognized and respected and included in care plan
- ❖ Effort made to ensure family and patient understand care plan via professional translators
- ❖ Written materials in patients language made available to family and patient



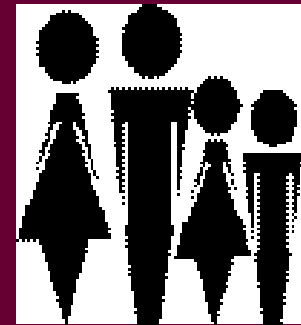
Who makes a medical house a home?

- ❖ Patient
- ❖ Family
- ❖ Primary Care Provider
- ❖ Sub-specialists
- ❖ Nurses
- ❖ Therapists
- ❖ Social Workers/Case Managers



Also very important:

- ❖ Pharmacists
- ❖ Medical Equipment Providers
- ❖ Teachers
- ❖ Transportation providers
- ❖ Community
- ❖ Information Resources
- ❖ Insurance groups



Medical Home: a daunting task?

Is the ultimate responsibility Mom & Dad's??

- Medical-
 - ❖ Parent(s) need to understand the medical issues involved
 - ❖ Receive adequate training in caregiving
 - ❖ Need to recognize dangerous situations: medical complications
- Economic:
 - ❖ Insurance co-pays
 - ❖ Figuring out all resources available to provide economic support
 - ❖ Who to ask about what resources are available
- Social:
 - ❖ Remembering that other children in home also need attention
 - ❖ Mom & Dad are still a couple !
 - ❖ Adjusting /learning to love a chronically ill child (and not compare to other kids)
 - ❖ Dealing with a extended family /friends/or lack thereof



And so.....THE TEAM !

What we as residents can do...



- PMDs:
 - ❖ Be a coordinator - tie all information into a digestible package for families.
 - ❖ Realize that parents will be experts in their child's care...and its ok to know a little less than mom!
 - ❖ Be a resource person who knows what's available out there...medical info/ economic resources etc
 - ❖ Have a pt summary /plan of care available in case child falls ill while they are not around
 - ❖ Recognize that families sometimes need a break

Specialists:



- ❖ Remember that one is a specialized room in the medical home!
- ❖ Therefore, communication with other members of the home is vital
- ❖ Sometimes one's suggestions are open to scrutiny by the team
- ❖ Our ultimate aim: to do what's best for the patient



Special families - *special needs*

- *Family resources are extensive - we just need to know what they are!*
 - ❖ Educational- medical information for parents: books, videos etc
 - ❖ Economic- the public health department/insurance/mileage reimbursement etc
 - ❖ Emotional- support groups/counsellors/chat groups online
 - ❖ Social- special outings for kids & families/camps



And finally.....

- ❖ A medical home running ideally is a cost effective and compassionate means to providing care
- ❖ Such qualities in medical care are invaluable to CSHCN, however physicians should strive to provide such care for all patients



References

- Pediatrics, The Medical Home- policy statement, VOl. 110 No. 1, July, 2002, pp. 184-186
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