



The Medical Home



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Case Presentation



- John and Mary are expecting their first child. Pregnancy was normal except for mild growth retardation.
- Shortly after birth, infant was noted to have difficulty breathing, and required intubation.
- Later the infant was noted to have dysmorphic facies and a heart murmur.



Case Presentation, cont.

- Child was admitted to the NICU and later diagnosed with chromosomal abnormality and an associated cardiac defect.
- Family unprepared both physically and emotionally to manage a special needs child in their home.



What is a medical home?

- The AAP defines a medical home as a concept in which physicians and families develop a partnership of mutual responsibility and trust that provides medical care which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.

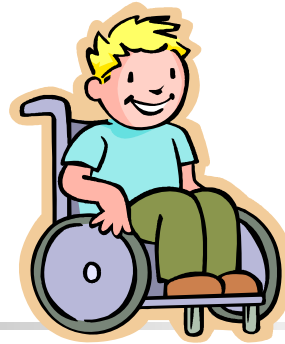


Who is in a medical home

- Child
- Family
- Extended family
- Pediatrician
- Insurance Co.
- Specialty physicians
- Community
- Therapists
- Pharmacists
- Nurses
- Case managers
- Equipment companies
- Schools
- Transportation
- Social workers



Accessible



- Care is provided in the child's community
- All insurance is accepted
- Changes in insurance are accommodated
- Practice is accessible by public transportation
- Families can speak directly to physicians
- Practice is physically accessible



For this child

- It is important to anticipate the needs for this child prior to discharge.
- Initial pediatrician chosen by family was not well-suited to care for a child with special needs.
- Parents have independent insurance through dad's work.

Family Centered



- Medical home physician is known to the child and family.
- Mutual responsibility and trust exist between patient, family, and physician.
- Family is recognized as the principle caregiver and center of strength and support



Family Centered

- Clear, unbiased and complete options are shared on an ongoing basis
- Families share responsibility in decision making
- Family recognized as expert in child's care



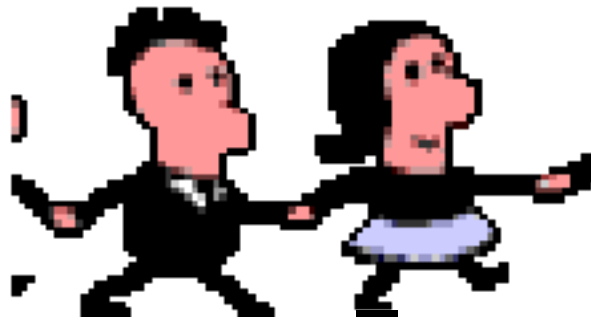
For this child

- Pediatrician came into the hospital and established a relationship with the family prior to discharge.
- Over time, the family will become more comfortable in taking an active role in decision making for their child with the pediatrician's ongoing help.



Continuous

- The same pediatric professionals are available through young adulthood
- Assistance with transitions
- Pediatrician will take an active role during hospitalizations and discharges.





For this child

- This pediatrician has an opportunity to develop a care plan for this patient which can be continually updated as the child grows older. This will assist in hospitalizations and transitions for the patient and family.
- All specialists will care for the child into young adulthood.



Comprehensive



- Physician is able to facilitate and manage all aspects of the patients care.
- Ambulatory and inpatient care for ongoing and acute illnesses is ensured.
- Preventative care is provided.
- Physician is an advocate for the child and family.



Comprehensive

- Child's medical, educational, developmental and psychosocial needs are identified and addressed.
- Information is made available about private insurance and public resources.
- Extra time scheduled for an office visit is scheduled if needed.



For our child

- Pediatrician should address at each visit routine preventative care as well as other psychological, emotional, social needs that the family and patient have.
- Pediatrician has privileges to admit to local children's hospital.
- Pediatrician can provide information about financial resources.



Coordinated



- Plan of care is developed and shared.
- Essential record is generated and updated frequently or as needed.
- Medical home shares information with consultants and provides specific reason for referral.
- Families are linked to support groups



Coordinated

- Physician should review and interpret the specialist's recommendations for the child.
- Plan of care is coordinated with both educational and other community organizations.

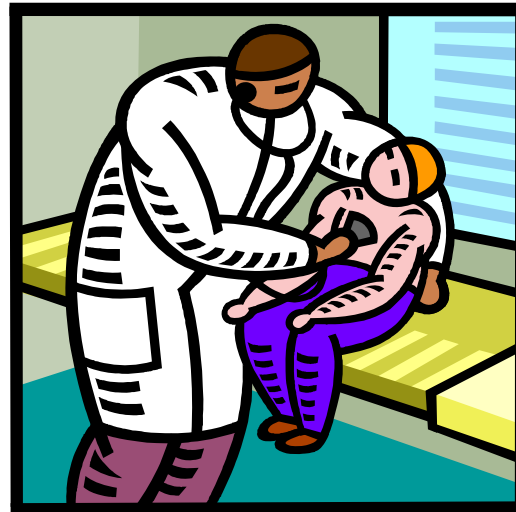


For our child

- Specialist must communicate with family as well as the medical physician so a common message is provided.
- Pediatrician can link the family with appropriate community resources.
- Pediatrician should be accessible for care conferences with other professionals.

Compassionate

- Concern is expressed and demonstrated.
- Efforts are made to empathize and understand the feelings and perspectives of the family.





For our child

- Pediatrician should be a good listener and caring provider by addressing ALL aspects of their family life.

Culturally effective

- Recognize the family's cultural background including beliefs, rituals and customs.
- Provide written materials in the family's primary language.





For our child

- Medical home physician should become familiar with the family's religious and cultural background. These can have implications on decision making for this child as well as for this family's future family planning.



Conclusion



- Children do not live in a bubble. Their health and well-being is affected by every daily interaction with the world around them.
- In order to be effective health care providers, especially for children with special needs, pediatricians must treat not only the whole child, but also the whole family.

References

- The Medical Home, AAP Policy Statement. Vol. 110. #1. July 2002, pgs 184-186.

