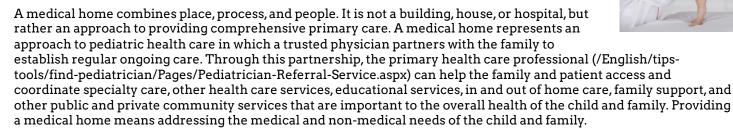


## A Medical Home Where Everybody Knows Your Name

## What Is a Medical Home?

This idea of a "medical home" — a place where everybody knows your name and your medical records are complete — is nothing new. In fact, that term has been used in medical and government circles for well over a decade.



A pediatric medical home is defined by the AAP as having the following characteristics:

- The medical care of infants, children, adolescents, and young adults ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.
- It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care.
- The physician should be known to the child and family, and be able to develop a partnership of mutual responsibility and trust.

Children can be cared for at a physician's office, a hospital outpatient clinic, a community health center, or a schoolbased clinic, as long as it provides the services that constitute comprehensive care. Those services include:

- **Partnership**: Provision of family-centered care through developing a trusting partnership with families, respecting their diversity and recognizing that they are the constant in a child's life.
- Clarity: Sharing clear and unbiased information with the family about the child's medical care and management and about the specialty and community services and organizations they can access.
- **Primary care:** Provision of primary care, including but not restricted to acute and chronic care and preventive services, including breastfeeding promotion and management, immunizations, growth and developmental assessments, appropriate screenings, health care supervision and patient and parent counseling about health, nutrition, safety, parenting, and psychological issues.
- **Secondary care**: Assurance that ambulatory and inpatient care for acute illnesses will be continuously available (24 hours a day, 7 days a week, 52 weeks a year).
- **Continuity:** Provision of care over an extended period of time to ensure continuity. Transitions, including those to other pediatric providers or into the adult health care system, should be planned and organized with the child and family.
- Referrals: Identification of the need for consultation and appropriate referral to pediatric medical subspecialists and surgical specialists. (In instances in which the child enters the medical system through a specialty clinic, identification of the need for primary pediatric consultation and referral is appropriate.) Primary, pediatric medical subspecialty, and surgical specialty care providers should collaborate to establish shared management plans in partnership with the child and family and to formulate a clear articulation of each other's role.
- **Intervention:** Interaction with early intervention programs, schools, early childhood education and childcare programs, and other public and private community agencies to be certain that the special needs of the child and family are addressed.
- **Coordination:** Provision of care coordination services in which the family, the physician, and other service providers work to implement a specific care plan as an organized team.
  - **cord-keeping:** Maintenance of an accessible, comprehensive, central record that contains all pertinent formation about the child, preserving confidentiality.

• Assessment: Provision of developmentally appropriate and culturally competent health assessments and counseling to ensure successful transition to adult-oriented health care, work, and independence in a deliberate, coordinated way.

To meet the definition of medical home, a designated physician must ensure that the aforementioned services are provided, regardless of the venue in which the medical care is provided.

## Is It OK to Leave Home?

Obviously, the ER does not meet those objectives, nor is it designed to do so. As its name implies, the ER is for emergencies only — when your child experiences a life-threatening illness or injury and can't wait for a trip to the doctor's office.

But what about walk-in health care centers, including the new breed of in-store clinics offered by major drugstore chains? Is it ever acceptable to go to a walk-in for relatively minor health complaints like earaches and sore throats?

Certainly, these clinics can be helpful, especially if you are away from home or an illness occurs after hours. But just like the ER, they don't meet the definition of a medical home, and for the health of your child, you should think twice about using them routinely.

The need for an ongoing source of health care — ideally a medical home — for all children has been identified as a priority for child health policy reform at the national and local level. Over the next decade, with the collaboration of families, insurers, employers, government, medical educators, and other components of the health care system, the quality of life can be improved for all children through the care provided in a medical home.

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