



Access to Medical Home

ISSUE BRIEF 8

This issue brief is the eighth in a series developed by Early Childhood Iowa (ECI) Quality Services and Programs Component. This issue brief is intended to help inform policy makers of the importance of a medical home.

What is a Medical Home?

Although many definitions of “medical home” circulate through the private and public health communities, the clearest and best definition is from the American Academy of Pediatrics:

A medical home provides high quality, cost-effective health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, culturally-competent, and delivered in meaningful partnership with families.

Data from a random sample survey of Iowa families shows that only 57% of families of children with special health care needs report having a medical home. (*National Children with Special Health Care Needs Survey, National Center for Health Statistics, 2001*)

Why is a Medical Home Important For Young Children?

- Guarantees an evidence-based, high quality of care
- Good health outcomes are more likely
- Links the child and family to all needed services
- Includes the family in care planning and decision-making
- Reduces child hospitalizations and need for parents to miss work (*Palfrey, et al; The Pediatric Alliance for Coordinated Care: Evaluation of a Medical Home Model; Pediatrics (Supplement); 113(5); May 2004*)

A medical home will benefit any child, but especially a child with special health care needs.

The following are examples of where a medical home would be helpful:

A 4 year-old with Down Syndrome is receiving speech, occupational, and physical therapies through the Area Education Agency and the hospital. The child sees a pediatric cardiologist, an allergist, and an ENT, as well as specialists in the Center for Disabilities and Development at UIHC. The mother is not sure which doctor to call when a problem arises.

A child with ADHD is seeing a school counselor, a psychiatrist, and a family practice physician. The child often runs out of medicine while waiting for a new prescription to be written. The physicians frequently call the pharmacy to see when the child’s last prescription was filled.

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An 18 month-old is usually healthy, but wheezes when having a cold. The youngster is being seen by an allergist-pulmonologist, as well as a pediatrician. When the family visits relatives, it is not uncommon to have to take their toddler to a hospital emergency room.

What Medical Home Principles Make a Difference in Children’s and Families’ Lives?

- Engage parents and children as partners; ask what goals they want to accomplish
- Create a registry of children and youth with special health care needs in the practice
- Provide care in planned visits based on child and family needs
- Develop strategies and roles for care coordination and communication at the practice level

(Adapted from: American Academy of Pediatrics National Medical Home Center; Center for Medical Home Improvement; and National Initiative for Children’s Healthcare Quality)

What is Happening in Iowa to Establish Medical Homes?

Since 2002, the Iowa Medical Home Initiative (IMHI) has worked with primary care practices (pediatric and family medicine) to improve service quality through building medical home models.

The IMHI learning strategies for primary care practices include one-on-one facilitation, multi-practice learning collaboratives, and technical assistance. The learning collaboratives promote early childhood health and well-being through chronic care improvement, care coordination, and childhood development.

IMHI Core Partners:

Child Health Specialty Clinics
Early ACCESS (IDEA Part C)
1st Five Healthy Mental Development Initiative

Additional IMHI Collaborators:

Community Empowerment Professional
Development
Early Childhood Iowa (ECI)
Iowa Academy of Family Physicians
Iowa Academy of Pediatrics
Wellmark Foundation

What is the IMHI Commitment?

The IMHI commits to continue its efforts to spread the medical home model to all providers and practices who are interested in learning about the model. The IMHI also commits to participate in larger national or state system development efforts to spread and sustain the medical home model.

For Further Information

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