






## Medical Home Facts


-  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

- “Medical Home Talking Points.” Center for Medical Home Improvement. January 2006.  
([www.medicalhomeimprovement.org](http://www.medicalhomeimprovement.org))

## 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.

**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.**