



A Medical Home

Where Everybody Knows Your Name

By Colleen Marble

As a kid, I went to the ER a lot. No, I didn't suffer from more than my fair share of broken bones or cuts that required stitches. Instead, for reasons I still don't fully understand, my mother used the ER or walk-in clinics in place of a pediatrician, even for fairly routine illnesses like bronchitis, strep, and the flu.

The trouble with that, aside from the obvious high costs and backlog of patients in the waiting room, is that I rarely saw the same doctor twice. That might be okay under some circumstances, but if I had developed a chronic condition, such as asthma, doctors might have had a hard time diagnosing and treating me without knowing my previous medical history.

That's why, now, as the mother of two young boys, I feel so strongly about having them see the same pediatrician for all but the most unusual of situations — like the time we were on vacation and my son scratched his cornea while swimming at the lake. A trip to the 24-hour walk-in clinic was clearly in order.

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 medical home combines place, process, and people. It is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home represents an approach to pediatric health care in which a trusted physician partners with the family to establish regular ongoing . Through this partnership, the primary health care professional can help the family and patient access and coordinate specialty care, other health care services, educational services, in and out of home care, family support, and other public and private community services that are important to the overall health of the child and family. Providing a medical home means addressing the medical and non-medical needs of the child and family.

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 school-based 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.
 - **Record-keeping:** Maintenance of an accessible, comprehensive, central record that contains all pertinent information 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. ●