

# Medical Home Sweet Home

*By Emily McKinley, Health Information Specialist*

You may have recently heard the term “medical home.” Although the concept dates back to the 1960s, there has been a resurgence of interest in the design and implementation of medical homes. In 2002, the American Academy of Pediatrics defined medical home as “a model of delivering primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.” Essentially, medical homes provide care that fosters an ongoing and mutually trusting relationship between the provider and patient.

Family Voices advocates for increased practice of the medical home concept as its implementation has shown significant improvements in quality of care while minimizing out of pocket expenses. Medical home is especially beneficial to children and youth with special health care needs (CYSHCN), as it may allow for earlier detection of developmental delays and new onset of illness while improving the overall coordination of care. Further, Family Voices wishes to empower families of CYSHCN in their personal advocacy efforts by sharing how you may make your voice heard.

In 2009, a three-year federal grant was awarded to Indiana State Department of Health to fund Indiana Community Integrated Systems of Services (IN CISS). The grant funds are split among three initiatives, which are Medical Homes, Transition, and Sustainability. Because IN CISS targeted CYSHCN, the medical homes initiative was designed in such a way as to engage pediatric and family medicine practices in a Medical Home Learning Collaborative (MHLC). In addition to the 18 practices throughout Indiana, parents and families are also participating in the project. The project is led by Mary Jo Paladino, IN CISS Project Facilitator, and Angela Paxton, IN CISS Parent Consultant, as well as an advisory committee. Ms. Paladino and Ms. Paxton as well as several advisory committee members are parents of children with special needs. The advisory committee is charged with carrying out the goals of the initiative, hosting a biweekly conference call that features a medical home educational topic for the practices, conducting site visits, and promoting the medical home concept in practice.

Most parents engaged in the initiative do so as part of Quality Improvement (QI) Practice Teams. These teams consist of the entire practice staff, to include physicians, nurses, front office, and other support personnel, and a parent (family) or patient partner, who is invited by the practice to participate. Many of the parent partners have CYSHCN. Each QI team differs in regards to the degree and level of commitment and involvement as well as demographics, depending upon the needs of the area in which a practice is established. For example, QI teams include parents with CYSHCN, those belonging to Amish communities, and individuals who do not speak English.

According to Ms. Paxton, the parent and patient partners are invaluable assets to the medical home initiative. She said, “They (parent and patient partners) have a unique perspective to the

partnership. Their voice is very important. Families should feel comfortable sharing their doubts, questions, and input. Share your experience to help in diagnosis and care.” Ms. Paxton acknowledges that the onus is not only on the families and patients to advocate for a medical home but also for the professionals who serve them. To professionals, Ms. Paxton recommends, “Listen to your patients. It’s about looking them in the eye, taking that information and making informed and collaborative decisions.

Sheila Waldrige is the mother of an adult child with special needs, and she serves as both a QI team parent and patient partner for a family practice in Mitchell, Indiana. She said she had a positive experience in her role and appreciates the opportunity to learn new ideas not only about medical home but also about care as a whole. When asked about the importance of a parent partnership, she stated, “I’ve been to so many doctors who treat you as a number, not a person. With a medical home, you are treated like a person. “ She felt that the most important aspect of advocating for a medical home, whether you do so on a formal platform or informally was to ensure that physicians were receptive to patient and family input. “It will improve the care,” she said.

To advocate for medical home concepts in your physician’s practice, start by providing informal comments on comment cards, verbally, or via email. Remember, positive and constructive comments are better received than those stating only the negative. Once you have established a relationship with the practice, Ms. Paxton recommends asking the physician if the practice welcomes input from family partners, and further, whether QI or advisory teams are employed by the practice to strengthen it as a medical home. If so, express your interest in serving on a team.

Lastly, when “shopping” for your next physician, make your first question, “Do you consider this practice a medical home?” The physician’s answer may allude to whether you will receive impersonal, number-based care or if you have found your medical home sweet home.

For more information about medical homes and the MHLC, please visit:  
<http://www.in.gov/isdh/24901.htm>.

