

Desirable Characteristics of a Medical Home

★ Accessible

- ★ Care is provided in the child's or youth's community.
- ★ All insurance, including Medicaid, is accepted.
- ★ Changes in insurance are accommodated.
- ★ Practice is accessible by public transportation, where available.
- ★ Families or youth are able to speak directly to the physician when needed.
- ★ The practice is physically accessible and meets Americans with Disabilities Act requirements.

★ Family-Centered



- ★ The medical home physician is known to the child or youth and family.
- ★ Mutual responsibility and trust exists between the patient and family and the medical home physician.
- ★ The family is recognized as the principal caregiver and center of strength and support for the child.
- ★ Clear, unbiased, and complete information and options are shared on an ongoing basis with the family.

- ★ Families and youth are supported to play a central role in care coordination.
- ★ Families, youth, and physicians share responsibility in decision-making.
- ★ The family is recognized as the expert in their child's care, and youth are recognized as the experts in their own care.

★ Continuous

- ★ The same primary pediatric health care professionals are available from infancy through adolescence and young adulthood.
- ★ Assistance with transitions, in the form of developmentally appropriate health assessments and counseling, is available to the child or youth and family.
- ★ The medical home physician 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

- ★ Care is delivered or directed by a well-trained physician who is able to manage and facilitate essentially all aspects of care.
- ★ Ambulatory and inpatient care for ongoing and acute illnesses is ensured, 24 hours a day, 7 days a week, 52 weeks a year.
- ★ Preventive care is provided that includes immunizations, growth and development assessments, appropriate screenings, health care supervision, and patient and parent counseling about health, safety, nutrition, parenting, and psychosocial issues.
- ★ Preventive, primary, and tertiary needs are addressed.
- ★ The physician advocates for the child, youth, and family in obtaining comprehensive care and shares responsibility for the care that is provided.





★The child's or youth's and family's medical, educational, developmental, psychosocial, and other service needs are identified and addressed.

★Information is made available about private insurance and public resources, including Supplemental Security Income, Medicaid, the State Children's Health Insurance Program, waivers, early intervention programs, and Title V State Programs for Children with Special Health Care Needs.

★ Extra time for an office visit is scheduled for children with special health care needs, when indicated.

★ **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.

★Care among multiple providers is coordinated through the medical home.

★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.

★The medical home physician shares information among the child or youth, family, and consultant and provides the specific reason for referral to appropriate pediatric medical subspecialists, surgical specialists, and mental health/developmental professionals.

★Families are linked to family support groups, parent-to-parent groups, and other family resources.

★When a child or youth is referred for a consultation or additional care, the medical home physician assists the child, youth, and family in communicating clinical issues.

★The medical home physician evaluates and interprets the consultant's recommendations for the child or youth and family and, in consultation with them and subspecialists, implements recommendations that are indicated and appropriate.

★The plan of care is coordinated with educational and other community organizations to ensure that special health care needs of the individual child are addressed.

★ **Compassionate**

★Concern for the well-being of the child or youth and family is expressed and demonstrated in verbal and nonverbal interactions.

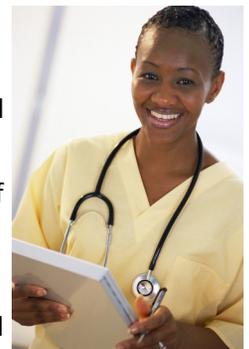
★Efforts are made to understand and empathize with the feelings and perspectives of the family as well as the child or youth.

★ **Culturally Effective**

★The child's or youth's and family's cultural background, including beliefs, rituals, and customs, are recognized, valued, respected, and incorporated into the care plan.

★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.



Physicians should strive to provide these services and incorporate these values into the way they deliver care to all children. (Note: pediatricians, pediatric medical subspecialists, pediatric surgical specialists, and family practitioners are included in the definition of "physician.")

Source: <http://aappolicy.aappublications.org/cgi/content-nw/full/pediatrics;110/1/184/T1>