

Goals Of A Medical Home

Medical home is based on the need to:

- Develop ways that families and professionals work in partnership
- Recognize and respect the abilities one brings to the working relationship
- Acknowledge trust as necessary to the relationship
- Favor open communication
- Create a culturally-effective atmosphere
- Recognize the value of negotiation
- Illustrate mutual commitment of families, professionals, and communities to meet the needs of children with special health conditions

Physician Quote

“The enthusiasm our three parent partners bring to our quality improvement team has been an inspiration. When other issues distract the practice staff, the parent partners have kept the medical home improvements on task.”

~ Tim Geleske, MD

Resources

Call DSCC at [1-800-322-3722](tel:1-800-322-3722) for additional information on how to become a partner in the Medical Home approach of providing health care services in a high quality and cost-effective manner!

- Invite DSCC to give your entire practice staff a one hour educational in-service on the Medical Home Model.
- Find out how DSCC can facilitate a Quality Improvement Team for your practice.

DSCC Website:

www.uic.edu/hsc/dsc/

Click on the “Medical Home” button on the right side of the page for medical home information involving DSCC.

To review national medical home information involving all states, visit:

www.medicalhomeinfo.org

For medical home information and quality improvement strategies including a practice assessment tool called the “Medical Home Index,” visit:

www.medicalhomeimprovement.org

Health Supervision Guidelines:

www.brightfutures.org

Family Voices Website:

www.familyvoices.org



Becoming a DSCC Medical Home Physician

Pediatricians and family physicians can become DSCC-approved medical home physicians for children enrolled in the DSCC Core program. Benefits include: 1) reimbursement for care coordination activities, 2) coordination of services including community resource sharing and insurance management with families, and 3) fostering communication with other providers.

You will need to provide your professional training and experience, taxpayer identification number and legal status, professional insurance and proof of liability insurance and complete the CME activity at the end of the “Medical Home Primer for Community Pediatricians and Family Physicians.” (Up to 2 CME credits available for this activity)

For further information about the approval process and reimbursement or to obtain the required forms and a PDF version of the Medical Home Primer, go to the DSCC website at: www.uic.edu/hsc/dsc/ and click on the “Providers” link on the right side of the page.

What Does It Mean to Have a Medical Home Relationship with Families?



Information for Primary Care Providers

“Medical Home?”

Medical home represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or health-care professional whom they trust. The pediatric healthcare professionals in partnership with the family work with appropriate community resources and systems to achieve the child’s maximum potential and optimal health. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood.

Parent Quote

“Having a child with special needs can be very life consuming. It is nice to know that our docs and staff at our practice understand our struggles and triumphs. They help us to coordinate care for our special kids and to help them reach the maximum potential of their abilities. Not only is there concern for the child, but the family as a whole.”

~ Cheryl Noll, parent partner

Foundation of A Medical Home: The Family-Professional Partnership

A Medical Home means that:

The primary care physician and other health care providers

- Know the child’s health history
- Listen to the parents’ and child’s concerns and needs
- Work in partnership with families to ensure that the medical and non-medical needs of the child and family are met
- Create a trusting, collaborative relationship with the family
- Treat the child with compassion and understanding
- Develop a care plan with the family for their child when needed

The parents and child

- Are comfortable sharing concerns and questions with the child’s primary care physician and other health care providers
- Routinely communicate their child’s needs and family priorities to the primary care physician, who promotes communication between the family and other health care providers when necessary

**MEDICAL HOME: CARE THAT IS
PROACTIVE...NOT REACTIVE**



A Medical Home Physician Ensures Care That Is:

ACCESSIBLE

Care is available 24 hours a day, 7 days a week in the child’s community.

FAMILY-CENTERED

Recognition that the family is the principal caregiver and the center of strength and support for children.

CONTINUOUS

Same primary pediatric health care professionals are available from infancy through adolescence.

COMPREHENSIVE

Refers to acute, chronic, and preventive care needs, as well as mental health and community referral needs.

COORDINATED

Families are linked to support, educational, and community-based services.

COMPASSIONATE

Concern for well-being of child and family is expressed and demonstrated.

CULTURALLY EFFECTIVE

Family’s cultural background is recognized, valued, and respected.