Enhanced Medical Home

- More time than typical pediatric visit
- *Intensive* primary care
- Bringing primary and sub-specialty care into the community
- Integration
  - Developmental screening & surveillance
  - Traditional sub-specialty care services (Mental and Oral health care, e.g.)
- Health Education
- Effective use of Health Information Technology
- Evidence-based/informed
Electronic Health Records

- Essential pediatric needs*
  - Immunization management
- Growth tracking
- Medication dosing
- Data norms
- Privacy in special populations

With appropriate pediatric content, Electronic Health Records.....

- Facilitate use of evidence-based & -linked protocols

- Include templates for:
  - Pediatric-focused screening (e.g., developmental, psychosocial and maternal depression)
  - Special Population needs
  - National standards (e.g., NHLBI asthma guidelines)

- Facilitate integration of mental, medical & oral health services (shared EHR model)

- Link directly to, for e.g., municipal immunization and newborn screening registries

- Generate reports for applied research
  - Descriptive, CQI and outcome/efficacy studies
Medically underserved: A special needs population

- Risk factors*
  - Economic
  - Geographic
  - Psychosocial

Economic barriers

- Family income < 200% FPL
- No or inadequate insurance

Key Points:
- The most vulnerable children are not necessarily the poorest; and
- Insurance does not equate a medical home.
Geographic barriers

- Low-density rural county residence
- High-poverty inner-city residence
- Residence in a Health Professional Shortage Area (HPSA)
- Lack of safety net providers, including CHCs, MMCs and SBHCs
- Living in an area affected by a disaster

Key point: Limited or no access to public transportation can be a powerful barrier to care
Psychosocial barriers

- Vulnerable population
- Domestic Violence
- Maternal depression

**Key Point:** Screening for family psychosocial problems should be part of the Enhanced Medical Home.
Psychosocial barriers

- Limited English-language proficiency
- Low literacy
- Low health literacy

**Key Point:** The Enhanced Medical Home can be a catalyst for school preparedness.
Innovative primary care delivery models

- Mobile medical clinics
  - Proven efficacy in reaching underserved and isolated populations [1]
- School-based and school-linked clinics
  - Success reducing asthma hospitalizations [2]
  - Mental health treatment outcomes comparable to community-based clinics [3]

Health Information Technology: Telemedicine

- Bridges geographic barriers
  - Transportation
  - Health professional shortages
  - Especially effective in rural communities

- Synchronous (real time) [1]
- Asynchronous (store-and-forward) [2]


Regulatory barriers to alternative and integrated service delivery

- Reimbursement rules vary by state for:
  - Health care in mobile medical clinics
  - Mental health services in health care settings
  - Mental health services by social workers and other differently credentialed professionals
  - Telemedicine
    - Further complicated if the telemedicine connection involves two different states
  - Public sector reimbursement for dental services prohibitively low
The patient-centered medical home: Internal medicine model

- Developed around the “chronic care model”
- Focuses on the needs of the patient
- Health information technology
- Coordination of primary, specialty, inpatient care
- Preventive services
- Health promotion and maintenance
- Disease management and prevention
- Behavioral health services
- Patient education

Adaptation for pediatrics: National Initiative for Children’s Healthcare Quality and Center for Medical Home Improvement
Barriers to medical home implementation

- Longer visits
  - Negatively impacts third party revenue
- Collateral contacts: not reimbursed
- Telephone contacts with patient: not reimbursed
- Start-up costs for electronic health records
- Further study needed to demonstrate savings attributable to model
  - Preliminary results are mixed