The medical home provides a first health care contact for most families, that is an accessible and accountable ‘go-to’ health care team—usually in a primary care role.

—Carl Cooley, MD, FAAP, Chairperson, National Center for Medical Home Implementation Project Advisory Committee

MEDICAL HOME COMPONENTS INCLUDE...

ACCESSIBLE
Case is physically and geographically accessible, practice hours are accessible, and the clinic accepts all insurance types

COMPASSIONATE CARE
Well-being of the child and family is explicitly expressed and demonstrated

COMPREHENSIVE CARE
All health care needs of the child/youth are met, including well-care, sick-care, and behavioral health needs

CONTINUOUS CARE
Children and families develop relationships and are cared for by the same care team from infancy through young adulthood

COORDINATED CARE
Care is coordinated among multiple providers and community services, including adult providers to assist with transition from pediatric to adult care

CULTURALLY COMPETENT CARE
Child and family culture, beliefs, rituals, and traditions are valued, respected, and incorporated into care

FAMILY-CENTERED CARE
Care is centered on the goals, needs, and preferences of the child and their principal caregivers

Medical home components include...

- Families and family organizations (such as Family-to-Family Health Information Centers)
- Clinicians and clinician organizations (such as American Academy of Pediatrics chapters)
- Community-based organizations (such as, but not limited to, schools, faith-based organizations, WIC, SNAP, early education/child development centers)
- State departments of public health and/or other state agencies and programs

CLINICAL PRACTICES CAN BUILD RELATIONSHIPS AND PARTNERSHIPS WITH...

- Families and family organizations (such as Family-to-Family Health Information Centers)
- Clinicians and clinician organizations (such as American Academy of Pediatrics chapters)
- Community-based organizations (such as, but not limited to, schools, faith-based organizations, WIC, SNAP, early education/child development centers)
- State departments of public health and/or other state agencies and programs

STRATEGIES TO BUILDING RELATIONSHIPS AND PARTNERSHIPS...

- Lunch-and-learns
- Formal written cross agency agreements
- Documentation across multiple agencies
- Multidisciplinary and cross agency medical home work groups

MEASUREMENT ENSURES THAT MEDICAL HOME IMPLEMENTATION TRULY MEETS THE NEEDS OF PATIENTS AND FAMILIES.

Measurement can demonstrate improved care and patient/family experiences, which may result in enhanced payment. Although medical home recognition/certification is not required for medical practices to function as medical homes, the recognition/ certification programs may help measure efforts related to medical home implementation.

QUALITY IMPROVEMENT INITIATIVES

UTILIZATION OF MEASUREMENT AND PRACTICE-ASSESSMENT TOOLS, SUCH AS THE MEDICAL HOME INDEX

PROACTIVE SOLICITATION OF PATIENT AND FAMILY FEEDBACK

For more information, technical assistance, and support implementing activities to advance National Performance Measure 11 (medical home), visit www.medicalhomeinfo.org or email medical_home@aap.org.

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