Pediatric Medical Home: Foundations, Challenges, and Future Directions

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• Primary care • Medical home
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FOUNDATIONS AND EVOLUTION OF THE MEDICAL HOME

The term "medical home" first appeared in the 1967 American Academy of Pediatrics (AAP) publication *Standards of Child Health Care*. It was originally coined to delineate a central location that would serve as a repository for a child's medical records. The impetus for its creation was to ensure that neither gaps in care nor duplication of services occurred for children with special health care needs (CSHCN) who were commonly being treated by multiple providers.[1]

The AAP Council on Pediatric Practice further broadened the term in 1974 to include a broader vision for function, inclusivity, and nomenclature. It was proposed that pediatricians would become the advocates for continuity of care without regard for financial or social constraints. Likewise, this iteration included the concept that "every child deserves a medical home." It also included a more controversial notion: to eliminate all

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mention of pediatrician, family physician, and related terms in favor of exclusively using medical home. This last provision delayed adoption of medical home in an official policy of the AAP until 1979, when the central location and provision of continuity of care were accepted as central tenets.[1]

Attempts were then made for adoption of medical home models across multiple states. A review of early Every Child Deserves a Medical Home Training Programs found that pediatricians had difficulty in understanding the medical home concept. It was also difficult to communicate and manage care coordination across multiple systems. A key issue was the difficulty of securing reimbursement for this potentially time- and labor-intensive model of health care delivery.[2] After gaining federal grant support from the Maternal and Child Health Bureau and legislative victories for improved reimbursement via state legislatures and through Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), the medical home model was applied to multiple states primarily for CSHCN.[1] **Box 1** reviews AAP's first official policy defining the medical home from 1992.[3]

During the 1990s, the medical home was further disseminated by inclusion as a core element in the Community Access to Child Health (CATCH) program, by creation of a national Medical Home Training Project, and by establishment of a National Center of Medical Home Initiatives for Children with Special Needs.[1] During this time, the Institute of Medicine (IOM) released a report entitled Crossing the quality chasm: a new health system for the 21st century. The report highlighted concerns regarding

Box 1
Major components of AAP medical home policy statement from 1992

- Medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, and compassionate
- Delivered or directed by well-trained physicians who are able to manage or facilitate essentially all aspects of pediatric care
- Physician should be known to the child and family
- Physician should be able to develop mutually responsible and trusting relationship with patient and family
- Acknowledges that attainment of medical home is unobtainable for many children because of geographic barriers, personnel constraints, practice patterns, and economic and social forces
- Comprehensive health care should include provision of preventive care, assurance of care for acute illnesses, provision of care for an extended period of time to enhance continuity, identification and referral for subspecialty consultation, interaction with school and community agencies regarding special health needs, and maintenance of a central record that is accessible and confidential
- Potential for provision of such care as listed above at other venues including hospital outpatient clinics, school-based and school-linked clinics, community health centers, health department clinics, and others
- Potential for provision of such care as listed above by physicians or other health care providers under physician direction, such as nurses, nurse practitioners, and physician assistants
- Whether physically present or not, physician acts as child's advocate and assume control and ultimate responsibility for care provided.

Data from American Academy of Pediatrics ad hoc task force on definition of the medical home: the medical home. Pediatrics 1992;90:774.