EXPANDING THE MEDICAL HOME: FROM CONCEPT TO CARE DELIVERY

James M. Perrin, MD, FAAP
President, American Academy of Pediatrics
Professor of Pediatrics, Harvard Medical School
MassGeneral Hospital for Children

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LEARNING OBJECTIVES

1. Describe family-centered medical home concept and how it impacts those living in poverty

2. State importance of family-centered medical home for children and youth with special health care needs (CYSHCN) and their families

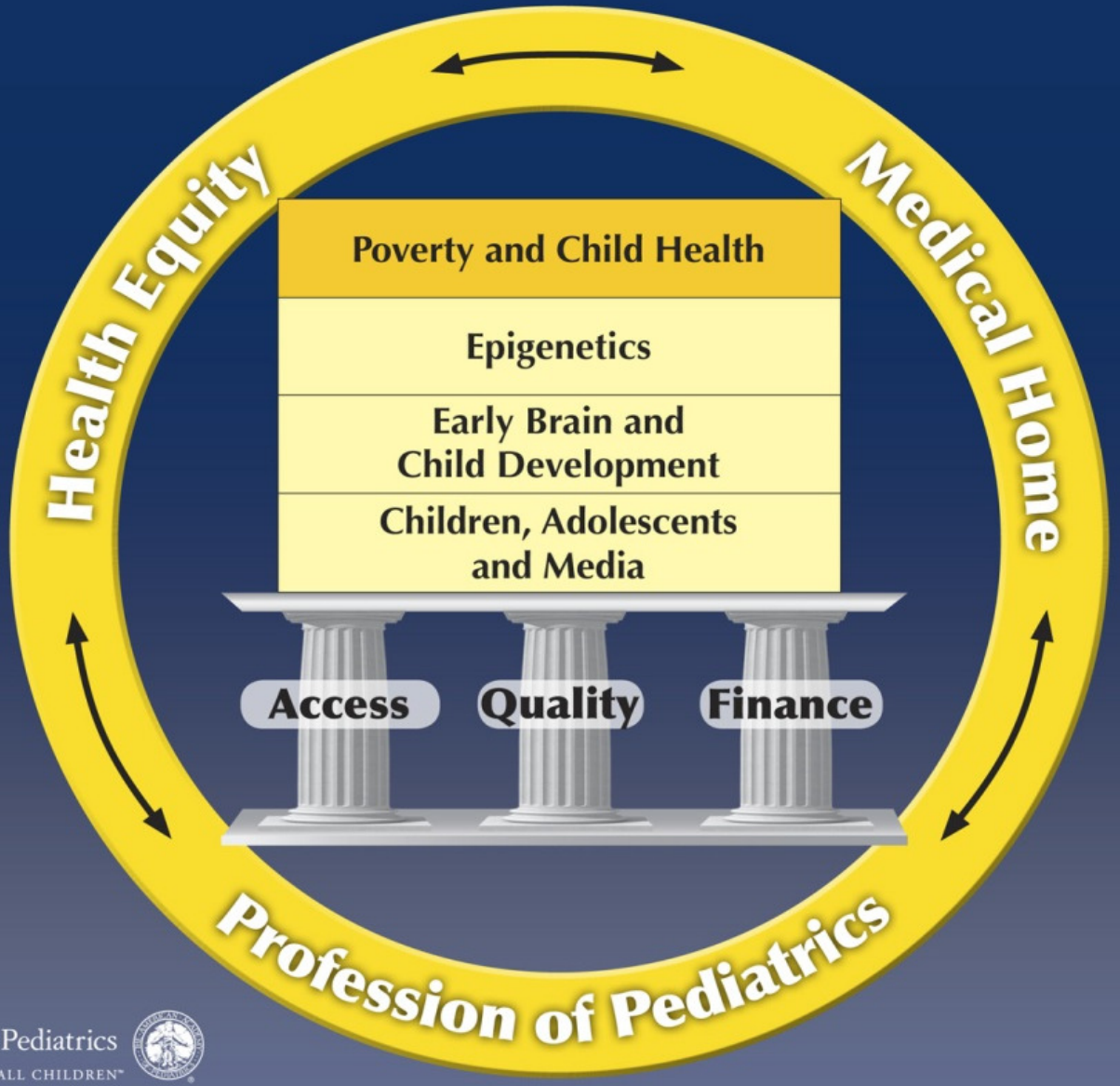
3. Review pivotal role of family-centered medical home in assuring infants suspected of hearing loss receive timely, appropriate follow up services

AMERICAN ACADEMY OF PEDIATRICS MISSION

To attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. To accomplish this mission, the AAP shall support the professional needs of its members.

AAP Agenda for Children 2013-2014

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Planning
Implementing
Integrating

American Academy of Pediatrics
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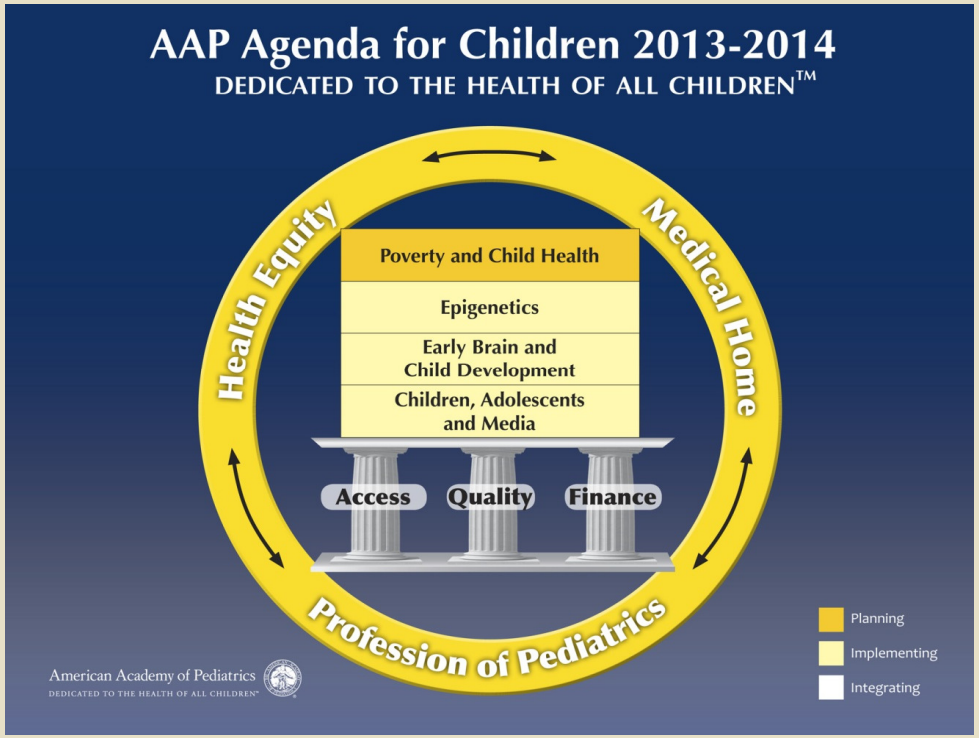
AAP STRATEGIC PRIORITIES & EHDI



Medical Homes for EHDI

- Poverty
- EBCD

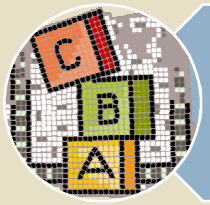
EARLY BRAIN & CHILD DEVELOPMENT: AAP INITIATIVE

Change how pediatricians and their communities view the early childhood developmental period and care for/invest in young children

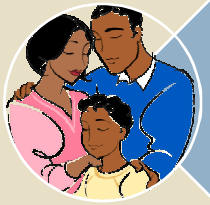
EBCD Principles

- Child development – foundation for community, economic development
- Brains built over time, better on solid foundation
- Brain development integrated – social, emotional, learning skills closely connected
- Toxic stress disrupts brain development
- Positive parenting can buffer toxic stress
- Creating right conditions in early childhood has critical long-term benefits

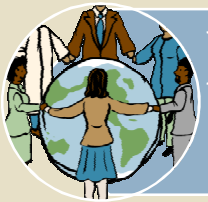
KEY TIPS FOR HEALTHY EBCD



Acquire medical knowledge

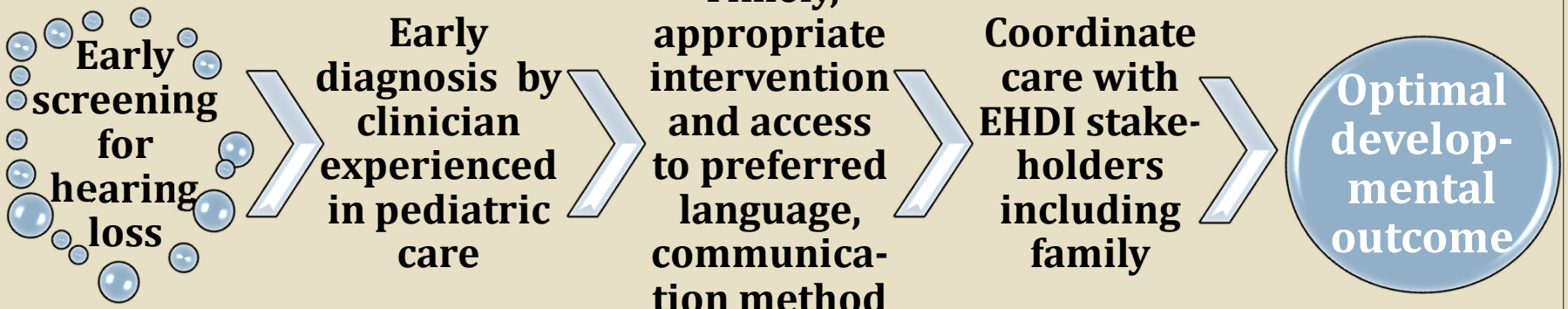


Communicate with parents and caregivers



Build systems and connections within the community

HOW EBCD RELATES TO EHDI

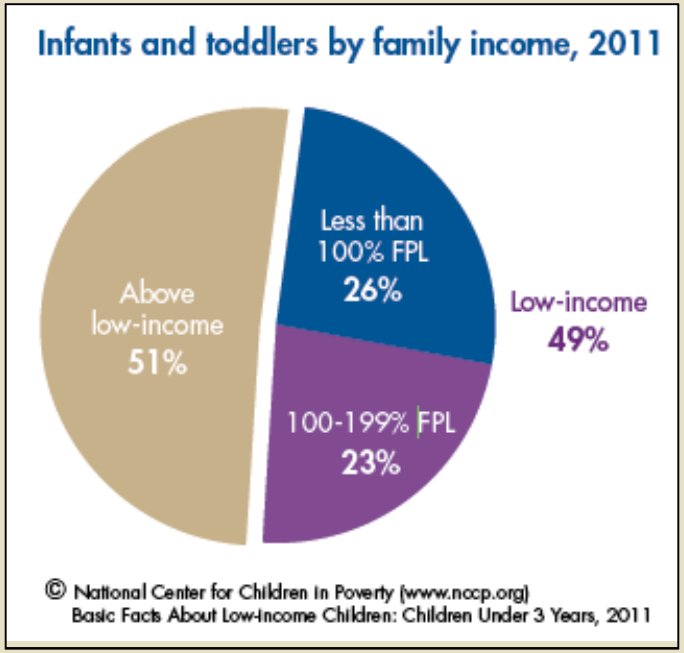


“No magic cures to poverty, but lots of things we do can help…”

— AAP Poverty and Child Health Work Group

CHILDREN AND POVERTY

- Children represent 24% of population; 34% of people in poverty
- 45% live in low-income families; 22% live in poor families
- Infants, toddlers particularly vulnerable
  - 49% low-income families
  - 26% poor families



POVERTY IS THE SINGLE GREATEST RISK TO CHILDREN'S WELL-BEING

Health Consequences of Poverty

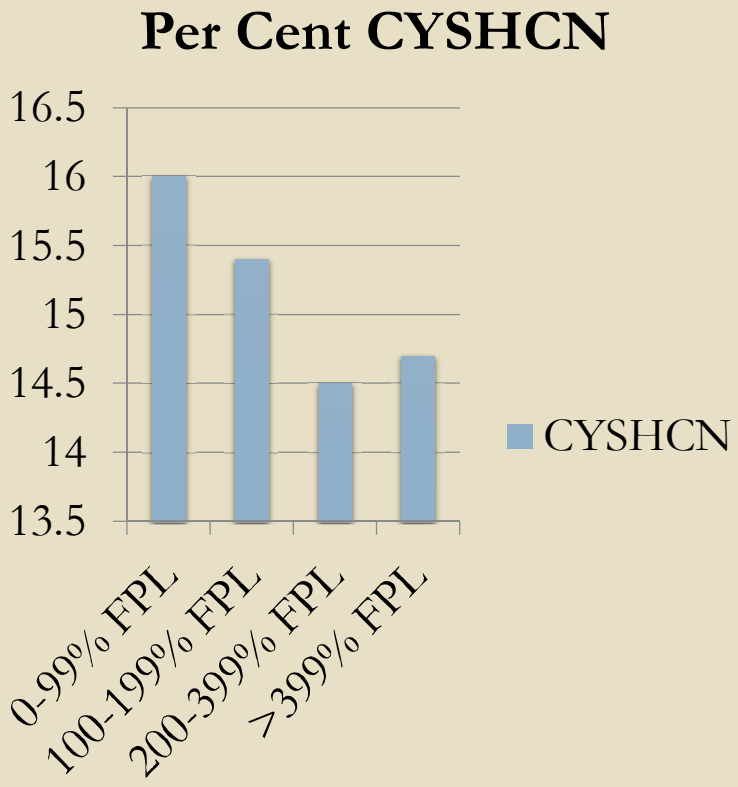
- Increased infant mortality
- Low birth weight, subsequent problems
- Chronic diseases: asthma, obesity, MH, development
- Food insecurity, poorer nutrition and growth
- Less access to quality health care
- Increased accidental injury, mortality
- Higher exposure to toxic stress

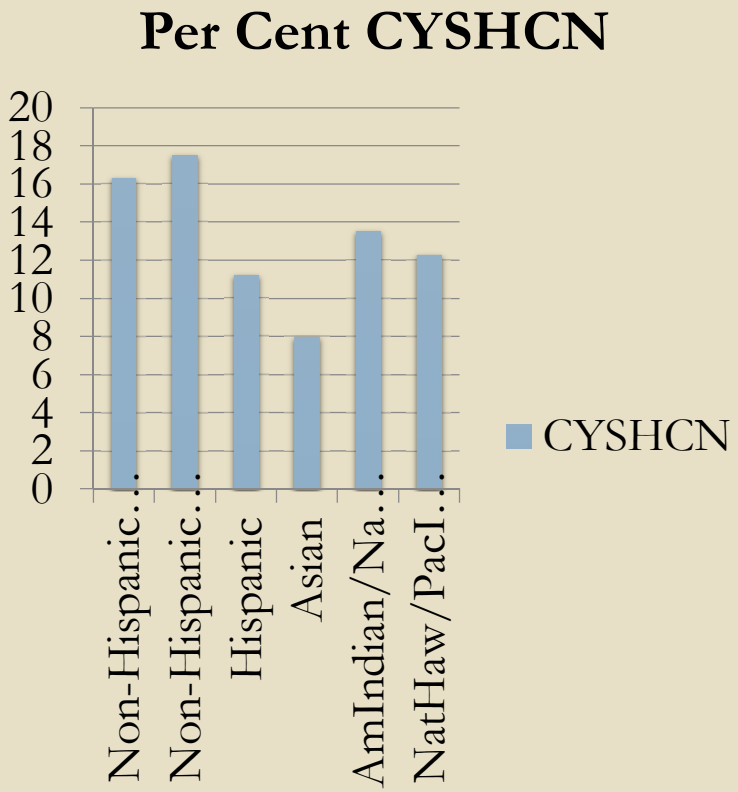
Moore KA et al. Children in poverty: trends, consequences, and policy options. 2009. Child Trends Research Brief

Poverty and Well-Being

- Poorer educational outcomes
  - Low academic achievement, higher HS dropouts
- Less positive social and emotional development
- More problem behaviors
  - Early unprotected sex with increased teen pregnancy
  - Drug and alcohol abuse
  - Increased criminal behavior as adolescents and adults
- More likely to be poor adults

Children with Special Health Care Needs and Poverty

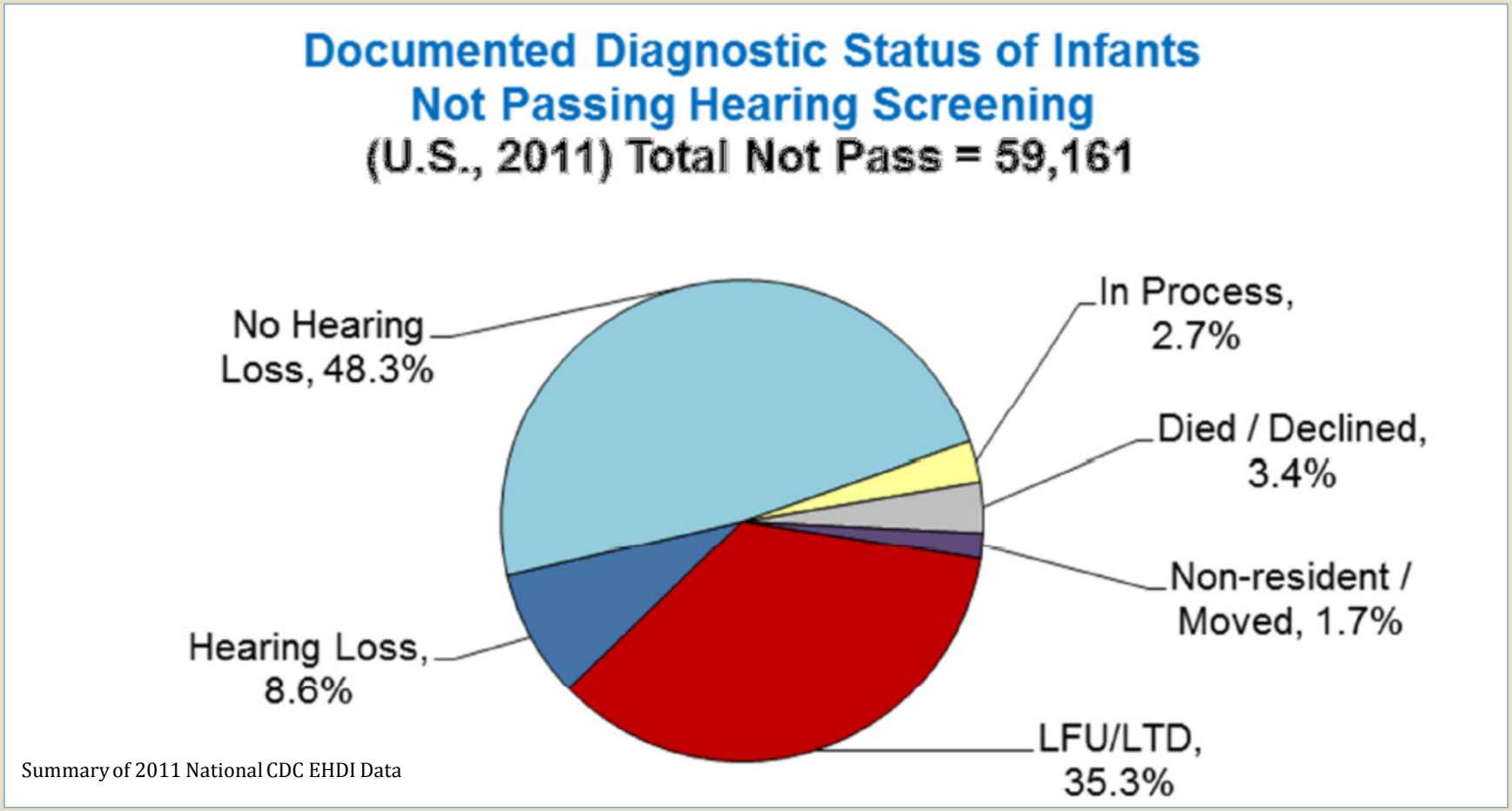




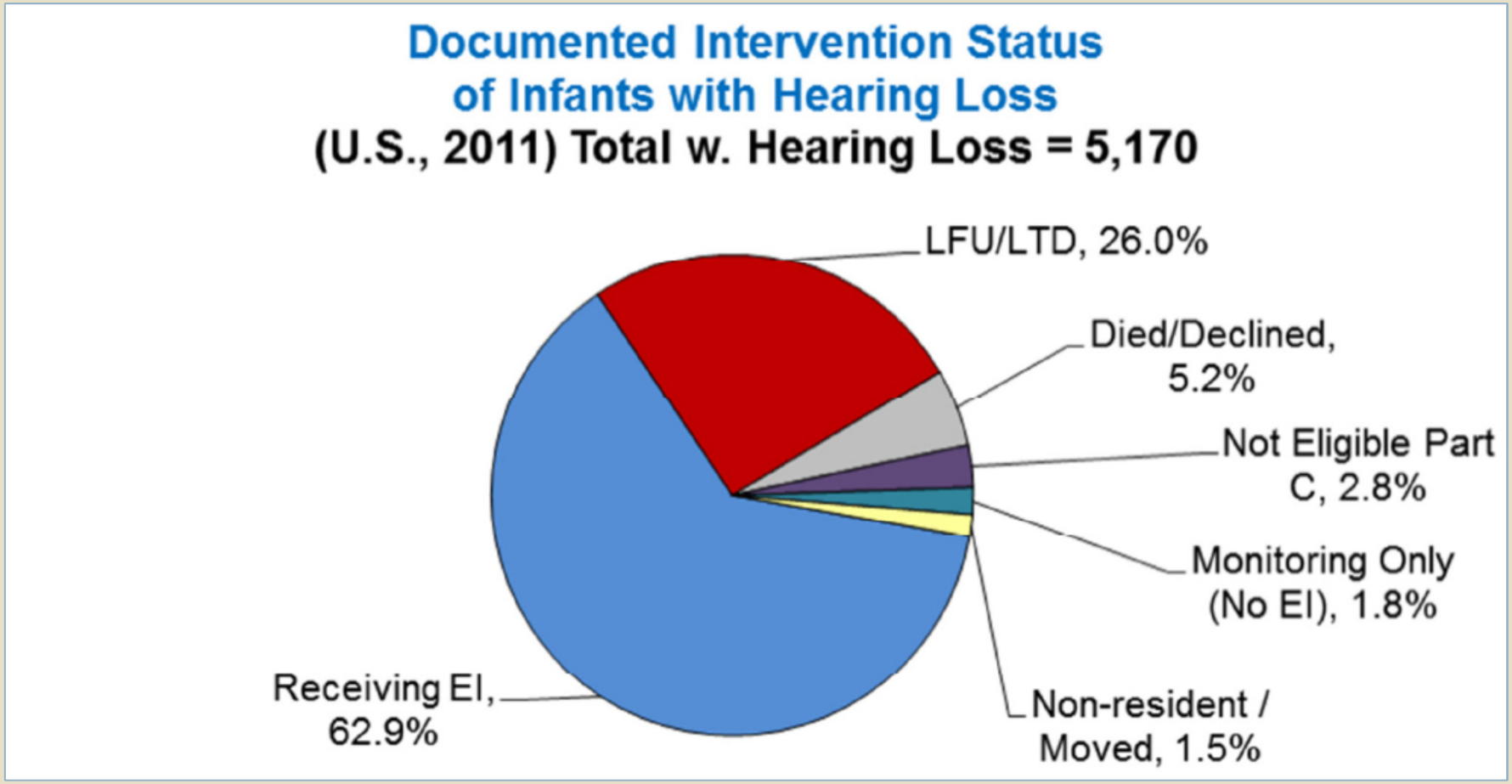
Components of Poverty Programs

- Human Capital Development
  - Health care/medical home
  - Early education
  - Jobs that pay – and job training
  - Child care
  - Home visiting
  - Nutrition
- Antipoverty Programs
  - Tax Credits (EITC, CTC)
  - Minimum family income
- Others (e.g., immigration)

CHILDREN FAILING HEARING SCREENING



INTERVENTION FOR CHILDREN WITH HEARING LOSS



FAMILY-CENTERED MEDICAL HOME

Addresses holistic needs of child/family in terms of health, education, family support, social environment

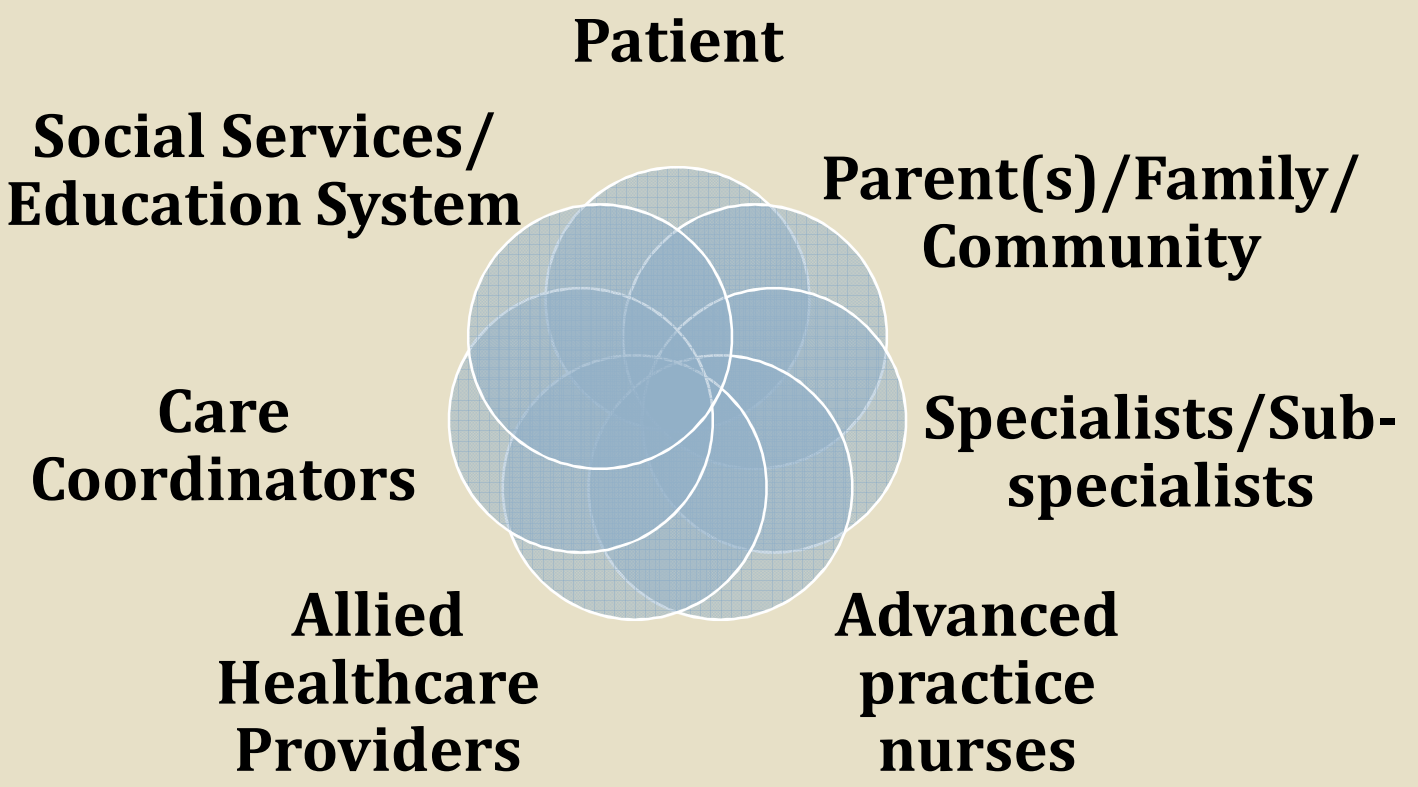
MEDICAL HOME FOR CHILDREN WITH SPECIAL NEEDS

Perrin, J. M. et al. Arch Pediatr Adolesc Med 2007;161:933-936.

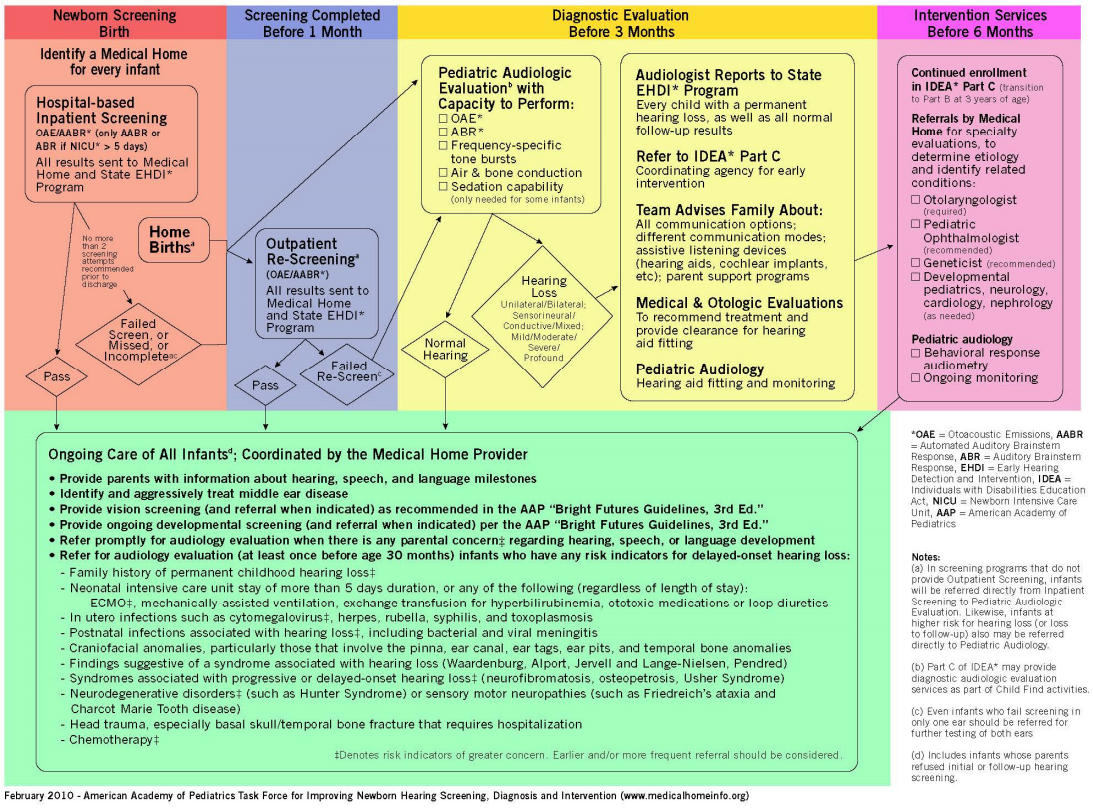
PRIMARY CARE AT CENTER OF MEDICAL HOME

- Follows child through developmental milestones
- Maintains comprehensive patient record
- Develops, monitors plan of care
- Provides care coordination
- Accessible 24/7
- Monitors, assesses progress
- Advocates for services, resources

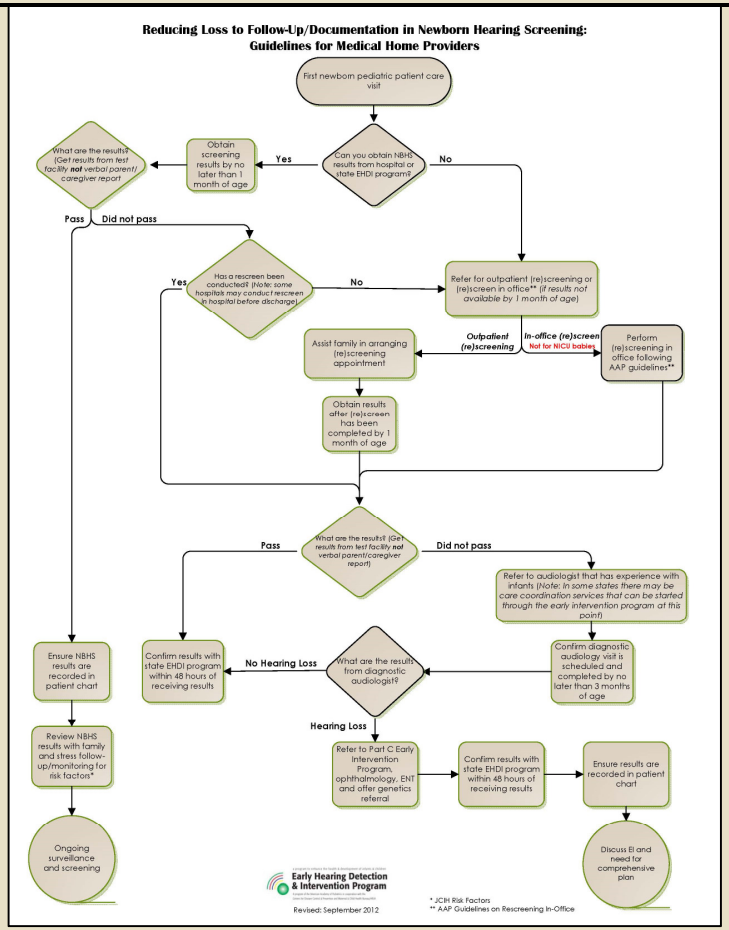
MEDICAL HOMES PART OF A MULTI-FACETED TEAM



MEDICAL HOMES WORKING WITH EHDI SYSTEMS



MEDICAL HOMES HELP REDUCE RATES OF LTF/D



1-3-6 NEWBORN HEARING SCREENING CHECKLIST

Patient Name: **Patient DOB:** **Date of Visit:**

1 INITIAL SCREENING *(by no later than 1 month of age)*		
Has the child had a newborn hearing screening?	**Yes**	**No ⇨** Schedule initial screen
Did you obtain the test results from the screening hospital or state EHDI program?	**Yes**	**No ⇨** Contact the hospital or state EHDI program
Are the results recording in the patient's chart?	**Yes**	**No ⇨** Record test results in patient chart
Did the child pass the newborn hearing screening?	**Yes**	**No ⇨** Schedule rescreen appointment
Have the results been reported to the state EHDI program?	**Yes**	**No ⇨** Confirm results have been reported to state EHDI program within 48 hours of receiving them.
Have results been discussed with family?	**Yes**	**No ⇨** ❑ For a child that passed, stress the importance of ongoing surveillance and risk factors* ❑ For a child that did not pass, discuss the need for follow-up and assist in arranging a rescreening
Has a rescreening occurred (if the initial screen resulted in 'did not pass' or if otherwise necessary)?	**Yes**	**No ⇨** Schedule rescreen appointment
RESCREENING *(by no later than 1 month of age)*		
Where will the rescreening be performed? ✓ If hospital/outpatient center, when is the rescreening appointment? ✓ If conducted in office: • Determine what screening equipment was used at the hospital. • Follow the AAP office rescreening guidelines.	❑ Hospital: ❑ Office ❑ Other (specify): Location: Date:	
Did the child pass the rescreening?	**Yes**	**No ⇨** Send child to audiologist with pediatric expertise for diagnostic evaluation.
Are the results recorded in the patient chart?	**Yes**	**No ⇨** Record results in patient chart.
Have the results been discussed with the family?	**Yes**	**No ⇨** ❑ For a child that passed, stress the importance of ongoing surveillance and risk factors* ❑ For a child that did not pass, discuss the need for follow-up and assist in arranging an audiological evaluation
Have the results been reported?	**Yes**	**No ⇨** Confirm results have been reported to state EHDI program within 48 hours of receipt
3 DIAGNOSTIC EVALUATION *(by no later than 3 months of age)*		
If the child did not pass the rescreening, was he/she referred to an audiologist with expertise in pediatrics?	**Yes** Provider: Date of Visit:	**No ⇨** Refer to audiologist with expertise in pediatrics
Were the results of the diagnostic test normal?	**Yes**	**No ⇨** Discuss EI and need for comprehensive plan
Have the results been discussed with the family?	**Yes**	**No ⇨** ❑ For a child that passed, stress the importance of ongoing surveillance and risk factors* ❑ For a child that did not pass, discuss EI and need for comprehensive plan
Have the results been reported?	**Yes**	**No ⇨** Confirm results have been reported back to state EHDI program within 48 hours of receipt
6 EARLY INTERVENTION *(by no later than 6 months of age)*		
If the child was diagnosed with a hearing loss, was he/she referred for early intervention and multi-disciplinary evaluation?	**Yes** Date of visit:	**No ⇨** Provide early intervention referral and ophthalmology, and ENT, offer genetics
ONGOING SURVEILLANCE AND SCREENING		
Continue to perform ongoing surveillance and screening for late-onset hearing loss –particularly those children with risk factors.		

*JCIH Risk Factors

Early Hearing Detection & Intervention Program

EXPANDING THE MEDICAL HOME MODEL

Many pediatricians have carried out amazing experiments in broadening the family-centered medical home – including:

- ❑Co-locating mental health practitioners
- ❑Building staff strengths in care coordination
- ❑Linking with family home visitors in communities
- ❑Emphasizing prevention for families and children

These along with other innovative efforts need to continue!

New RWJF Recommendations

- Invest in foundations of lifelong physical/mental wellbeing in early childhood
- Create communities that foster health-promoting behaviors
- Broaden health care to promote health outside of medical system

Developing Healthy Communities

- Major investments by Federal Reserve Banks nationwide
- Promise Zones supported by Federal Government
- Many governors including community development, early childhood programs in state budgets
- Too Small to Fail, etc.

MEDICAL HOMES CAN IMPROVE LIVES OF THOSE IN POVERTY

- Disparities in medical home access clearly seen by income levels
- Parents, children who have access to medical home have lower rates of delayed or forgone care, fewer unmet needs for health care,d family support services
- Increased access to a medical home increases the quality of health care and aids families, particularly those living in poverty

Strickland B, Gopal K, Michael K, Mann M, van Dyck P, Newacheck P. Access to the Medical Home: New Findings From the 2005 – 2006 National Survey of Children with Special Health Care Needs. Pediatrics. 2009; 123(6): e996-e1004

MEDICAL HOMES AND FAMILY FUNCTIONING

With Medical Homes, families report less difficulty with:

- Parental coping
- Parental aggravation
- Child care/workplace
- Missed school days

Arauz Boudreau et al., Academic Pediatrics, 2012

MEDICAL HOME SYSTEMATIC REVIEW

33 articles from 30 distinct studies

- 6 RCTs
- 1 pre-post with comparison; 4 without
- 3 cohort
- 16 cross-sectional

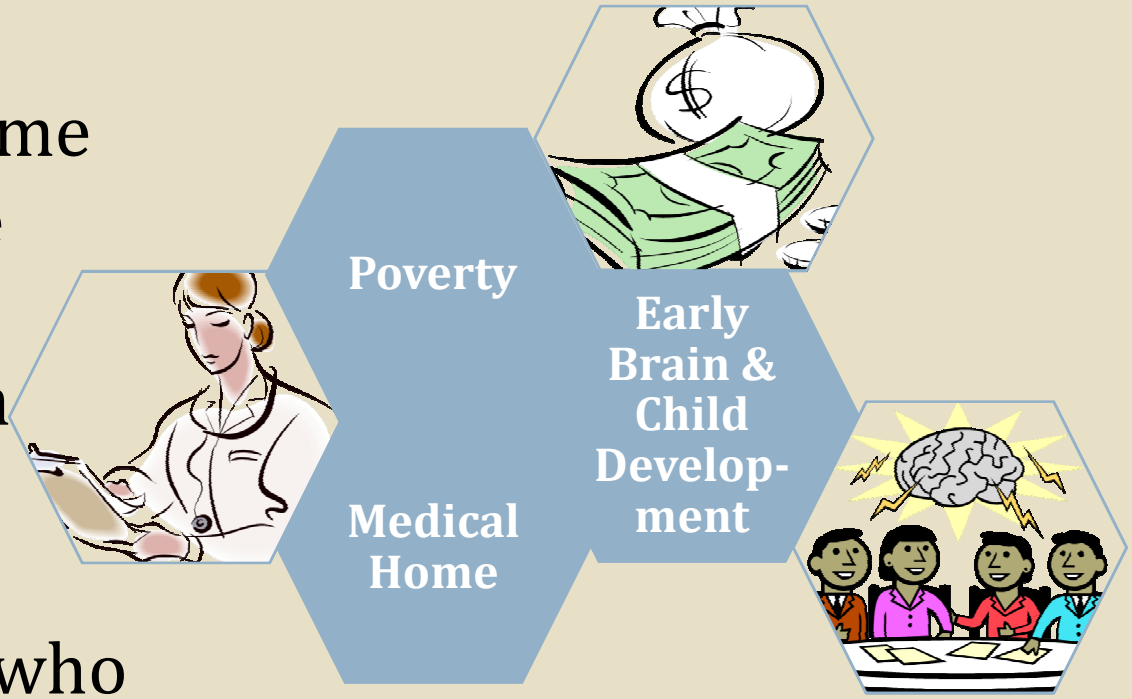
Evidence for improved

- Health status
- Timeliness of care
- Family-centeredness
- Family functioning

Homer et al., Pediatrics, October 2008

TYING IT ALL TOGETHER: MEDICAL HOMES, EBCD & POVERTY

Ensure medical home providers promote healthy EBCD with increased focus on populations with special healthcare needs – and those who live in poverty



“We know equality of individual ability has never existed and never will, but we do insist that equality of opportunity still must be sought.” - Franklin D. Roosevelt

The American Academy of Pediatrics acknowledges and thanks the Maternal and Child Health Bureau and Centers for Disease Control and Prevention for their ongoing support of the AAP Early Hearing Detection and Intervention (EHDI) Program.