Medical home is a model of primary health care that focuses on efficiencies and decreased costs for providers and families, delivery of better patient health outcomes, and improved experiences for patients and families.

In 2002, the American Academy of Pediatrics defined the principles of medical home as accessible, family-centered, continuous, comprehensive, coordinated, culturally effective, and compassionate.\(^1\),\(^2\),\(^3\)

A subsequent collaboratively produced definition, “Joint Principles of the Patient-Centered Medical Home” was introduced in 2007.\(^3\) This included seven areas: personal physician, physician directed medical practice, whole person orientation, coordinated and/or integrated care, quality and safety, enhanced access, and payment.\(^3\) Since 2007, patient-centered medical home (PCMH) accreditation groups have provided other variations of this PCMH definition.\(^5\)

### Table 1: Percent of Children with Special Health Care Needs Meeting Various Components of Medical Home, Ohio and United States, 2009-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met all medical home criteria listed below</td>
<td>46.4</td>
<td>43.0</td>
</tr>
<tr>
<td>Has personal doctor or nurse</td>
<td>94.8</td>
<td>93.1</td>
</tr>
<tr>
<td>Child has usual place for sick care (excluding emergency)</td>
<td>91.6</td>
<td>90.5</td>
</tr>
<tr>
<td>Child has usual place for well care (excluding emergency)</td>
<td>97.4</td>
<td>96.6</td>
</tr>
<tr>
<td>Health providers spend enough time with patient</td>
<td>83.7*</td>
<td>77.4</td>
</tr>
<tr>
<td>Health providers listen carefully</td>
<td>90.2</td>
<td>87.5</td>
</tr>
<tr>
<td>Health providers sensitive to family values/customs</td>
<td>89.8</td>
<td>88.7</td>
</tr>
<tr>
<td>Health providers provide needed information</td>
<td>85.8*</td>
<td>82.2</td>
</tr>
<tr>
<td>Health providers make family feel like a partner</td>
<td>89.4</td>
<td>86.8</td>
</tr>
<tr>
<td>Easily received referrals or not needed</td>
<td>93.3</td>
<td>92.1</td>
</tr>
<tr>
<td>Got help with care coordination or none needed</td>
<td>87.8</td>
<td>85.5</td>
</tr>
<tr>
<td>Satisfied with doctor’s communication or none needed</td>
<td>80.4*</td>
<td>75.5</td>
</tr>
<tr>
<td>Satisfied with doctor’s communication to other providers/programs or none needed</td>
<td>84.9</td>
<td>85.9</td>
</tr>
</tbody>
</table>

*Difference is statistically significant (α=0.05) from the United States


### Examining Children with Special Health Care Needs

In 2009/10, Ohio children with special health care needs (CSHCN) fared better than those nationally on the following three components of medical home: health providers spend enough time, health providers provide needed information, and doctor’s communication was satisfactory (Table 1).

In Ohio in 2009/10, 46.4 percent of CSHCN met all medical home criteria listed in Table 1.

The percentages of CSHCN and non-CSHCN who fully met medical home criteria in 2011/12 are found in Figure 1. In both Ohio and the nation, non-CSHCN were much more likely to meet all criteria of the medical home definition than CSHCN. This disparity has increased in Ohio when compared to results from previous survey years (data not shown).

Children with special health care needs are much less likely than other children to receive care that fully meets criteria of a medical home. This disparity has worsened in Ohio over time.
Medical Home by Condition

Figure 2 lists the percentage of CSHCN nationally, who met all medical home criteria, by selected conditions. Among conditions examined, those with autism spectrum disorders were least likely to meet all medical home criteria.

The number of Ohio children with special health care needs without access to a medical home would fill the Ohio, FirstEnergy, and Paul Brown Stadiums and still leave more than 8,000 without a seat.

Figure 2: Percent of Children with Special Health Care Needs Meeting all Criteria for a Medical Home, by Condition, United States, 2009-2010

- ADD or ADHD
- Migraine, frequent headaches
- Arthritis, joint problems
- Epilepsy, seizure disorder
- Head injury, concussion, traumatic brain injury
- Anxiety problems
- Developmental delay
- Depression
- Intellectual disability, mental retardation
- Behavioral or conduct problems
- Autism, Asperger's disorder, pervasive developmental disorder


Ohio

What Is Being Done to Increase Medical Homes in Ohio?

- The Ohio Department of Health (ODH) is working with TransforMED to support practice transformation to the patient-centered medical home (PCMH) model through a PCMH pilot project, which prepares primary care practices to apply for PCMH recognition or accreditation.
- ODH has also implemented the Ohio Patient-Centered Primary Care Collaborative (OPCPCC), a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals to promote a more effective and efficient model of care in Ohio.
- ODH is working collaboratively as Ohio’s Title V partner on the “Ohio Statewide Medical Home Project for Children/Youth with Special Health Care Needs (CYSHCN).”
  - The project has provided training in the principles and practice of medical home as well as a program called “Listening with Connection,” a communication skill building program, for a variety of CYSHCN community providers throughout Ohio.
  - A survey is being given by Ohio’s BCMH public health nurses to families in the community to assess their knowledge and understanding of medical home. This survey will provide annual data directly from CYSHCN families in Ohio and will guide development of future strategies to ensure families understand and seek out high quality care provided by a medical home.

Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

A comment on CSHCN / CYSHCN / YSHCN: These terms are often used synonymously within the programs that provide services to children and youth with special healthcare needs. Use of one term over another is not mutually exclusive to a particular age cut-point, as service needs may differ over various conditions.

For further information, please visit the Data Resource Center for Child & Adolescent Health: http://childhealthdata.org/home

References:

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