EXPANDING THE MEDICAL HOME: FROM CONCEPT TO CARE DELIVERY

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- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
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
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™

Health Equity
Medical Home
Profession of Pediatrics

Poverty and Child Health
- Epigenetics
- Early Brain and Child Development
- Children, Adolescents and Media

Access, Quality, Finance

Planning, Implementing, Integrating

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
AAP STRATEGIC PRIORITIES & EHDI

AAP Agenda for Children 2013-2014
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Access
Quality
Finance

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

- Early screening for hearing loss
- Early diagnosis by clinician experienced in pediatric care
- Timely, appropriate intervention and access to preferred language, communication method
- Coordinate care with EHDI stakeholders including family

Optimal developmental outcome
“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

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

Per Cent CYSHCN

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Per Cent CYSHCN</th>
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<tr>
<td>0-99% FPL</td>
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<td>&gt;399% FPL</td>
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Per Cent CYSHCN

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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

Documented Diagnostic Status of Infants Not Passing Hearing Screening (U.S., 2011) Total Not Pass = 59,161

- No Hearing Loss, 48.3%
- Hearing Loss, 8.6%
- In Process, 2.7%
- Died / Declined, 3.4%
- Non-resident / Moved, 1.7%
- LFU/LTD, 35.3%

Summary of 2011 National CDC EHDI Data
INTERVENTION FOR CHILDREN WITH HEARING LOSS

Documented Intervention Status of Infants with Hearing Loss (U.S., 2011) Total w. Hearing Loss = 5,170

- LFU/LTD, 26.0%
- Died/Declined, 5.2%
- Not Eligible Part C, 2.8%
- Monitoring Only (No EI), 1.8%
- Non-resident / Moved, 1.5%
- Receiving EI, 62.9%
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

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

- Patient
- Parent(s)/Family/Community
- Specialists/Sub-specialists
- Advanced practice nurses
- Allied Healthcare Providers
- Care Coordinators
- Social Services/Education System
MEDICAL HOMES HELP REDUCE RATES OF LTF/D

NEWBORN HEARING SCREENING CHECKLIST

1. INITIAL SCREENING
   - Did you obtain the test results from the screening hospital or state (HECO) program? Yes/No
   - Confirm results have been reported to state (HECO) program
   - Review test results in patient chart
   - Schedule next appointment

2. RESULTS
   - Result received from screening hospital or state (HECO) program
   - Follow-up testing for infants identified at risk

3. DIAGNOSTIC EVALUATION
   - Meet with diagnostic team, refer to an otolaryngologist or pediatrician
   - Date of visit
   - Results of diagnostic evaluation

4. EARLY INTERVENTION
   - Early hearing detection and intervention
   - Result ready for comprehensive plan

ONGOING SURVEILLANCE AND SCREENING

(continue with ongoing surveillance and screening for infants and children who are at risk, as recommended by their healthcare providers)
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, family support services
- Increased access to a medical home increases the quality of health care and aids families, particularly those living in poverty

With Medical Homes, families report less difficulty with:

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