

MEDICAL HOME

The National Center for Medical Home Implementation defines a medical home as “an approach to providing comprehensive primary care” rather than a physical space or service.¹ According to the American Academy of Pediatrics, primary care should be accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. The Maternal and Child Health Bureau has operationalized this concept for children using five criteria: (1) having a personal doctor or nurse, (2) having a usual source for sick and well care, (3) receipt of family-centered care, (4) no problems getting needed referrals, and (5) receipt of effective care coordination when needed.² Individuals with a medical home may experience “improved health outcomes, reduced emergency room visits, and better communication [with pediatric health providers].”³

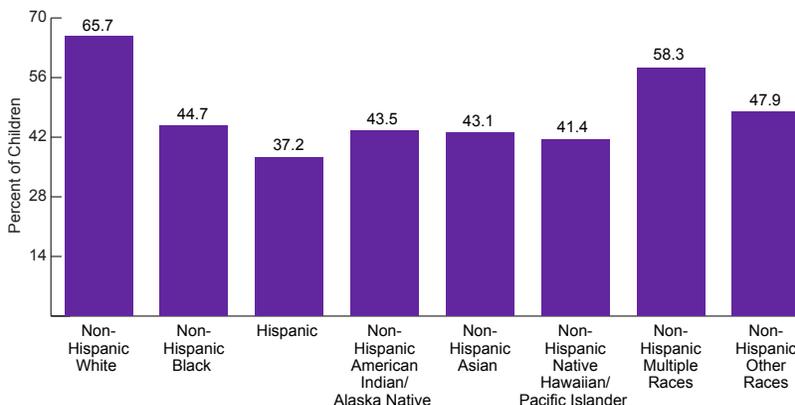
In 2011–2012, the care received by 54.4 percent of children under the age of 18 met medical home criteria. Receipt of care from a medical home varied by age, race/ethnicity, and primary household language. Receipt of care in a medical home decreased with age: 58.2 percent of children aged 0–5 years had a medical home, while 53.7 and 51.4 percent of children aged 6–11 and 12–17 years, respectively, had a medical home. Hispanic children (37.2 percent) were least likely to have a medical home, followed by non-Hispanic

Black, non-Hispanic American Indian/Alaska Native, non-Hispanic Asian, and non-Hispanic Native Hawaiian/Pacific Islander children, all of which had fewer than 45 percent of children with a medical home (figure 1). Over half of non-Hispanic White and non-Hispanic children of multiple races received care meeting the criteria for a medical home (65.7 and 58.3 percent, respectively). Children living in a household with English as the primary language were more than twice as likely to have a medical home as children living in a household with a primary language other than English (59.3 versus 26.5 percent, respectively).

Children living in a household with two parents (biological or adoptive) were more likely to have a medical home than those with two parents where at least one was a stepparent, those with only a mother, and those with all other family structures (58.6 compared to 49.6, 45.3, and 47.4 percent, respectively).

Medical home access also varied by socioeconomic status. Children of parents whose highest level of education was less than a high school diploma were nearly half as likely to have a medical home as children with at least one parent with more than a high school education (31.1 versus 61.6 percent, respectively). Similarly, receipt of care in a medical home also increased with household income: 36.5 percent of children living in households with incomes less than 100

Figure 1. Children with a Medical Home, by Race/Ethnicity, 2011–2012

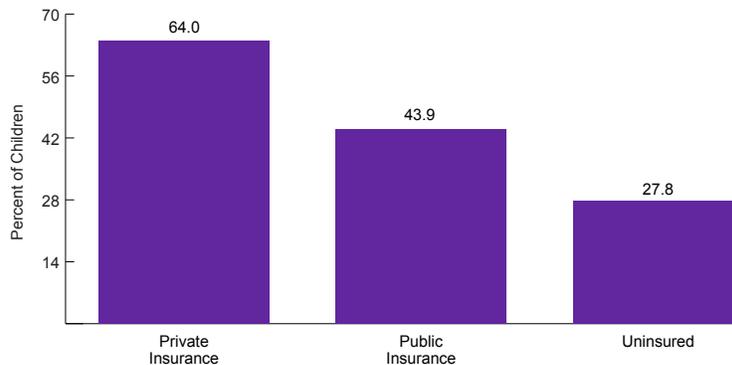


percent of poverty had a medical home compared to 67.8 percent of children living in households with incomes of 400 percent or more of poverty. Uninsured children were less likely to receive care from a medical home than children with public and private insurance (27.8 versus 43.9 and 64.0 percent, respectively; figure 2).

Barriers to having a medical home include personnel constraints, clinical practice patterns, and economic or social forces.² As an in-

creasing number of community health centers seek recognition as patient-centered medical homes, the National Association of Community Health Centers predicts that an additional 20 million Americans will have medical homes. Primary care practices are also increasingly seeking accreditation as medical homes. The Affordable Care Act authorized funding to establish community-based health teams to support these practices.^{4,5}

Figure 2. Children with a Medical Home, by Health Insurance Status and Type, 2011–2012



Data Sources

Figure 1 and 2. Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health. Analyzed by the Health Resources and Services Administration's Maternal and Child Health Bureau.

Endnotes

1. American Academy of Pediatrics, National Center for Medical Home Implementation. *What is a family-centered medical home?*. Available at: <http://www.medicalhomeinfo.org/>. Accessed May 20, 2014.
2. Medical Home Initiatives for Children With Special Needs Project Advisory Committee. The medical home. *Pediatrics*. 2002;110(1):184–186.
3. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Implementation of the Medical Home Program*. Available at: <http://www.mchb.hrsa.gov/programs/medicalhome/index.html>. Accessed May 20, 2014.
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Suggested Citation

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