



Change Is In the Air, in Primary Care: The Family-Centered Medical Home

Your neighbor, Jack, calls to tell you that his family has found a doctor and nurse practitioner in the community who provide *great* primary care. They had been looking for good local health care for quite awhile. Jack was able to get an appointment for his daughter, Anna, right away. While at the appointment, a small team of staff spent time getting to know them. They collected information about Anna's health and about the needs of her family. They recorded these needs to help staff remember. Before Anna's follow up visit, a care coordinator from the office contacted Jack. She called to make sure the team and the family was prepared for the visit. The coordinator realized that no one had heard back from Anna's specialists and promised to get any missing information. "The coordinator asked what our concerns were for the visit. This was new. Also, I didn't know they would talk to Anna's school. During the visit I was amazed when her doctor began by talking about *our* concerns. She also helped us to create a care plan for Anna. We feel safer and listened to. The doctor said that they call their practice a "family-centered medical home". I think everyone should have one of those!"



Does this sound too good to be true? In NH scenes like this are becoming more common. Have you noticed anything different at your doctor's office lately? Of course, they are as busy as ever. But change may be in the air. What is different may be that you are asked about the quality of your health care. For example, about what is going well and what could go better? It now may be possible for you to go online and ask questions of your doctor or nurse. Instead of being told what to do for your child you are asked to be a partner in their care. Parents have been asking to be respected as their child's care giver, teacher, and coordinator. Changes have been made in primary care; these now make a big difference to families. Doctor's offices or practices are now rated for how the doctors and nurses listen and show respect for their patients and families. This is a direct result of family input. Health care is far too complex for any one person to know everything. Thus, parent and professional partnerships are important. Each team member needs to teach and learn one from another.

What does it mean to have a medical home? Why is there so much 'buzz' about it? We know that the health care system needs improvement. But, there has been little agreement on how to improve until lately. Having a strong relationship with one's doctor or nurse is an important first step. The *medical home* is excellence in primary care – compassion, continuity, coordination, and consideration for the beliefs of families. Having a *medical home* means that you have a "go to" team at your doctor's office. The medical home is a central place when you need it. Staff at the medical home help you to find your way through the health care system.

New Hampshire's Center for Medical Home Improvement (CMHI) defines the medical home as:

"A community-based primary care setting which provides and coordinates high quality, planned, family-centered health promotion and chronic condition management."

Primary care doctors and nurses want to be a welcoming *medical home* for their patients. Yet they face challenges and constant demands upon their time. CMHI (like many other groups across the country) support health care teams, helping them to improve their "medical homeness". CMHI guides practice staff

to partner with families and find out what they need. They help practices to coordinate care and teach them how to use care plans.

There has been little support across our country for primary care practices. Yet, studies show that when people have a relationship with a primary care doctor or nurse, things improve. They are healthier. They miss less work and school. They don't use the emergency room or need the hospital as much. Primary care is becoming more valued. Things are starting to change. In the future, medical homes may even be paid more for providing great care, like Anna's.

What steps can practices take to increase their medical homeness? Families are key players on their medical home team. In NH, a survey by NH Family Voices found that families did not know about the medical home. Families need information about the medical home. They need to know about the role they can take in making practice changes. Until now, education for families has been limited. The Center for Medical Home Improvement has worked with partners from the Institute on Disability and NH Family Voices to develop educational tools to help teach families about the medical home. **Extra-Ordinary Care: Improving Your Medical Home** is a teaching slide presentation and workbook. These tools can help family groups and health professionals become active partners with their *medical home* team. Families will gain ideas for how to create positive changes in primary care; professionals learn how to engage families.

For more information, contact the Center for Medical Home Improvement (CMHI) (www.medicalhomeimprovement.org and 603-228-8111) or New Hampshire Family Voices (nhfv.org and in state only 1-800-852-3345 X 4525 or 603-271-4525) or Special Medical Services, NHDHHS/Title V, CSHCN Program (1-800-852-3345 Ext. 4488 or 603-271-4488).