

Introduction

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In 2002, the American Academy of Pediatrics released a statement calling for a medical home for all children with special health care needs.¹ This statement came in recognition that the American health care system has been spinning out of control in terms of both organization and cost. Although the term “medical home” may be considered new by some, it is a term that has evolved over the past 20 years. It embodies all that we know that health care can and should be for families and child health care professionals: accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. The medical home is a vision for how all individuals who are involved in the delivery of health care services can partner with their patients and their patients’ families to help them achieve their maximum potential. It includes a seamless system of health care services that fosters collaboration and cooperation among all members of the community in which the child and the family live.

This supplement pulls together in one place a large body of research on the cost and quality benefits of providing a medical home. Sia et al and Moore et al document some of the history and focus of the early work about the medical home approach. Strickland et al and Starfield et al present the evidence and make a compelling case that the medical home approach and comprehensive primary care do make a difference in the health of a population. The articles by Cooley et al and Palfrey et al show improvement of care at the practice level by providing medical home services. Important for families is support through care coordination. The articles by Gupta et al and Antonelli et al challenge us with the reality of what care coordination we do provide and some of the real practice costs of providing comprehensive care coordination. Bethell et al and McPherson et al

begin to provide the evidence base from a population perspective to help us measure our success as we work toward the Healthy People 2010 goal of providing a medical home for all children.

This vision that we now know of as the medical home is one that would not have been realized without the determination and persistence of several individuals, including the late Vince Hutchins, MD, FAAP; Merle McPherson, MD, FAAP; and one whom many have deemed the father of the medical home, Calvin Sia, MD, FAAP. These physicians worked tirelessly throughout their careers toward improving the delivery of health care services to ensure that some day every child and family would have access to a medical home. The key to each of their successes, however, was their commitment to and involvement of families. Whether through partnerships with individual family members in a pediatric practice or through legislative action taken on by national family advocacy groups, such as Family Voices, the critical role that families continue to have in attaining our goal of 100% access to medical homes by the year 2010 cannot be stressed enough.

We hope that this supplement to *Pediatrics* will support the pediatricians in making improvements to their practices; stimulate the academic pediatrician to conduct research and improve our knowledge to improve the approach; encourage families as they face their many daily challenges; and inform policy makers to make and support good policy and provide adequate resources to build practice, community, state, and national capacity to make this service model a reality for families and child health professionals.

Drs Hutchins, McPherson, and Sia have provided a vision as to what the future of pediatrics can and should be. They have provided mentorship to a new generation of pediatricians and child health advocates. It is to them that we dedicate this supplement.

REFERENCE

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