

AMERICAN ACADEMY OF PEDIATRICS

The Medical Home

Ad Hoc Task Force on Definition of the Medical Home

The American Academy of Pediatrics believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, and compassionate. It should be delivered or directed by well-trained physicians who are able to manage or facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a relationship of mutual responsibility and trust with them. These characteristics define the "medical home" and describe the care that has traditionally been provided by pediatricians in an office setting. In contrast, care provided through emergency departments, walk-in clinics, and other urgent-care facilities is often less effective and more costly.

We should strive to attain a "medical home" for all of our children. Although geographic barriers, personnel constraints, practice patterns, and economic and social forces make the ideal "medical home" unobtainable for many children, we believe that comprehensive health care of infants, children, and adolescents, wherever delivered, should encompass the following services:

1. Provision of preventive care including, but not restricted to, immunizations, growth and development assessments, appropriate screening, health care supervision, and patient and parental counseling about health and psychosocial issues.
2. Assurance of ambulatory and inpatient care for acute illnesses, 24 hours a day, 7 days a week; during the working day, after hours, on weekends, 52 weeks of the year.
3. Provision of care over an extended period of time to enhance continuity.
4. Identification of the need for subspecialty consultation and referrals and knowing from whom and

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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where these can be obtained. Provision of medical information about the patient to the consultant. Evaluation of the consultant's recommendations, implementation of recommendations that are indicated and appropriate, and interpretation of these to the family.

5. Interaction with school and community agencies to be certain that special health needs of the individual child are addressed.
6. Maintenance of a central record and data base containing all pertinent medical information about the child, including information about hospitalizations. This record should be accessible, but confidentiality must be assured.

Medical care of infants, children, and adolescents must sometimes be provided in locations other than physician's offices. However, unless these locations provide all of the services listed above, they do not meet the definition of a medical home. Other venues for children's care include hospital outpatient clinics, school-based and school-linked clinics, community health centers, health department clinics, and others. However, wherever given, medical care coverage must be constantly available. It should be supervised by physicians well-trained in primary pediatric medicine, preferably pediatricians. Whenever possible, the physician should be physically present where the care is provided; but it may be necessary for the physician to direct other health care providers such as nurses, nurse practitioners, and physician assistants off site. Whether physically present or not, the physician must act as the child's advocate and assume control and ultimate responsibility for the care that is provided.

AD HOC TASK FORCE ON DEFINITION OF THE MEDICAL HOME

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