

# QUALITY HEALTH CARE THROUGH MEDICAL HOMES

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

## MEDICAL HOMES

For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on supporting quality health care through medical homes. A medical home is not a place, like an office or a hospital. Rather, the family or patient-centered medical home is a team-based approach to care that promotes coordinated acute, preventive and chronic care for all life stages. In a quality medical home, the clinical team partners with the patient or family to assure that all medical and non-medical needs are met.

According to the American Academy of Pediatrics, a medical home provides well-child and preventive care.<sup>1</sup> A medical home ensures care for its patients that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. A medical home assists in the early identification of special health-care needs, provides routine primary care and coordinates with a broad range of other specialty, ancillary and related services.

During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:

**Priority Needs Statement:** Support quality health care through medical homes.<sup>2</sup>

**State Performance Measure:** The percent of children birth through age 17 receiving health care that meets the American Academy of Pediatrics definition of medical home.<sup>2</sup>

North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.



## HOW DOES NORTH DAKOTA MEASURE UP?



In 2007, the most recent data available, 64 percent of North Dakota children birth through age 17 received coordinated, ongoing, comprehensive care in a medical home (see Figure 1). Although this was higher than the national average of 57.5 percent, it falls below North Dakota's MCH goal of 66.5 percent. Children less likely to have health care that was provided in a medical home included those who lived

below the federal poverty level, were uninsured or were not consistently insured, had one or more emotional/behavioral/developmental issues, or were American Indian.<sup>2,3</sup> Even fewer North Dakota children with special health-care needs had a medical home (51%), and disparities for this population existed as well by race, income, insurance status and complexity of health needs and service use.<sup>2,4</sup>



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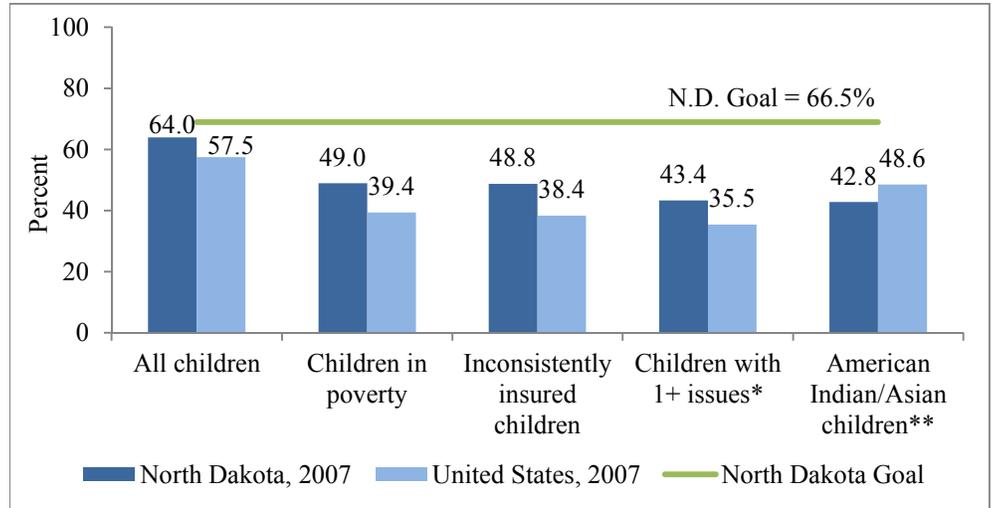
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**References:**

- <sup>1</sup> American Academy of Pediatrics; [www.aap.org](http://www.aap.org)
- <sup>2</sup> North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; [www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf](http://www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf)
- <sup>3</sup> 2007 National Survey of Children’s Health; [www.childhealthdata.org](http://www.childhealthdata.org)
- <sup>4</sup> 2005-2006 National Survey of Children with Special Health Care Needs; [www.childhealthdata.org](http://www.childhealthdata.org)

**Figure 1. The percent of children birth through age 17 receiving health care in a medical home, 2007**



\*One or more emotional, behavioral or developmental issues.  
\*\*In North Dakota, this category is predominantly American Indian children.  
Source: 2007 National Survey of Children’s Health<sup>3</sup>

**MOVING NORTH DAKOTA FORWARD**

Family or patient-centered medical homes are important for providing a framework for organizing systems of quality, cost efficient and effective care at both the practice and community level. Medical homes for the MCH population in North Dakota are promoted by:



- Collaborating with a variety of partners such as providers, payers, coalitions, programs and organizations to advance medical and dental home development within North Dakota.<sup>2</sup>
- Supporting implementation of medical homes for children with special health-care needs by monitoring medical home status, disseminating information, providing care coordination funding and developing policies to promote medical home infrastructure.<sup>2</sup>

*"Utilizing Medical Home in North Dakota has given our son and family access to quality coordinated care that has been designed to fit his needs."*  
— A North Dakota Parent