

Medical Home Philosophy:

Family-Centered Care Coordination

By Aubin Tyler



With the “medical home” model of care, health care teams focus on patient and family needs, coordinating all the types of care and support services each patient needs.

Meredith Andrade, RN, pediatric ambulatory care coordinator for Baystate Children's Hospital, helps families navigate the often complex maze of health care.

After neurosurgery in Boston, a four-year-old Springfield girl needed six weeks of inpatient physical therapy. With her husband working nights and four other children at home, the mother couldn't stay in Boston for that length of time, and didn't want to leave her little girl there alone.

Meredith Andrade, RN, in the newly created position of pediatric ambulatory care coordinator for Baystate Children's Hospital, arranged for the child to have intensive in-home physical therapy instead, until she was well enough to start local outpatient treatment.

“The child is doing very, very well,” she says. “Normally, she would have had to stay in Boston, and the mom would only be able to visit occasionally—this allowed her mom to be with her.” Ms. Andrade checks in with the family periodically, and the mom has the number for her direct line.

This case illustrates an evolving philosophy in health care, the concept of a “medical home.” With this model, health care teams—medical staff, social workers, inpatient caseworkers, even insurance company managers—focus on patient and family needs.

“Pediatric care in the 21st century is extraordinarily complex and anxiety provoking for families,” says Lindsey Grossman, MD, chair, Pediatrics, Baystate Children's Hospital. “We are providing support on the primary care, specialty, and subspecialty levels so that our young patients and their families get everything they need.”

Different Components, One Philosophy

The idea of creating “medical homes” for pediatric patients is not new to Baystate Children's Hospital. Matthew Sadof, MD, director, Medical Home and

Primary Care Asthma Intervention programs at Baystate High Street Health Center – Pediatrics, has used a medical home model for over a decade to



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improve asthma care for children with special health care needs in Springfield and throughout the state, working with teachers, nurses, employers, social workers, housing officials, and health coalitions. That program has since been expanded at High Street Health Center to include all patients with medically and socially complex conditions.

The idea, says Dr. Sadof, is that each child's primary care provider leads their care team, which also includes a case manager who arranges the necessary testing, care, and resources the family needs. So far, it's working. “Early estimates show that the clinic programs have dramatically reduced hospital and ER visits,” he says.

With the creation of Meredith Andrade's role of pediatric ambulatory care coordinator, this concept has expanded to include subspecialty components that may be out of range for primary care providers.

"When I came to Baystate, it was much like everywhere else I'd worked," recalls Dr. Grossman. "Pediatricians in the community complained that they could not get complicated patients evaluated by multiple subspecialists easily, and it was very confusing for families. Now if a pediatrician has a patient who needs such evaluation, he or she can call Ms. Andrade. She then contacts the other services, gets appointments,

and provides background information to each of those services."

Ms. Andrade serves as the family's liaison with the health system, explains Dr. Grossman. "She ensures their anxiety is taken care of, makes the necessary appointments, and educates the patient and family so they understand what is happening. She also coordinates the communications between primary and specialty providers, and assists with a range of other issues from insurance to transportation. She becomes the family's go-to person for any questions or concerns."

"The main thing is to have a warm person to talk to," says Ms. Andrade. "It's so frustrating for families to call and have to give their stories to two or three

The ambulatory care coordinator becomes *"the family's go-to person for any questions or concerns."*

people. Sometimes they just give up. I relieve them of a lot of the logistical burdens they have so that they can focus on caring for their child."

State-Wide Initiative

The Massachusetts Executive Office of Health and Human Services agrees with this philosophy. In December, Baystate's pediatric and adult High Street Health Centers and its Mason Square Neighborhood Health Center were among 46 primary care medical practices across the Commonwealth chosen to participate in a new Patient-Centered Medical Home Initiative over a three-year demonstration period.

In March, the management team led by John Snyder, MD, medical director, Baystate High Street Health Center - Pediatrics attended a two-day "Learning Session" in Marlborough for the participants in the initiative. Dr. Sadof served as a keynote speaker.

The learning collaborative is "one of the key building blocks in our strategic work to make all primary care practices in Massachusetts transformed into advanced patient-centered medical homes by 2015," wrote Secretary of Health and Human Services Dr. JudyAnn Bigby in a prepared statement.

More than a dozen Massachusetts health care insurance companies have signed on to participate in the payment reforms expected for the new initiative over the next several years. As every practice in the state moves to the medical home model, says Dr. Sadof, the quality of care will improve and decrease the emotional and financial cost of illness in our communities.

"Health care is difficult to negotiate," he concludes, "especially if you're sick or your child is sick. A three to four minute phone call can save an entire day in the emergency room. People need one number to call when they're sick: the care coordinator at their medical home."

Drs. John Snyder and Matthew Sadof, Baystate High Street Health Center – Pediatrics, are strong advocates for the medical home concept.



Refer a Patient

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