The Medical Home Index: Revised Short Form: Pediatric

Measuring the Organization and Delivery of Pediatric Primary Care for *All* Children, Youth, and Families

The Medical Home Index (MHI) is a validated self-assessment and classification tool designed to translate the broad indicators defining the medical home (accessible, family-centered, comprehensive, coordinated, etc.) into observable, tangible behaviors and processes of care within any office setting. It is a way of measuring and quantifying the "medical homeness" of a primary care practice. The MHI is based on the premise that "medical home" is an evolutionary process rather than a fully realized status for most practices. The MHI measures a practice's progress in this developmental process.

The MHI defines, describes, and quantifies activities related to the organization and delivery of primary care for all children and youth. A population of vulnerable children and youth, including those with special health care needs, benefit greatly from having a high quality medical home. The medical home model represents *the* standard of excellence for pediatric primary care; this means the primary care practice is ready and willing to provide well, acute and chronic care for all children and youth, including those affected by special health care needs or who hold other risks for compromised health and wellness.

The MHI-Revised Short Form (MHI-RSF) is a subset of 14 items from the MHI. The item numbers in black are the original item numbers from the MHI, and the numbers in red denote the 14 items on the MHI-RSF. You will be asked to rank the level (1-4) of your practice in six domains: organizational capacity, chronic condition management, care coordination, community outreach, data management and quality improvement/change. Most practices may not function at many of the higher levels (Levels 3 and 4). However, these levels represent the kinds of services and supports which families report that they need from their medical home. A frank assessment of your current practice will best characterize your medical home baseline, and will help to identify needed improvement supports.

A companion survey to the Medical Home Index, the Medical Home Family Index (MHFI), is intended for use with a cohort of practice families (particularly those who have children/youth affected by a chronic health condition). The MHFI is to be completed by families whose children have received care from a practice for over a year. The MHFI provides the practice team with a valuable parent/consumer perspective on the overall experience of care.

Clinic Contact Information

Date: _____

Clinic Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____


CMHI
Center for Medical Home Improvement

INSTRUCTIONS:

This instrument is organized under six domains: 1) Organizational Capacity, 2) *Chronic Condition Management*, 3) *Care Coordination*, 4) Community Outreach, 5) Data Management, 6) *Quality* Improvement

Each domain has anywhere from 1-4 themes; these themes are represented with progressively comprehensive care processes and are expressed as a continuum from Level 1 through Level 4. For each theme please do the following:

First: Read each theme across its progressive continuum from Levels 1 to Level 4.

Second: Select the LEVEL (1, 2, 3 or 4) which best describes how your *practice* currently provides care for patients with chronic health conditions.

Third: When you have selected your Level, please indicate whether *practice* performance within that level is: "***PARTIAL***" (some activity within that level) or "***COMPLETE***" (all activity within that level).

Domain 3: Care Coordination: For CSHCN and Their Families

Domain 4: Community Outreach: For CSHCN and Their Families				
THEME:	Level 1	Level 2	Level 3	Level 4
#4.1 Community Assessment of Needs for CSHCN	*PCP* *CSHCN*	*practice*	speN *CSHCN*	

Instructions:

A) Please select and circle one level from Levels 1, 2, 3, or 4 for each theme above (circle one).

B) Then indicate whether you place your practice at a PARTIAL or COMPLETE ranking within that level (circle one).

Note: Any italicized words are defined in the glossary on page 11.

Domain 5: Data Management: For CSHCN and Their Families				
THEME:	Level 1	Level 2	Level 3	Level 4
#5.2 Data Retrieval Capacity	*PCP*			

Domain 6: Quality Improvement/Change: For CSHCN and Their Families				
THEME:	Level 1	Level 2	Level 3	Level 4
#6.1 Quality Standards (structures)	*Quality* *CSHCN* *practice*	*practice* *CSHCN* *practice*	*practice* *CSHCN*	*practice* *CSHCN* *quality* *practice*

Instructions:

A) Please select and circle one level from Levels 1, 2, 3, or 4 for each theme above (circle one).

B) Then indicate whether you place your practice at a PARTIAL or COMPLETE ranking within that level (circle one).

Note: Any italicized words are defined in the glossary on page 11.

Please make certain you have chosen a Level (1-4).
Also indicate whether your *practice* performance within that level is "partial" (some activity within that level) or "complete" (all activity within the level). Thank You.

Glossary of Terms (continued)

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Practice-Based Care Coordination

Care and services performed in partnership with the family and providers by health professionals to:

1) Establish family-centered community-based *medical homes* for *CSHCN* and their families.
   -Make assessments and monitor child and family needs.
   -Participate in parent/professional *practice* improvement activities.
2) Facilitate timely access to the *Primary Care Provider* (*PCP*), services and resources.
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Glossary of Terms (continued)

Quality:
Quality is best determined or judged by those who need or who use the services being offered. *Quality* in the *medical home* is best achieved when one learns what children with special health care needs and their families require for care and what they need for support. Health care teams in partnership with families then work together in ways which enhance the capacity of the family and the *practice* to meet these needs. Responsive care is designed in ways which incorporate family needs and suggestions. Those making *practice* improvements must hold a commitment to doing what needs to be done and agree to accomplish these goals in essential partnerships with families.

Practice:
The place, providers, and staff where the PCP offers pediatric care.

Primary Care Provider (PCP):
Physician or pediatric nurse practitioner who is considered the main provider of health care for the child.

Maternal and Child Health Bureau (MCHB):
A division of Health Resources Services Administration.