

**American Academy of Pediatrics  
Council on Community Pediatrics  
Rural Health Special Interest Group**

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Rural Medical Home**

Leaving residency and heading out into the real world of practicing pediatrics is an exciting and stressful time in a young physician's career. Many of the uncertainties have more to do with our practice style and service to patients and the community as opposed to our actual knowledge of pediatrics. As a new physician in rural Minnesota the medical home became the guidance I was seeking as I struggled with these very issues.

The Medical Home practice model has gained considerable attention by the medical community in recent years. The AAP has long been an advocate of the concept and has been responsible for bringing the medical home to the forefront of pediatrics, especially in the care of children with special healthcare needs. Providing a medical home is a considerable goal, but a worthwhile goal.

I was first introduced to the medical home by one of my partners in my third month of practice. The Minnesota Department of Health and the Minnesota Chapter of the AAP were developing its first medical home learning collaborative. My partner asked if I would be interested in leading our clinic in this project. At first the idea was frightening but as I read more about medical home the idea excited me. Since my practice was just starting to build I felt as though I had the time to invest. The medical home ideals also closely matched those that I hoped to obtain in my practice and the opportunity offered me the chance to better incorporate these into my daily clinic routine.

The journey toward a medical home brought many questions and struggles. The obvious first question I asked was: Why am I hearing about the medical home for the first time now? I just completed three years of training and recall the medical home concept being discussed briefly. If the medical home is a central goal of the future of pediatrics then it seems to me that it should be a central part of our training. How do residency programs incorporate the medical home into their curriculum?

The medical home team for our learning collaborative consisted of myself, 2 parents from our practice who have children with special healthcare needs and a nurse practitioner. Working with our parent partners was an enlightening and rewarding process. They are the individuals who kept the process moving in the right direction and they have been vital to our successes. However, if not for the learning collaborative I may have missed the opportunity to learn from my patients and their individual talents. How do we as pediatricians better incorporate the various talents, interests and suggestions for improvements from our patients?

The medical home collaborative used a systems change approach to implementing these new goals and ideas into our practices. The approach is developed from the corporate quality improvement literature and focuses on making small, testable changes. These small changes over time are intended to lead into larger more drastic improvements in how we “do business”. At times this process is very frustrating, as the bigger goal can seem so unobtainable. How is your clinic assessing its performance and implementing change? What are the major barriers to change in your clinic and the medical community as a whole?

My clinic has had some significant success in implementing many of the medical home ideals. We have developed a system for identifying the children in our practice who have special healthcare needs. We have streamlined our scheduling process and given these patients improved access to appointments and phone consultations. We have made attempts at developing tools to better communicate with specialists and other healthcare/education providers. These have included medical history summary forms, emergency care plans and a specialist communication form. The major barrier to the success of these tools has been time. These tools take a considerable time to develop, test and then implement. The clinics in the Minnesota collaborative with the most success in implementing these tools have access to electronic medical records. Will electronic medical records be the key to success in implementing many of the medical home ideals? How are other clinics finding the resources to develop care plans and improve communication with specialists?

The medical home goal we have struggled with the most is the concept of care coordination. Care coordination is especially important in rural communities since families often have to travel to find appropriate resources for their child. Many larger clinics have the resources to hire a full time employee to handle care coordination duties. In a smaller rural practice, like mine, the financial resources for care coordination are not as readily available. My partners and I have had difficulty finding the time to do the type of care coordination that the medical home strives for, especially since most of these services are not reimbursed by third party payers. How do smaller rural clinics provide care coordination? Who is best suited in your practice to handle these duties?

The medical home adventure has no doubt had a profound effect on my future in pediatrics. The opportunity to be involved in this project early in my career had been priceless. The medical home is a goal we all should be working to achieve in our medical communities. It is the future of medicine. There are many obstacles to be overcome in achieving this goal for our patients. Implementation of the medical home is more than just making improvements in our daily practice, it is a total restructuring of how we care for children. What are the major obstacles to overcome in making the medical home the standard of care? Is reimbursement of services the major obstacle? Is there a culture in medicine that is resistant to change? How do we overcome these challenges?

I look forward to any comments from my colleagues and will share these comments with the Minnesota Medical Home learning collaborative.

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