

## Access to Medical Homes

Modern Medical Homes have become the base for any child’s medical and non-medical care. Medical Homes form a partnership between the patient, family, and primary care provider in cooperation with specialists and support from the community. The patient and their family are the focal point. The AAP (American Academy of Pediatrics) requires that care under the medical home model be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. A medical home is not a building, but an approach to providing comprehensive primary care.

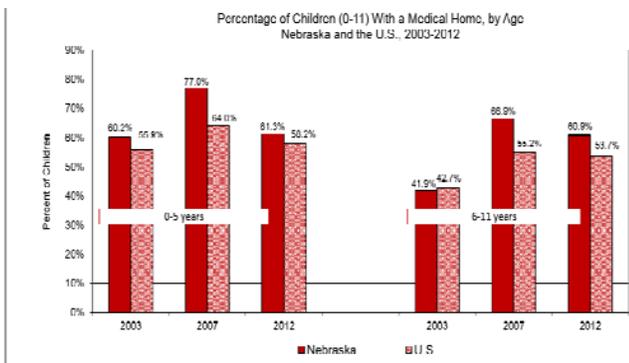
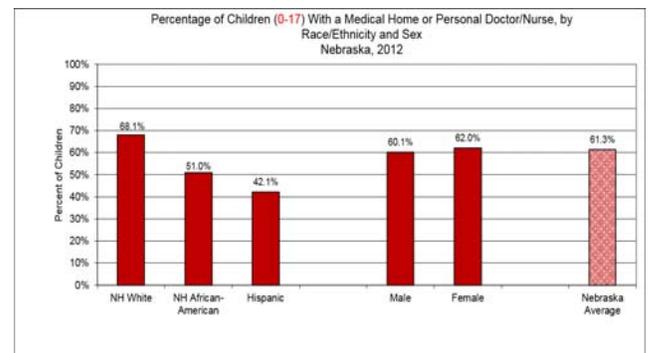
### ***Criterion 1: The Problem is Worse than the Benchmark or Increasing***

The Healthy People 2020 benchmark requires that 63.3% of children have access to medical homes. Data from the National Survey of Children’s Health shows that the percentage of children in Nebraska who have access to a Medical Home is 61.3% for children aged 0-5 and 60.9 for children aged 6-11 years, both of which are non-significantly lower than the benchmark.

Although accessibility rates in Nebraska are slightly higher than the rest of the country, between 2007 and 2012 coverage reduced by 15.7% for the 0-5 age group and 6% for the 6-11 age group in Nebraska. Access to Medical Homes is not improving.

report that 68% of white children have access to Medical Homes compared to 51% for African American children and 42% for Hispanic children.

Access to a personal doctor or nurse disparities with 95% of white children reporting access compared to 80% for African Americans and 84% for Hispanics.



Disparities also exist based on poverty levels. 15% of children living at 0-99% of FPL (Federal Poverty Level) reported no access to a personal doctor or nurse compared to only 4.1% of children living at 400% of FPL.

Medical Homes can reduce disparities between groups through measures such as offering interpretation services, after-hours care, and educating families about services available to them. By 2014, Medical Homes were required to collect and track data on factors including race and ethnicity, which helps doctors make informed and equitable decisions.

### ***Criterion 2: Disparities Exist Related to Health Outcomes***

Significant racial and ethnic disparities exist regarding access to Medical Homes. Data from NSCH (National Survey of Children’s Health)

### ***Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available***

There are several effective strategies that exist in both Nebraska and across the nation to address the problem of access to Medical Homes among children. These include:

1. Increased education about the Medical Home model of care to families, health professionals (pre and post training), and child-serving organizations (including public health)
2. Develop practice-based care coordination to improve access to medical homes, community-services, and family support.
3. Increasing the number of pediatricians across the state of Nebraska. Giving incentives to recruit Pediatricians especially in the more rural areas of Nebraska. There is a major shortage of pediatrician across most of Nebraska (see maps on next page).

### ***Criterion 4: Societal Capacity to Address the Problem***

In January 2014 Nebraska's major commercial insurers and Medicaid managed care plans launched a two year multi-payer medical home pilot study. The aim of the pilot study is to align participation requirements and measures across participating payers and practices, and require payers to contract with an average of ten practices per pilot year. There were seven other states that implemented this pilot study. These were Alabama, Iowa, Kansas, Maryland, Montana, Texas and Virginia.

Nebraska passed legislation LB396 in 2009 which requires DHHS to establish a Medicaid medical home pilot in up to two rural geographic areas by January 2012. The Governor appointed a Medical Home Advisory Council that included six primary care physicians and one hospital administrator.

Based on the pilot study results, DHHS recommended the Medical Home model should be continued in the provision of services through the Medicaid Managed Care Program statewide due to the large number of Medicaid clients and longevity of the program. In 2012, DHHS required the

Managed Care contractors statewide to develop and maintain a certain minimum of PCMH practices, following the pilot model.

### ***Criterion 5: Severity of Consequences Criterion***

Not having a Medical Home can be detrimental to a child. Not having access to medical care in many cases can have very severe consequences. Even though most children are resilient most do not do well with change so having a routine doctor they see would be best. If the child is constantly changing doctors their might be a great impact on the child. Also behavioral health is an integral part of having a medical home.

Research shows that Medical Homes not only reduce costs to Medicaid, but provide better quality care evidenced by patients reporting a better experience. In Nebraska, medical homes reduced emergency room visits by 27% and hospitalization rates by 10% based on BCBS (Blue Cross Blue Shield) Industry report.

### ***References***

<http://www.commonwealthfund.org/publications/fund-reports/2007/jun/closing-the-divide--how-medical-homes-promote-equity-in-health-care--results-from-the-commonwealth-f>

<http://www.commonwealthfund.org/Publications/Fund-Reports/2011/Dec/Building-Medical-Homes.aspx?omnicid=20>

<http://www.medicalhomeinfo.org/>  
<http://nashp.org/nebraska/>

<http://pcmh.ahrq.gov/sites/default/files/attachments/Early%20Evidence%20on%20the%20PCMH%202028%2012.pdf>

[https://www.pcpcc.org/sites/default/files/media/benefits\\_of\\_implementing\\_the\\_primary\\_care\\_pcmh.pdf](https://www.pcpcc.org/sites/default/files/media/benefits_of_implementing_the_primary_care_pcmh.pdf)  
[http://dhhs.ne.gov/medicaid/Pages/med\\_pilot\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pilot_index.aspx)

[http://nebraskalegislature.gov/FloorDocs/103/PDF/Agencies/Health\\_and\\_Human\\_Services\\_\\_Department\\_of/109\\_20131202-133920.pdf](http://nebraskalegislature.gov/FloorDocs/103/PDF/Agencies/Health_and_Human_Services__Department_of/109_20131202-133920.pdf)

# State-Designated Shortage Areas General Pediatrics

Nebraska

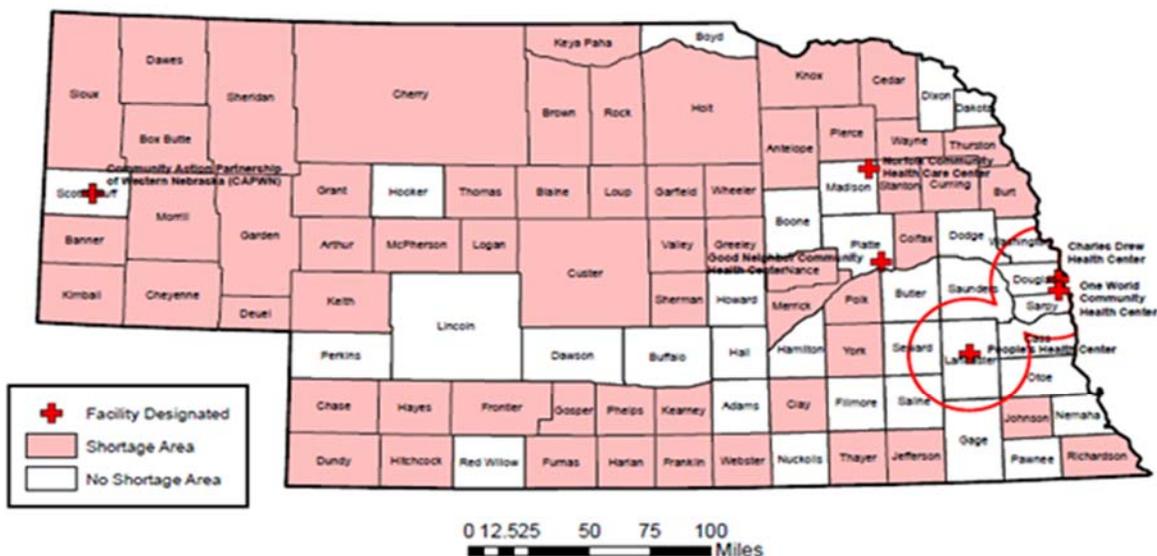


Source: Rural Health Advisory Commission  
DHHS - Nebraska Office of Rural Health  
Statewide Review: 2013  
Last Updated: July 2013

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS  
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# State-Designated Shortage Areas Family Practice

Nebraska



Source: Rural Health Advisory Commission  
DHHS - Nebraska Office of Rural Health  
Statewide Review: 2013  
Last Updated: December 2014

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS  
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