

Small physician practices that care for children unprepared to become medical homes

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Primary care practices around the country are being encouraged and even paid to become "medical homes," but small practices might be at a significant disadvantage in this race to improve health care for children, according to a new study by child health experts at C.S. Mott Children's Hospital.

Efforts around the country to improve [health care](#) for children have increasingly focused on the medical home as a model to make primary care practices more accessible, comprehensive, and focused on [quality improvement](#). Since 2008, practices could become officially recognized as a medical home by documenting that they meet specific criteria. Hundreds of primary care practices around the country have sought or are seeking recognition as medical homes.

The new study, published in this month's *Pediatrics*, shows that pediatric and family medicine practices that serve children, especially those with five or fewer physicians, are relatively unprepared to become recognized as medical homes.

"Getting recognized as a medical home is often the first step for practices to participate in programs that are trying to improve primary care for children. These practices can be at a serious disadvantage," says U-M [pediatrician](#) Joe Zickafoose, M.D., M.S., formerly a research fellow with the Child [Health Evaluation](#) and Research Unit at the

University of Michigan C.S. Mott Children's Hospital and now a health researcher with Mathematica Policy Research.

Recent studies have shown that small primary care practices for adults are at a disadvantage for becoming medical homes, but no large studies have looked at practices for children.

The majority of primary care for children still occurs in small practices with five or fewer physicians. These practices may be less likely to have the additional resources needed to become recognized as medical homes and miss out on the additional resources and financial support that often comes with participation in medical home programs.

Data used in the study came from the National Ambulatory Medical Care Survey, which is an annual sample of outpatient visits to randomly selected, non–federally employed, office-based physicians in the United States. When the survey is conducted, participating [physicians](#) are asked about characteristics of their practice.

The investigators examined data from the 2007 & 2008 rounds of the survey. They connected practice characteristics asked about in the survey to the National Committee for Quality Assurance's (NCQA) Patient-Centered Medical Home standards, the most commonly used medical home recognition process around the U.S.

The investigators found that on average [pediatrics](#) and family medicine practices only met 38% of the NCQA medical home standards that could be measured in the survey. Smaller primary care practices scored 10 to 14 points lower on a 100-point scale when compared to medium and large practices.

The authors were originally concerned that practices might be at a disadvantage for becoming a medical home if they served larger

numbers of children in public health insurance programs, who on average have higher medical needs, but they found no differences based on this or other characteristics of the practices.

"We hope that our study helps reinforce the importance of providing additional supports to small [primary care](#) practices in efforts to improve health care for children ," says Zickafoose, lead author of the study.

More information: Zickafoose JS, Clark SJ, Sakshaug JW, Chen LM, Hollingsworth JM. Readiness of primary care practices for medical home certification. *Pediatrics*. 2013. 131:3;473-482.

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