

# Exisioning NEXT GENERATION

An Evolution of the Family-Centered Medical Home

Rapid changes in healthcare are driving transformation in pediatric practice.

## PEDIATRICS IS CHANGING

## PATIENT AND FAMILY-CENTERED CARE

Now, more than ever, patients and their families have numerous options for where to seek care. Their decisions are based, in large part, on relationships with and easy access to a provider.

DO I NEED TO DO FOR THIS PATIENT TODAY IN OUR PRACTICE?



HOW CAN WE WORK TOGETHER AS A TEAM? HOW CAN PEDIATRICIANS SUPPORT PATIENTS

# PRACTICE LEVEL CHANGE

# TEAM-BASED CARE

The Affordable Care Act and focus on the Triple Aim\* are driving the shift from individual to team-based care focused on building a partnership with patients and families.

Team-based care better positions primary care practices to implement enhanced patient-centered functions, like pediatric care coordinatino and chronic condition management.

> Working as part of a larger team is becoming part of everyday pediatric practice.

## EHAVIORAL HEALTH INTEGRAT

#### INTEGRATION OF PRIMARY CARE AND BEHVIORAL HEALTH IS AN EXAMPLE **OF TEAM-BASED CARE.**

Given shortages of behavioral and mental health services and issues with accessibility of mental health services, pediatric primary care is increasingly utilized as a source of mental health care or a pathway to additional services profession at-large.





**Empowered pediatricians can participate in and lead these changes.** 

## INNOVATIVE HEALTHCARE DELIVERY PRACTICES

Individual anticipatory guidance visits remain a foundational component of preventive care.



Innovative and cost-effective ways to deliver care—such as group visits, telehealth, patient portals and m-health—are more common and growing in importance.

## POPULATION HEALTH MANAGEMENT

The medical home model offers opportunities to systematically address social determinants of health-the social context of patient care-which leads to promotion of population health overall.

Growing numbers of practice teams are adopting population health management tools and strategies:





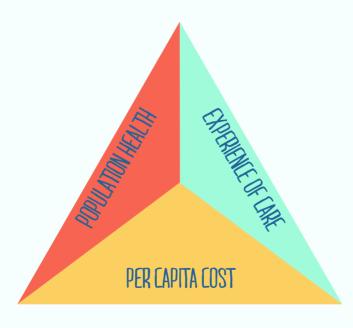




To identify groups of patients who can benefit from care coordination and/or other additional services.

## COMMUNITY LEVEL CHANGE

Pediatric primary care is at the center of an ever-growing system of diverse health and community service providers and organizations-the medical neighborhood.



## American Academy of Pediatrics



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SOURCES

Lardieri MR, Lasky GB, Raney L. Essential elements of effective integrated primary care and behavioral health teams. SAMHSA-HRSA Center for Integrated Health Solutions. 2014. http://www.integration.samhsa.gov/workforce/team-members/Essential\_Elements\_of\_an\_Integrated\_Team.pdf. Accessed July 29, 2015 Foy JM. Supplement Article. Pediatrics. 2010;125(Supplement 3):S69-S74. http://pediatrics.aappublications.org/content/125/Supplement 3/S69.full. Accessed July 29, 2015

Garg A, Jack B, Zuckerman B. Addressing the social determinants of health within the patient-centered medical home. JAMA. 2013:E1-E2.

https://www.pcpcc.org/sites/default/files/resources/Addressing%20the%20Social%20Determinants%20of%20Health%20Within%20the%20Patient-Centered%20Medi cal%20Home 0.pdf. Accessed July 29, 2015

Shaljian M, Nielsen M. Patient-Centered Primary Care Collaborative. Managing populations, maximizing technology: population health management in the medical neighborhood. 2013. https://www.pcpcc.org/resource/managing-populations-maximizing-technology. Accessed July 29, 2015