

Barriers to children in a midwestern college town having a medical home

Hanes M. Swingle, MD, MPH

Ralph Wilmoth, MPH, MPA

Mary L. Aquilino, MSN, PhD, FNP

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Medical Home

- **“Every child deserves a medical home”**
American Academy of Pediatrics (AAP)
essential health outcomes for 21st century
- **Healthy People 2010** – the Medical Home is
a national health objective for children with
special health care needs

Medical Home

“is an established partnership between a family and their primary care professional in which they receive comprehensive, coordinated care that addresses medical and non-medical needs to ensure quality and satisfaction.” L. Levin, MSW

Benefits of a Medical Home

- **Decreased hospitalizations & ER use**
- **Increased use of preventative services**
- **Screening for special health care needs**
- **Reduced minority patient/family mistrust**
- **Fewer days of work missed by parents of Children with Special Health Care Needs**
- **Increased parental satisfaction**

PROBLEM

In Iowa, among children who qualify for Title XIX and/or Title V services 70.7% have a medical home.

But in Johnson County, Iowa only 54.0% of such children have a medical home.

WHY?

Methods

- **Semi-structured interview using 38 item questionnaire**
- **National Survey of Children's Health 2003 validated questions used (80%)**
- **Open-ended questions (20%) written after discussion with Johnson County Public Health (JCPH) social worker and RN**
- **Project approved by the University of Iowa Institutional Review Board (IRB)**

Interviews

- **Face-to-face interviews** were conducted among families who presented to:
 - JCPH well-child clinic
 - JCPH WIC clinic

- **Telephone interviews** – letters sent to 60 families asking if they would be willing to participate in a telephone survey

RESULTS

TELEPHONE INTERVIEWS

60 LETTERS MAILED

24 Letters returned/
unable to be delivered

4 postcards returned
DO NOT CALL

23 NO PHONE
13 no longer in service
3 wrong #, 1 move, 6 none given

1 family - no answer

8 families contacted by phone
2 did not wish to participate
2 did not speak English

4 interviewed
All had a medical home

Demographics

	<u>NO Med Home</u> (n 41)	<u>Have Home</u> (n 30)	<u>Total</u> (n 71)	<u>P</u>
Married	22 (54%)	15 (50%)	37 (52%)	
Single	6 (15%)	8 (27%)	14 (20%)	
Living together	10 (24%)	5 (17%)	15 (21%)	
Divorce/sep.	2 (5%)	2 (7%)	4 (6%)	
Not available	1 (2%)	0 (0%)	1 (1%)	ns

Demographics

	<u>No Med Home</u> (n 41)	<u>Have Home</u> (n 30)	<u>P</u>
<u>AGE</u>			
Mother (yr)	30.8 (range 18-45)	27.3 (range 16-44)	0.07
Child (yr)	5.1 (range 3 mo-17 yr)	2.8 (range 1 wk-12 yr)	0.02
# <18 in home	2.3 (1-5)	2.0 (1-4)	ns
# living in home	4.5 (2-7)	4.1 (2-7)	ns

Demographics

	<u>No Med Home</u> (n 41)	<u>Have Home</u> (n 30)	<u>Total</u> (n 71)	<u>P</u>
< HS*	10 (24%)	4 (13%)	14 (20%)	
HS graduate	14 (34%)	6 (20%)	20 (28%)	
Some college/ college grad	12 (29%)	14 (47%)	26 (37%)	
Prof/grad student	3 (7%)	3 (10%)	6 (8%)	
Not available	2 (5%)	3 (10%)	5 (7%)	ns

* One mother had never attended school

ETHNICITY

	<u>No Med Home</u> (n 41)	<u>Have Home</u> (n 30)	<u>Total</u>	<u>P</u>
White	10	17	27 (38%)	
Russian (1)				
African-American	5	6	11 (15%)	
Hispanic	18	6	24 (34%)	
Mexican (13)				
Guatemalan (1)				
Honduran (2)				
Columbian (1)				
Equadorian (1)				
Asian	1	1	2 (3%)	
Native American	1	0	1 (1%)	
Navaho				
Arabic	1	0	1 (1%)	
U. Arab Emirates				
African	5	0	5 (7%)	
Kenyan (3)				
Ethiopian (1)				
Congo (1)				ns

LANGUAGES

	<u>NO MED HOME</u> (n 41)	<u>HAVE HOME</u> (n 30)	<u>TOTAL</u>	<u>P</u>
English	14	25	39 (55%)	
Spanish	20	5 †	25 (35%)	
Mayan dialect (1)				
Chinese	1	1	2 (3%)	
Georgian (Russian)	1		1 (1%)	
Swahili*	3		3 (4%)	
Amerce (Ethiopian)	1		1 (1%)	
Arabic	1		1 (1%)	
French	1		1 (1%)	≤0.025
*English and Swahili spoken in one home				
†One family speaks English and Spanish at home				
Translator used:	10	1	11 (15%)	
Translator needed:	5	1	6 (9%)	≤0.01

Health Insurance Status

	<u>No Med Home</u> (n 41)	<u>Have Home</u> (n 30)	<u>P</u>
No insurance	30* (73%)	4 (13%)	
Title XIX	6 (15%)	17 (57%)	
Hawk-I	0 (0%)	1 (3%)	
Private insurance	5 (12%)	8 (27%)	≤0.001

* One family eligible for Medicaid, but chose not to apply

Lack of U.S. citizenship accounted for 59% without health insurance

Children's Health Data

<i><u>Health</u></i>	No Med Home (n 41)	Have Home (n 30)	Total (n 71)
Good/excellent	39	30	69 (97%)
Fair	2	0	2 (3%)
Poor	0	0	0 (0%)
<i><u>On Rx meds?</u></i>			
Yes	0	1	1 (1%)
No	41	29	70 (99%)
<i><u>Hospitalizations?</u></i>			
YES	1	4	5 (7%)
NO	40	26	66 (93%)
<i><u>Surgery?</u></i>			
YES	4	3	7 (10%)
NO	37	37	64 (90%)

Perceived Needs Relative to Other Children

	<u>No Med Home (n 41)</u>	<u>Have Home (N 30)</u>	<u>Total</u>
<i>More Education?</i>			
YES	6	3	9 (13%)
NO	35	26	61
<i>Behavioral problems?</i>			
YES	5	3	8 (11%)
NO	36	27	63
<i>More medical services?</i>			
YES	3	1	4 (6%)
NO	38	29	67

PARENTS

	<u>No Med Home</u> (n 41)	<u>Have Home</u> (N 30)	<u>Total</u>
<i>Ever had your own doctor?</i>			
YES	21	20	41
NO	19	10	29 (41%)
NA	1	0	1
<i>View of MD</i>			
Favorable	28	22	50
Neutral/less	13	7	20 (28%)
NA	0	1	1

ATTITUDES

No Med Home (n 41) Have Home (N 30) Total

Ever use ER?

Happy with care?

YES	16	16	32 (84%)
NO	4	2	6

*ER more convenient
than MD office?*

TRUE	10	4	14 (23%)
FALSE	25	21	46

Has there ever been a time when your child needed medical care and you couldn't get it?

	<u>No Med Home</u> (n 41)	<u>Have Home</u> (N 30)	<u>Total</u>
YES	2*	0	2
NO	39	30	69 (97%)

RECENT MOVE

29% (12/41) in the No Medical Home group reported a recent move to Iowa City as contributing to their child not having a medical home

- **Half of these had been in Iowa City for ≤ 2 months**
- **The other half for 3 – 9 months**

Benefits of medical home as perceived by parents

- Physician knows child's past medical history
“He knows everything about her. He doesn't have to talk a lot.”
- Child feels “more comfortable”
“less afraid”
“more secure”
- Parents have more trust
“In the ER they treat you, but the trust is not high.”

Barriers Identified by Survey

- **Lack of health insurance/financial (85%)**
- **Citizenship/legal status (59%)**
- **Cultural/ethnic (41%)**
- **Recent move (29%)**
- **Preferences for immediate access to health care services (23%+)**

IMPLEMENTATION

“A critical element in ensuring the successful operation of the medical home is the family buy-in.”

Gray et al., Pediatrics 113:158, 2004

Recommendations

1. To promote parental buy-in to the Medical Home Model, the psychological benefits to the child should be emphasized to parents
2. States should mandate that all health insurance plans provide well-child and immunization coverage

Recommendations

3. The federal government should mandate that Title XIX (Medicaid) be fully portable from state to state to prevent gaps in children's health coverage
4. U.S. should provide Title XIX to all children in U.S. whose parents meet income eligibility regardless of parents citizenship status.

REFERENCES

This study is in press and available on-line.
Maternal and Journal Health Journal
2007, Sept 29. [Epub ahead of print]