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# Whatcom County Child Health Notes

## Medical Home: Primary Care of Children with Special Needs

Whatcom County Child Health Notes is distributed by Whatcom County Health and Human Services / Children with Special Health Care Needs. This newsletter is intended to provide physicians and nurse practitioners with current information regarding identification and management of special needs conditions. Contributing agencies and programs include: Washington State Department of Health - Children With Special Health Care Needs Program (Contract #N08400), University of Washington - Center on Human Development and Disability, Whatcom County Medical Home Training and Resource Project, the Whatcom County Interagency Coordinating Council, and the Whatcom County Parent to Parent Support Group. Additional Child Health Notes are available at <http://depts.washington.edu/medhome>

### Primary Care Practitioners don't need to do it all

A **medical home** is a coordinated and cost-effective approach to providing health care services. The primary care practitioner provides key elements of a medical home, but isn't expected to do it all. In a medical home, physicians, families, and allied health professionals work together as partners to optimize health and developmental outcomes for infants, children, adolescents and young adults. This family-centered approach encourages families to:

- Find a centralized base for their medical care
- Connect with other medical and non-medical community resources
- Play a central role as a partner in their child's health care

Assuring that all children with chronic health conditions or disabilities have a medical home by 2010 has identified by The American Academy of Pediatrics, the State of Washington, and the US Maternal and Child Health Bureau as one of their most important goals.

"You can't do it all by yourself. There are many other services in your community that can help. It takes extra time to get to know these people, communicate with them and use their services, but in the end it really helps. Now it is at a manageable level, I know the services and I know my families. Networking and maintaining those networks in the end saves time."

- Rural Community Pediatrician

### Your Medical Home Partners

1. **Families:** Families are the constant in a child's life, and can be valuable partners when it comes to problem-solving. Families need access to community services and parent support programs in addition to specialty care providers.
2. **Community service providers:** Important community contacts include the Children with Special Health Care Needs and the Infant Toddler Early Intervention Program. Contact information for local resources is provided on the reverse side.
3. **Your local medical home team:** Washington State has a statewide network of expert, community-based teams working to strengthen medical homes. Your community team can help you identify practical tools and strategies to support medical home practices in your office. Whatcom County team members are listed on the reverse side. **For a list of all Washington State Medical Home Teams:** <http://depts.washington.edu/medhome> (click on community teams.)

### Whatcom County Medical Home Team:

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**The National Center of Medical Home Initiatives for Children with Special Needs** provides support to physicians, families, and other medical and non-medical providers who care for children with special needs so that they have access to a medical home: [www.medicalhomeinfo.org/](http://www.medicalhomeinfo.org/)

**Where to Start:** Links to local, regional and internet resources

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