

Patient Centered Medical Home

A family-centered medical home is not a building, house, hospital, or home healthcare service, but rather an approach to providing comprehensive primary care. In a family-centered medical home the pediatric care team works in partnership with a child and a child's family to assure that all of the medical and non-medical needs of the patient are met. Through this partnership the pediatric care team can help the family/patient access, coordinate, and understand specialty care, educational services, out-of-home care, family support, and other public and private community services that are important for the overall health of the child and family. The American Academy of Pediatrics (AAP) developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to all children and youth, including children and youth with special health care needs.

As your medical home, we will:

- Take care of short term illness and long term chronic disease.
- Discuss goals and ways you would like to improve your health.
- Listen to you and address your concerns.
- Help you to stay healthy by giving you understandable information.
- Promptly respond to your calls, questions, and concerns.
- Have a doctor available after hours for your urgent concerns.
- Remind you when tests are due.
- Notify you of test results promptly.
- Help coordinate care with specialty doctors as needed.

As your medical home, we trust you to:

- Follow the care plan as agreed upon to the best of your ability.
- Tell us about all medications and vitamins/supplements you are taking.
- Let us know when you see other health care providers and have a record of your care sent to our office.
- Keep your appointments or call to reschedule/cancel.
- Call if you do not receive your test results within 2 weeks or for specialty lab tests within the time period discussed at your appointment.
- Use after hours contact information only for issues that can't wait until the next work day.
- If possible call the office before going to the Emergency Room, so someone who knows your history can help manage your care.
- Learn about your insurance plan and what it covers or work with us to help develop a payment plan.
- Pay your share of the visit fee when you are seen in the office.
- Give us feedback to help us improve our services.

Patient Responsibilities

- Partner with the provider/medical home staff in establishing a collaborative relationship to address patient's personal health and behavioral health issues.
- Keep appointments or cancel in advance if possible.
- Contact provider first for all medical issues, other than emergencies perceived to be life threatening or with the potential to permanently impair health status.
- Report changes scheduled in conditions or symptoms, and keep medical record up to date, including information on all over the counter supplements/vitamins/herbal preparations.
- Share concerns and questions, needs and priorities.
- Identify personal life goals and establish care management plans, including clearly identified self-management goals and responsibilities.
- Take the medicine prescribed.
- Read information from provider, and ask questions if help or clarification is needed.
- Meet financial obligations.

FOR MORE INFORMATION, VISIT OUR WEBSITE: www.cdapedcs.com

Scope of Practice

- The providers at Coeur d'Alene Pediatrics are uniquely qualified to manage, coordinate, and supervise the entire spectrum of pediatric care, from diagnosis through all stages of treatment, in all practice settings.
- If your child has a health or behavioral health concern that our providers feels needs to be addressed by another specialist they will refer your child to the most appropriate provider.
- Our office has a wide range of subspecialists that we work with in providing the most comprehensive care to our patients.

Patient Rights

- High quality medical care without discrimination that is compassionate and respects personal dignity, values and beliefs.
- Participate in and make decisions about their care and pain management, including refusing care to the extent permitted by law. Care providers (doctor, nurse, etc.) will explain the medical consequences of refusing care.
- Have illness, treatment pain, alternatives and outcomes explained in an understandable matter, with interpretation service as needed.
- Treatments, communications and other medical records kept private to the extent permitted by law.
- Access to medical records in a reasonable timeframe, to the extent permitted by law.
- Full information regarding charges; counseling on the availability of known financial resources for health care.
- Access to advocacy or protective service agencies and a right to be free from abuse.
- Forum for having concerns and complaints addressed; and a guarantee that sharing concerns and complaints will not compromise access to care, treatment and services.

Principles of Patient Centered Medical Home

- Each patient has an ongoing relationship with a personal clinician trained to provide first contact, continuous and comprehensive care.
- The personal clinician leads a team of individuals at the practice level who collectively take responsibilities for the ongoing care of patients, using a planning process driven by a compassionate, robust partnership between clinician, patients, and the patient's family.
- Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met.
- The goal of the clinician and the team is to assure that patients get the indicated care when and where they need and want it, in a culturally and linguistically appropriate manner.
- The personal clinician is responsible for providing for all the patient's health care needs or taking responsibility for arranging care with other qualified professionals, for: acute care; chronic care and preventive services. Care is coordinated and/or integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies) and the patient's community (e.g., family, public and private community based services).
- Evidence based medicine and clinical-decision-support tools guide decision making.
- Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal clinician, and practice staff.
- Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication.