

RESEARCH BRIEF



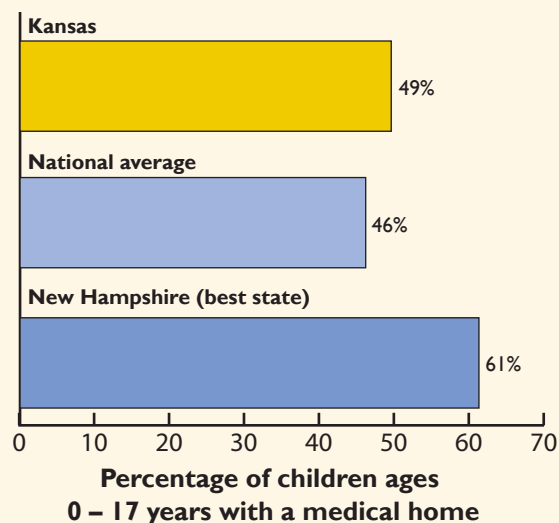
KANSAS
HEALTH
INSTITUTE

MEDICAL HOMES AND KANSAS CHILDREN

National Survey of Children's Health finds approximately one-half of Kansas children have a medical home.

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Figure 1. Children in Kansas and U.S. with medical homes



Source: 2003 National Survey of Children's Health

Kansas is slightly above the national average in the percent of children with a medical home.

In Kansas, as in all fifty states, not every child has a medical home. Children with a medical home may have the benefit of health care that is accessible, comprehensive, coordinated, continuous, compassionate, culturally effective and patient-centered.

Kansas children lag in medical home enrollment

The 2003 National Survey of Children's Health estimated that 49 percent of the children growing up in Kansas had a medical home. Although this percentage is somewhat higher than the national average of 46 percent, minority children were slightly less likely than their national peers to have had a medical home. Hispanic children, in particular, were less likely than black children and white children to have had a medical home.

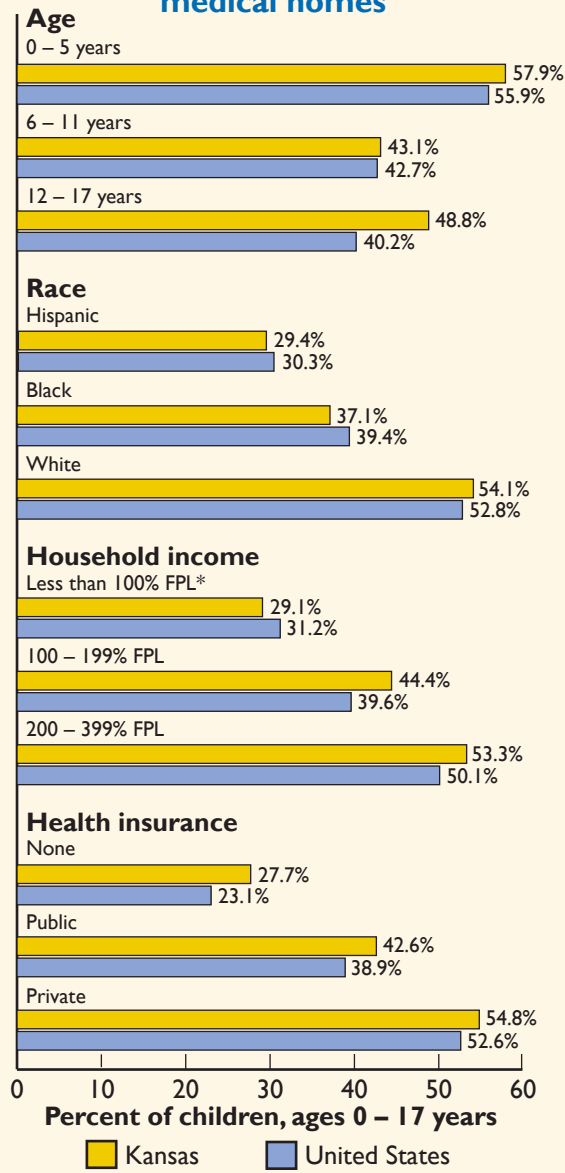
Kansas lags behind the Healthy People 2010 standard in its efforts to provide a medical home. The Healthy People 2010 program, a federally sponsored initiative to improve the nation's health, recommends that 100 percent of children with special health care needs be provided a medical home. Only 47 percent of Kansas children with special health care needs had a medical home.

Medical homes can improve health outcomes

According to a study conducted by the University of South Carolina, enrollment in a medical home can improve health outcomes while decreasing costs. By improving the coordination of care, medical homes reduced emergency room usage. The study found that a 10 percent increase in the use of a pediatric medical home resulted in a decline of 72 emergency room visits and cost savings of \$19,905 per practice.

The survey showed that enrollment in a medical home was associated with lower emergency room utilization rates among Kansas children. Children with a medical home had a 5 percent lower rate of emergency room visits than children without a medical home. The survey also sug-

Figure 2. Kansas children with medical homes



*FPL: Federal Poverty Level
Source: 2003 National Survey of Children's Health

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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gested that children who received care within a medical home missed fewer days of school.

Enrollment in a medical home can also improve children's vaccination rates. A study conducted by the Centers for Disease Control and Prevention found that children eligible for free vaccines who had a medical home were significantly more likely to have had current vaccinations.

Policy implications

The 2008 Kansas Legislature endorsed the use of the medical home model in its children's and employees' health in-

surance plans, a recommendation made by the Kansas Health Policy Authority to encourage preventive care and to improve the coordination of an individual's health care.

Yet barriers continue to exist to enrolling more children in medical homes. In particular, the lack of health insurance, or inadequate health insurance, can hinder families in receiving the appropriate health care services provided in a medical home setting. In Kansas, children ages 6 to 17 years, minority children, children whose families earn less than 100 percent of the Federal Poverty Level, and children with public or no health insurance were at greater risk of not having a medical home. Policies that address these groups could improve enrollment in medical homes.

Kansas children ages 0 to 5 years were more likely to have had a medical home than older children.

Definition

Medical Home: A health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient's health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.

— Statute enacted by 2008 Kansas Legislature in SB 81. Tentatively scheduled for publication as K.S.A. 75-7429.