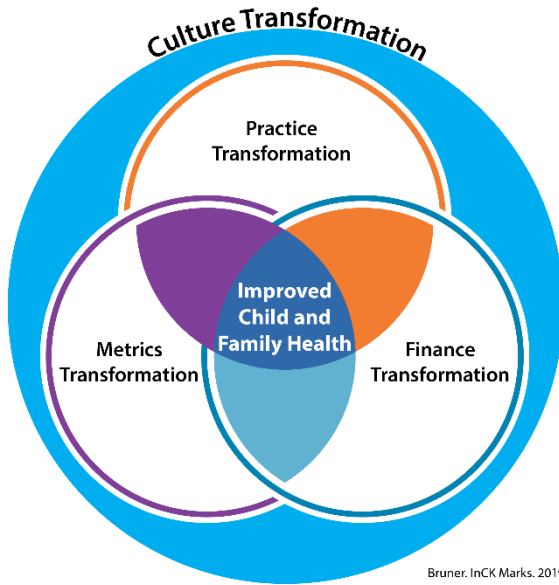


Framework for Transforming Children's Health Care



Children's primary care providers include: pediatricians in solo or group practice, family practitioners in rural and urban clinics, nurse practitioners and physician assistants in community health centers, and others. All aim to be a family-centered medical home.

Research and professional guidelines such as *Bright Futures* point to a need for more family-centered medical homes that emphasize: 1) prevention, attachment, and healthy development, 2) meaningful family engagement, and 3) connections to other services in the community. In addition to providing high

quality medical care, child health practitioners are being called upon to identify and initiate responses to social determinants of health, including stress and adversity (economic, social, and psychological). In short, they are being called upon to transform their practice.

Changing the culture of children's primary care will require transformation in practice, measurement, and financing. Most important, transforming child health care will require a culture of practice with emphasis on health equity and long-range outcomes, not short-term costs.

Across the country, exemplary practices demonstrate how to create high-performing medical homes, which deliver more team-based, relational, and family-centered primary and preventive services. We have the knowledge base to move toward broader diffusion and adoption of child health care transformation.

InCK Marks encourages child health practitioners, experts, advocates, researchers, and policy makers to help advance child health care transformation and promote health equity for all children.

- **Practice Transformation** – Moving toward more high performing, family-centered medical homes with preventive, developmental, behavioral, and other services that respond to both bio-medical and social determinants of health. This includes reaching the standards set by *Bright Futures* and the expectations set by Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- **Metrics Transformation** – Using measures and measurement tools to guide performance and support practice transformation, including those related to the child, home environment, and family strengths and goals. Practice-level measurement tools and system-level metrics are both needed.
- **Finance Transformation** – Providing financing that recognizes how preventive and primary care for young children can have lifelong positive impact and long-term cost savings across multiple public systems, that rewards the greater value of high performing medical homes over existing practice. This is particularly true for Medicaid financing.
- **Culture Transformation** – Advancing health equity via transformed medical homes that value and build from family culture, strengths, and goals and are connected to the neighborhoods and communities served. Assuring family-centered care focused on healthy development (cognitive, social/relational, emotional/behavioral, and physical) requires advancing equity and combatting bias in all its forms.