

## Parent Survey: Most Valuable Components of Medical Home

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### Abstract

Providing care in a pediatric medical home results in improved health outcomes for children, increased satisfaction for families, and decreased cost of care. According to the American Academy of Pediatrics, a medical home should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. This study reports on a statewide survey of parents in California who responded to questions about which of these medical home components they most value, and how satisfied they are with the care their child receives. Pediatric practices looking to improve their care might focus on those components of greatest interest to families they serve.

### Introduction

Better child health outcomes, higher family satisfaction, and decreased cost of care are some of the documented outcomes of providing pediatric care in a comprehensive medical home. According to the American Academy of Pediatrics, a child's medical home should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. The medical home recognizes the family as a constant in a child's life and emphasizes partnership between health care professionals and families.<sup>1</sup> Yet researchers have not specifically asked parents which components of the medical home they most value or how satisfied they are with the care their child receives. Now, findings from a survey of parents in California suggest that parents most value ready access to care and a family-centered approach. Practices looking to improve the care they offer might focus on those components.

There are many reasons practices may want to improve the care they offer. Children receiving care within a medical home are more likely to see a primary care clinician and to have received preventive care visits, immunizations, and anticipatory guidance. They have fewer outpatient visits for acute illness and report better health status. When a medical home provides family-centered care, families report an increased ability to meet day-to-day child-rearing responsibilities, increased satisfaction with being parents, and decreased missed workdays due to their child's health. Medical homes reduce health care costs through decreased visits to emergency departments and decreased frequency and length of hospitalizations. In addition, having a medical home is associated with less out-of-pocket spending by families.<sup>2</sup> These associations argue for universal availability of medical homes, a need to assess how well practices are implementing components of medical home and

the allocation of resources to improve them. Unfortunately, only 42% of children in California receive their medical care in a medical home, and the proportion is even smaller among children with special health care needs (38%). Nationally, children with private insurance are more likely to receive care in a medical home than are publicly insured children (54% Vs. 29%). Fortunately, most children in California (88%) at least have a usual source of sick care, privately insured children more so than publicly insured (95% vs 80%).<sup>3</sup>

There can be no argument that having a comprehensive medical home offers advantages to children. This study reports on a statewide survey of parents in California who responded to questions about their child's medical care.

## Methods

Respondents, who were a parent or guardian of at least one child under 18 years old and a registered voter, were asked about their child's medical care as part of *The Field Poll*, an independent and nonpartisan survey of California public opinion administered in October 2016 using a web-based survey in English and Spanish. The sampling and data weighting processes ensured that respondents matched the demographic, political, and regional profiles of registered voters in California.

Parents were asked to rank six medical home components. A seventh component, "compassion," was not included on the survey, as it is a provider rather than a system characteristic.

The components were:

1. **Access:** The ease of getting seen by a doctor
2. **Continuity:** Being able to see the same doctor each visit
3. **Comprehensiveness:** Having one doctor manage and coordinate all care
4. **Family-centered care:** Having the doctor actively include parents when making decisions about child's care and medical treatments
5. **Coordinated care:** Having all health care providers work together to coordinate the care being provided
6. **Cultural competence:** Receiving care that considers personal and family beliefs, customs, and values

Parents ranked the components in order of their *relative importance* (1 = lowest; 6 = highest). They also reported on their *level of satisfaction* with each component as experienced in their child's medical care using a four-point scale (1 = lowest; 4 = highest). The percentage of parents who selected each component as most important was calculated and compared. Among the parents who ranked each component as most important, level of satisfaction with that component was then evaluated. Associations were assessed in two ways: (1) between ascribed importance and satisfaction levels using chi square test of statistical significance; (2) and between importance and satisfaction levels and income groups, race/ethnicity groups, and California regions using one-way analysis of variance and the Bonferroni post hoc test. Findings are shown for associations significant at  $p < .05$ .

## Results

Of the 500 parents who took the survey, 448 responded to all questions about their child’s medical care, and they formed the study sample. Three-quarters of parents were married (76 percent); more than half of parents had at least a four-year college degree (52 percent); and one-quarter of parents/guardians earned over \$100,000 (25 percent) and one-quarter earned under \$40,000 (25 percent) per year (Table 1). Higher income parents and parents from larger metropolitan areas were less likely to respond to all questions.

**Table 1: Residential and Demographic Characteristics**

Characteristic	% (N)
L.A. County	28.6 (128)
South Coast	15.4 (69)
Inland Empire	11.2 (50)
Central Valley	20.9 (94)
SF Bay Area	15.8 (71)
Other or Missing	8.0 (36)
Married	75.1 (338)
Domestic Partnership	5.1 (23)
Separated or Divorced	7.9 (35)
Single	10.9 (49)
Other or Missing	.6 (3)
White/Caucasian	45.4 (203)
Hispanic/Latino	40.6 (182)
Asian/Pacific Islander	7.9 (35)
Black/African American	4.1 (18)
Other or Missing	2.1 (9)
High School Degree or Less	17.9 (81)
Some College	22.9 (102)
Two-year Degree	7.3 (32)
Four-year Degree	37.4 (167)
Post-graduate Degree	14.6 (65)
Under \$40,000	25.0 (112)
\$40,000 to Under \$70,000	23.9 (107)
\$70,000 to Under \$100,000	22.3 (100)
\$100,000 or More	25.2 (113)
Missing	3.6 (16)

Notes: N = 448; Totals may not add to 100 within category due to rounding

## Importance of Medical Home Components

The medical home components most often ranked highest in importance were *access* to seeing a doctor (24 percent) and *family-centered care* (23 percent) (Table 2). About one out of six parents valued continuity of care or coordinated care highest (17 percent and 16 percent, respectively). One out of 10 parents rated comprehensive care or culturally competent care highest (10 percent for each).

**Table 2: Percentage of Parents/Guardians who Selected Each Medical Home Component as Most Important and Mean Rank Order**

Component	% (N)
<i>Access:</i> Ease of getting seen by a doctor	24.0 (108)
<i>Family-centered:</i> Doctor actively including parent when making decisions about child’s care and medical treatments	23.1 (103)
<i>Continuity:</i> Seeing the same doctor each visit	16.7 (75)
<i>Coordinated care:</i> Child’s health care providers working together to coordinate care	16.0 (72)
<i>Comprehensive:</i> One doctor managing and coordinating all aspects of child’s care	10.0 (45)
<i>Cultural competence:</i> Receiving care that takes into account personal and family beliefs and values	10.0 (45)

N = 448

## Satisfaction with Medical Home Components

Parents who ranked *family-centered care* as most important were moderately satisfied with what they had received; satisfaction with *access to care* was lower. Satisfaction with *coordinated care*, *continuity of care*, and *comprehensive care* were similar to one another (Table 3). Notably, though the smallest percentage of parents ranked *cultural competence* as most important, these parents expressed a lower level of satisfaction.

**Table 3: Mean Satisfaction with Each Medical Home Component Among Parents/Guardians Who Ranked Component Most Important**

Component	Mean (sd)
<b>Family-centered:</b> Doctor actively including parent when making decisions about child's care and medical treatments	3.5 (.75)
<b>Continuity:</b> Seeing the same doctor each visit	3.3 (.83)
<b>Comprehensive:</b> One doctor managing and coordinating all aspects of child's care	3.3 (.76)
<b>Coordinated care:</b> Child's health care providers working together to coordinate care	3.2 (.85)
<b>Access:</b> Ease of getting seen by a doctor	3.2 (.85)
<b>Cultural competence:</b> Receiving care that takes into account personal and family beliefs and values	3.1 (.91)

Note: 1 = very dissatisfied; 2 = dissatisfied; 3 = satisfied; 4 = very satisfied. N Family-centered = 103; Continuity = 75; Comprehensive = 45; Coordinated care = 72; Access = 108; Cultural competence = 45.

For most components, the way parents ranked each component was not associated with how satisfied they were with it. Except, parents who ranked *family centered-care* most important were more satisfied with it, and parents who ranked *cultural competence* most important were less satisfied with it.

Importance rankings and satisfaction levels differed little by parents' race/ethnicity or region of residence. Additionally, there was little difference between importance rankings and parent income levels. However, lower income families were less satisfied with each medical home component compared to higher income families.

## Discussion

The original definition and subsequent measures of medical home were developed by child health care providers, federal agency staff, researchers, family representatives, and others. Each medical home component was considered important, and in measurement they generally are treated as equal.<sup>4</sup> To disentangle the components and determine possible areas for quality improvement, this study captured parents' opinions about the components in terms of their importance for their child's care and their level of satisfaction with care their child had received.

**Family-Centered Care** Parents ascribed high importance to *family-centered care*. This would have been expected among parents of children with special health care needs, as it is a high priority for those families,<sup>5</sup> and it is associated with improved outcomes for their children.<sup>6,7</sup> This finding also emerges in this study's general population of parents which was not necessarily

expected. Parents also had relatively high levels of satisfaction with family-centered care. Data from a 2011-12 survey by the American Academy of Pediatrics anticipated this finding, as 80 percent of pediatricians said that their patient/families were “actively involved” in health care decisions.<sup>8</sup>

Parents’ opinion converges with the field of pediatrics on the importance of family-centered care. Pediatrics has prefaced “medical home” with “patient- and family-centered,” and the parents in this survey identified *family-centered care* as one of their most valued components, along with *access to care*. This congruence is important and worth building upon as health care practices and systems are redesigned.

**Cultural Competence** Although, overall, *cultural competence* was ranked the least important among the six components, parents who ranked this component higher were less

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satisfied with the care their child received. Thus, though not highly valued by most parents in this study, cultural competence stands out as an area of concern because parents who do value it are not satisfied. Parents who ranked this component highest did

not differ in demographics from parents who ranked it lower.

The priority ascribed to each of the medical home components likely differs depending on the stakeholders and their points of view. Parents, health care providers, payers, health

services researchers, and credentialing entities may emphasize different components, complicating the process of refining and improving them. Parents may give greater preference to easily accessing their doctor and receiving family-centered care.

Providers may prioritize addressing other components because they require fewer resources. Payers are likely to emphasize those components that are associated with reduced costs or greater satisfaction.

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There are limitations to this study. The sample only includes registered voters who are also parents in the state of California. More respondents tended to be married, and they were better educated, and slightly more were Hispanic than the general California population. The survey was only administered in two languages, Spanish and English.

## Conclusions and Recommendations

Prior research has shown that children receiving health care from a medical home have more preventive care and use less acute care than children who do not. Unfortunately, fewer than half of children in California receive care in a medical home. This study found that among the components of medical home, parents most valued ready access to care and receiving it in a family-centered way. Nationally, health plans

and insurers, with an eye toward improving quality and satisfaction, and reducing health care costs, are encouraging practices to become medical homes. As practices begin the process of gaining medical home status/certification, they should first focus on offering 24/7 access to care and engaging families as valued partners in

their children's care. However, improved cultural competence emerges as an area of growth since it may be a source of dissatisfaction among parents who value it most. Addressing these components of medical homes should receive attention as practices strive to improve services.

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