

# Baylor College of Medicine

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## **“Medical home” can reduce disparities in children with special health care needs**

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HOUSTON – (May 2, 2009) – Having a “medical home” as a source of comprehensive and centered primary care can help reduce disparities in emergency room utilization by children with special health care needs, said Baylor College of Medicine ([www.bcm.edu](http://www.bcm.edu)) researchers today at the Pediatric Academic Societies Annual Meeting (<http://www.pas-meeting.org/2009Baltimore/default.asp>) in Baltimore, Md.

“Minorities tend to use emergency room care more than Caucasians, meaning this group is not receiving adequate primary care,” said Dr. Jean Raphael, lead author and assistant professor of pediatrics at BCM. “We believe having a ‘medical home’ or expanded model of primary care can help reduce these inequities and could decrease overall health care costs due to unnecessary emergency care.”

The medical home should provide access to comprehensive, accessible, family-centered, culturally-sensitive, compassionate, coordinated and continuous care, said Raphael, also an attending physician at Texas Children’s Hospital. Raphael defined “usual source of care” as a place you go for well and sick visits but may not receive care beyond that.

“With just a usual source of care, you may not have access to integrated health care delivery, including appropriate referrals, timely care, interpreter services, or culturally sensitive communication with your primary care physician,” said Raphael. “The medical home serves as your partner, your built-in care, your home base for receiving health care.”

Raphael and colleagues at BCM used data from the 2005-2006 National Survey of Children with Special Health Care Needs (<http://mchb.hrsa.gov/cshcn05/>) (36,864 children, from birth to age 17) to analyze racial/ethnic disparities in emergency room use to determine if having a medical home, as opposed to a usual source of care, helped reduce these disparities.

The researchers found that the odds of having one or more emergency room visits versus none were higher for black, Hispanic and other children when compared to white children.

Odds increased for blacks after adjusting for socio-demographic variables. Children who had just a usual source of care were more likely to visit the emergency room than those who had a medical home.

Racial/ethnic disparities in emergency room utilization were reduced when children had medical homes as opposed to a usual source of care. Raphael said the findings could have policy implications.

“If we see that having a medical home can reduce these disparities, it should be pursued on a policy level to have more practices adopt this model of care,” he said. “We hope this can help reduce other disparities and health care costs overall.”

“The *Centers for Medicare and Medicaid Services* have been doing a lot of successful work on the adult side, working with primary care practices to provide medical home care to encourage savings and improve health care quality,” said Raphael. “If it does improve care and reduce disparities, it should be adapted on a wider basis for children as well.”

At least 15 percent of children have special health care needs, Raphael said. “These are kids with severe chronic disease ranging from severe asthma to children who need tubes to feed and breathe,” said Raphael. “This group is of particular interest, as they represent a resource-intense and medically fragile population.”

Other researchers involved in this project include Yiqun Zhang, biostatistician, and Dr. Hao Liu, assistant professor, both of the NCI-designated Dan L. Duncan Cancer Center (<http://www.bcm.edu/cancercenter/>) at BCM and Dr. Carl D. Tapia, assistant professor of pediatrics, and Dr. Angelo P. Giardino, clinical professor of pediatrics, also of BCM.

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