



SEEK
Safe Environment for Every Kid

The SEEK Newsletter

Winter 2022

Patient / Family-Centered Pediatric Primary Care

With the growing evidence related to the lifelong impact of social determinants of health (SDH) or adverse childhood experiences (ACEs) such as racism, poverty, neglect and abuse, pediatric primary care is seen as an opportunity to support and strengthen families, thus promoting children's safety, health, wellbeing, and development. There has been mounting interest over recent decades to enhance primary care to better address the needs of many children and families.

SEEK's Mission

- Strengthen families
- Support parents and parenting
- Promote child health, development, safety
- Prevent maltreatment

From its start the triple aims¹ of the medical home model have been improved health outcomes, mitigation of disparities in health outcomes and effective management of healthcare costs. From the initial concept of the medical home as a central location for medical records the medical home model has evolved into the Patient/Family-Centered Medical Home (PCFMH) model. This model recognizes that families are the primary source of care and support for children. Therefore, the AAP suggests that the foundation of high-quality pediatric care be team-based, incorporate partnerships with the family, the child (patient), primary care health professionals as well as others in the community such as teachers, behavioral health and other professionals involved in the care of children and families.²⁻⁵

The PCFMH model should, provide care that is: accessible, (e.g. easily obtained); continuous (if possible, from birth through early adulthood), comprehensive (integrates prevention and wellness care across physical and behavioral health, specialty care, complex and hospital care), patient/family-centered (families have access to health information and are treated as true partners in the child's medical care coordinated (the family and PCP partner to provide team-based care that is coordinated with 'multiple care systems and individuals' such as early intervention and schools), compassionate (genuine investment in the wellbeing of the child and family) and culturally effective (respecting the language, traditions, values and culture of the child/family)²⁻⁵ ([click here](#), to learn more).

www.SEEKwellbeing.org

Comprehensive, coordinated, team-based partnerships include a care plan, developed with the patient/family that includes services or resources comprising integrated care (includes behavioral health, complex healthcare needs). Team-members are assigned responsibility for coordinating care across individuals and agencies such as connecting families with resources and for communicating with team-members/partners regarding the need for changes to the care plan, referrals, and progress/outcomes²⁻⁵ ([click here](#), to learn more).

SEEK and PCMH Model

The organizations that provide accreditation (or recognition as a PCMH) do not endorse the use of any specific program or intervention such as SEEK to meet any of the required standards which include broader organizational responsibilities such as organizational governance and administration, continuity, comprehensiveness and accessibility of care to health IT. However, many aspects of the SEEK model are well-aligned with standards that are more directly related to the quality of patient/family care such as screening families for substance use, stress, and depression; assessing patient/family interpersonal relationships and other social determinants of health (SDH) such as food insecurity, housing and transportation. Motivational Interviewing is a core component of the SEEK model; this exciting development in healthcare helps transcend the traditionally hierarchical approach to instead developing partnerships with parents and children. In addition, some standards require that patients/families are provided with educational materials and other resources to help address their needs and promote patient/family health and wellbeing. Other standards require practices to document and report the information from such screenings as a needs assessment to guide the development of partnerships with other providers and systems of care in the community, and, to create new resources (e.g. add a SW to a practice).

The SEEK model utilizes the SEEK Parent Questionnaire-Revised (PQ-R) to screen for targeted ACEs or SDH: parental stress/depression, substance use, food insecurity, discipline (parent-child relationships), and intimate partner (or domestic) violence. The model includes training for primary care professionals (PCPs) and practice staff to briefly assess and initially address identified problems. Also, SEEK includes Parent Handouts for each of the targeted problems and the SEEK team provides technical assistance to customize the Handouts with local community-based agencies and resources.

Growing evidence suggests that the PCMH model is associated with reducing disparities, managing costs, and improving patient outcomes.⁶ In addition, some evidence suggests that professional satisfaction is higher among physicians who feel that they and their practice provide high-quality care.⁷ With the possibility for a renewed push to improve healthcare for children and families through legislation and other initiatives, this may be a good time to transform your practice to align with the PCMH model. Most importantly, the PCMH model is a way to provide more comprehensive and better care, benefitting the children and families you serve, as well as your practice.

Costs and Benefits of PCMH Recognition

Transforming a practice to align with the PCMH model is not without challenges and costs. Organizations such as the Accreditation Association of Ambulatory Health Care (AAAHC) and the Joint Commission that offer accreditation or certification as a PCMH or the National Committee for Quality Assurance (NCQA) which provides recognition as a PCMH charge a fee for services to help a practice achieve accreditation or certification⁸⁻⁹ ([click here](#) to learn more). Formal accreditation or recognition however is *not* required for a practice to align with the PCMH model and provide high-quality care. There are toolkits and resources to support practices with the transformation independently, or, by contracting with the AAAHC, the Joint Commission or NCQA. Resources include guidance on forming a Medical Home Improvement Team and tools for assessing the practice, comparison charts for deciding whether pursuing accreditation or recognition as a PCMH is feasible, selecting whether an accreditation or recognition is a better fit, and choosing the organization to work with to achieve accreditation or recognition.⁹⁻¹²

Recognition as a PCMH can be earned by Health Centers ([click here](#), to learn more), private practices or health care systems. The PCMH designation is recognized by payers as an indicator of high-quality care. Thus, some payers provide practices with incentives such as, covering related fees or technical assistance to help meet the criteria. Payers may also increase reimbursement, cover care management fees or support behavioral health integration. Financial arrangements related to recognition as a PCMH vary across payers and states. Please check with your primary payers to learn more about what they offer^{6,12} ([click here to learn more](#)).

In sum, there are good reasons to be a PCMH and SEEK helps meet the criteria.

References

¹ Primary Care Collaborative; Achieving the Triple Aim: <https://www.pcpcc.org/content/achieving-triple-aim#:~:text=The%20medical%20home%20is%20an,capita%20costs%20of%20health%20care>

² AAP National Resource Center for Patient/Family-Centered Medical Home. <https://medicalhomeinfo.aap.org/tools-resources/Pages/Building%20Your%20Medical%20Home%20Guide.aspx>

³ Committee on Hospital Care and Institute for Patient- and Family-Centered Care; Patient- and Family-Centered Care and the Pediatrician's Role. *Pediatrics* February 2012; 129 (2): 394-404. 10.1542/peds.2011-3084

⁴ Katkin JP, Kressly SJ, Edwards AR, et al. Guiding Principles for Team-Based Pediatric Care. *Pediatrics*. 2017;140(2):e20171489. doi:10.1542/peds.2017-1489

⁵ Transforming Pediatric Primary Care: Moving from Theory to Practice in Massachusetts and Beyond", Health Affairs Blog, March 2, 2021.DOI: 10.1377/hblog20210228.115836

⁶ Phillip, S, Govier, D, Pantely, S, Patient Centered Medical Home: Developing the business case from a practice perspective. June 2019. https://www.ncqa.org/wp-content/uploads/2019/06/06142019_WhitePaper_Milliman_BusinessCasePCMH.pdf

⁷ Friedberg MW, Chen PG, Van Busum KR, et al. Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy. *Rand Health Q.* 2014;3(4):1. Published 2014 Dec 1.

⁸ Patient-Centered Medical Home Resources: Comparison Chart. <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/selection/patient-centered-medical-home-resources-comparison-chart>

⁹ AHRQ: Tools for Implementing the PCMH. <https://www.ahrq.gov/ncepcr/tools/pcmh/implement/index.html>

¹⁰ Building Your Medical Home Guide; AAP National Resource Center. <https://medicalhomeinfo.aap.org/tools-resources/Pages/Building%20Your%20Medical%20Home%20Guide.aspx>

¹¹ Schottenfeld L, Petersen D, Peikes D, Ricciardi R, Burak H, McNellis R, Genevro J. Creating Patient-Centered Team-Based Primary Care. AHRQ Pub. No. 16-0002-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2016. <https://www.ahrq.gov/sites/default/files/wysiwyg/ncepcr/tools/PCMH/creating-patient-centered-team-based-primary-care-white-paper.pdf>

¹² AHRQ Tools and Resources for Practice Transformation and Quality Improvement. <https://www.ahrq.gov/ncepcr/tools/transform-qi/index.html>

¹³ Resource Directory of Incentives for NCQA recognition: <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/benefits-support/payer-support/directory> https://www.pcpcc.org/sites/default/files/resources/PCC_Primary_Care_Spending_2020.pdf

SEEK Mini Manual

The [SEEK Mini Manual](#) covers the background of SEEK, core components of the model, and practical info on implementing it.

Updates to the SEEK International Advisory Committee

The multidisciplinary SEEK International Advisory Committee provides occasional input on a range of issues to help improve the SEEK model and its dissemination. We've updated the Committee, including members from Sweden and Canada. We appreciate those who previously served on the committee! To view the updated Committee, please visit the [SEEK website](#).

SEEK and CHADIS

The SEEK PQ-R and the SEEK PQ-R Plus with follow-up questions are available through CHADIS and accessible via any web enabled device. CHADIS (Comprehensive Health and Decision Information System) is an online clinical support system for gathering pre-visit information from parents and patients. It provides their responses to health professionals at the time of the visit, linked to optional decision support.

CHADIS can be used with or without an EHR. If used with an EHR, the information can be copied and pasted to any EHR. Several EHRs are integrated with CHADIS so that the information is automatically entered.

To learn more about SEEK on CHADIS, visit the [SEEK website](#) or www.chadis.com.

SEEK Parent Handouts

Please visit the [SEEK website](#) to view the SEEK Parent Handouts (in English and Spanish) for each targeted problem. These are adjuncts to advice given in your office or clinic. They include national hotlines and websites. We recommend customizing these handouts with info on your local resources. If you need to translate the SEEK Parent Handouts, we've worked well with Southeast Spanish, Inc. They translate to/from Spanish, French, Italian, Portuguese, and perhaps other languages. Contact them to [learn more](#).

SEEK is on Twitter!

Please follow us for updates and useful info. Also, please help others learn about the SEEK model by retweeting us. Follow SEEK on Twitter at: [@SafeEnv4EvryKid](https://twitter.com/SafeEnv4EvryKid)

Questions or concerns?

The SEEK team is always available to help with any questions or concerns. Please don't hesitate to contact us! Email Rose Belanger (rbelanger@som.umaryland.edu) or Stacey Newton (snewton@som.umaryland.edu).

Please share this Newsletter with anyone who may be interested. Let us know if we should add them to our Friends of SEEK list to receive this, and only this. Also, let us know if you do not wish to receive this Newsletter. Email Stacey Newton (snewton@som.umaryland.edu). We welcome any feedback and suggestions regarding our Newsletter.