EPA 5: Provide a Medical Home for Well Children of All Ages

Supervision Scale for This EPA

1. Trusted to observe the EPA
2. Trusted to practice EPA only under proactive, full supervision as a coactivity with the supervisor
3. Trusted to practice EPA only under proactive, full supervision with the supervisor in the room and ready to step in as needed
4. Trusted to practice EPA only under reactive, on-demand supervision with supervisor immediately available and ALL findings double checked
5. Trusted to practice EPA only under reactive, on-demand supervision with supervisor immediately available and KEY findings double checked
6. Trusted to practice EPA only under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
7. Trusted to practice EPA unsupervised
8. Trusted to supervise others in practice of EPA (where supervision means ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level)

Description of the Activity

The medical home is a partnership between patient, family and primary care practice, nested in the patient’s community, that optimizes access to and coordination of care and resources. This activity requires the pediatrician to be a key facilitator and champion of patient and family centered care, working in collaboration with an interprofessional team. Provision of a medical home may emphasize different knowledge, skills, and/or attitudes for the following age groups (see below):

- Neonate
- Infant
- Toddler
- School-age child
- Adolescent
- Transitional (to adulthood)

As a result, provision of the medical home to each of these age groups can be seen as a “nested” EPA within the broader context.

The specific functions which define this EPA include:

- Demonstrating knowledge of normal physiology, epidemiology, development, and standards of practice for the major age groups including neonates, infants, toddlers, school-age children, adolescents, and individuals transitioning to adult care
• Establishing a highly effective therapeutic relationship with patients and families
• Identifying specific patient and family needs by implementing a comprehensive assessment of patient and family
• Addressing specific patient and family needs by identifying appropriate resources and accessing and coordinating them to ensure optimal patient care
• Optimizing the primary care of the patient by implementing quality standards befitting a medical home

Judicious Mapping to Competencies Critical to Entrustment Decisions*

<table>
<thead>
<tr>
<th>ICS 1:</th>
<th>Patient- and Family-Centered Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICS 2:</td>
<td>Interprofessional and Team Communication</td>
</tr>
<tr>
<td>ICS 3:</td>
<td>Communication Within Health Care Systems</td>
</tr>
<tr>
<td>SBP 3:</td>
<td>System Navigation for Patient-Centered Care - Coordination of Care</td>
</tr>
<tr>
<td>SBP 4:</td>
<td>System Navigation for Patient-Centered Care – Transitions in Care</td>
</tr>
<tr>
<td>SBP 5:</td>
<td>Population and Community</td>
</tr>
</tbody>
</table>

*Modified based on Pediatrics Milestones 2.0. ©2021 ACGME/ABP. All rights reserved.

Context for the EPA

Rationale: Pediatricians must be able to provide a medical home for children of all ages. As such, the pediatrician must have the ability to address the varying needs of children of all ages, understanding the nuances of patient and family needs in the context of the community within which care occurs, exercising familiarity with available resources, and coordinating comprehensive and collaborative care.

Scope of Practice: Providing comprehensive care in a medical home is an expansive endeavor. Meeting the needs of a neonate varies greatly from those of an adolescent. The generalist must be able to distinguish between normal and abnormal patterns of growth, behavior, and development, and individualize care with appropriate medical and community resource referrals. Beyond well-childcare, the pediatrician must also identify patterns of acute and chronic conditions and manage these according to accepted standards of care, national guidelines, and/or evidence-based approaches. The pediatrician must understand the construct of comprehensive care as it applies to children of all ages and have the ability to adapt to the specific needs of the individual and family. A medical home model executes this adaptation in the context of the community and resources available to the patient and family and integrates services to create a network of care that is as extensive as necessary to meet the needs of the individual patient and family. The generalist must communicate, collaborate, and facilitate access to resources that meet these needs, and do so in a manner that is culturally sensitive and professional in nature.