As we navigate the ever-changing waters of our medical communities, it is imperative that we examine our concept of providing good care for children one family at a time - inside the walls of our office(s).

Patient/family expectations and the delivery of health care are changing rapidly. This provides us with opportunities to broaden and strengthen our relationships with our patients and our communities as well as improve patient outcomes.

"Patient-centered" is a frequently used buzzword. But what does that mean?

Some of us react defensively and wonder whether that means we should provide antibiotics over the phone for every patient who requests them.

The Institute of Medicine defines patient-centered care as "providing care that is respectful of and responsive to the individual patient preferences, needs and values." It doesn't ask that we abandon evidence-based guidelines and forgo best practices. It asks us to learn more about our patients and allow our broader knowledge of their needs and circumstances to guide our care.

For a long time, much of our medical focus was on the physical findings and conditions of our patients. We now know that determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors. It should not surprise us that our patients often are not compliant with our treatment plans and do not always value the way we provide care for them.

Numerous studies have discussed the impact of adverse childhood experiences (ACEs) on health as well as the role epigenetics plays in disease trends. Many pediatricians are left wondering how to respond. We are not trained as social workers; we cannot fix poverty.... So how does it affect our day-to-day practice?

The first step in change is to take a hard look at where you are today. How well is your practice meeting the needs of your patients/families? When was the last time you asked? Are you available when and where your patients need you? How can you extend your reach? Early morning hours, open access, telehealth?

You shouldn't attempt to transform your practice overnight, but rather create a culture of incremental change. You also can't provide patient-centered care alone. Use your relationships with your community to create a "medical home neighborhood" that extends the care for your patients beyond your walls to community resources like food pantries, the Special Supplemental Nutrition Program for Women, Infants and Children, counseling...
services, schools, early childhood programs, parenting resources and housing assistance. You do not have to have the expertise or resources to do it all.

Success will require creating a network of primary care teams and specialists who share information and ideas. A medical home neighborhood is a team - and network - of multiple stakeholders that collaborates and coordinates care for the children of the practice, and beyond the practice in the community.

With shared vision and purpose, you can be a part of change in your community to give every child the best chance at a healthy, safe and happy future.

Dr. Kressly is a member of the AAP Task Force on Pediatric Practice Change.

Resources

- More information on practice transformation