

# The Patient Centered Medical Home: Does it Achieve Equity in Pediatric Primary Care?

## PAS 2024

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# Disclosure

## **Olivia O. Familusi, MD, MSHP**

Has documented no financial relationships to disclose or conflicts of interest (COIs) to resolve.

# Introduction



## What is a Patient-Centered Medical Home (PCMH)?

- Primary care model
  - Accessible
  - Continuous
  - Family Centered
  - Comprehensive
  - Coordinated
  - Compassionate
  - Culturally Effective



# Introduction



## What we know about PCMH...

- Improves quality of pediatric primary care
  - Homer et al (2008), Harder et al (2009), Cooley et al (2009)
- Disparities in access to PCMH
  - Strickland et al (2009)
- Mixed results in equity of receipt preventative services within PCMH
  - Aysola et al (2013)

# Introduction



**What we don't know...**

How do these results carry a decade later?

# Study Objective



Does PCMH improve **quality** and **equity** in pediatric primary care?



# Study Population



- 2020 National Survey of Children's Health (NSCH)
  - Representative weighted sample
  - Randomly selected addresses
  - Survey administered via mail and internet
    - 3 versions of questionnaire by age
- Oversampled:
  - Children age 0-5
  - Children with special health care needs

# Methods

## Independent Variable

- Medical Home Composite Measure (Y/N)

## Dependent Variable (Y/N)

- Preventative Medical Care
- Preventative Dental Care
- Mental Health Care
- Developmental Screening
- Shared Decision Making
- Unmet Medical Needs

## Covariates

- Age
- Sex
- Race/Ethnicity
- Income
- Insurance
- Household Employment Status
- Parental Education
- Primary Household Language
- Child with Special Medical Needs
- Geographic Regions



# Methods: Statistical Analysis

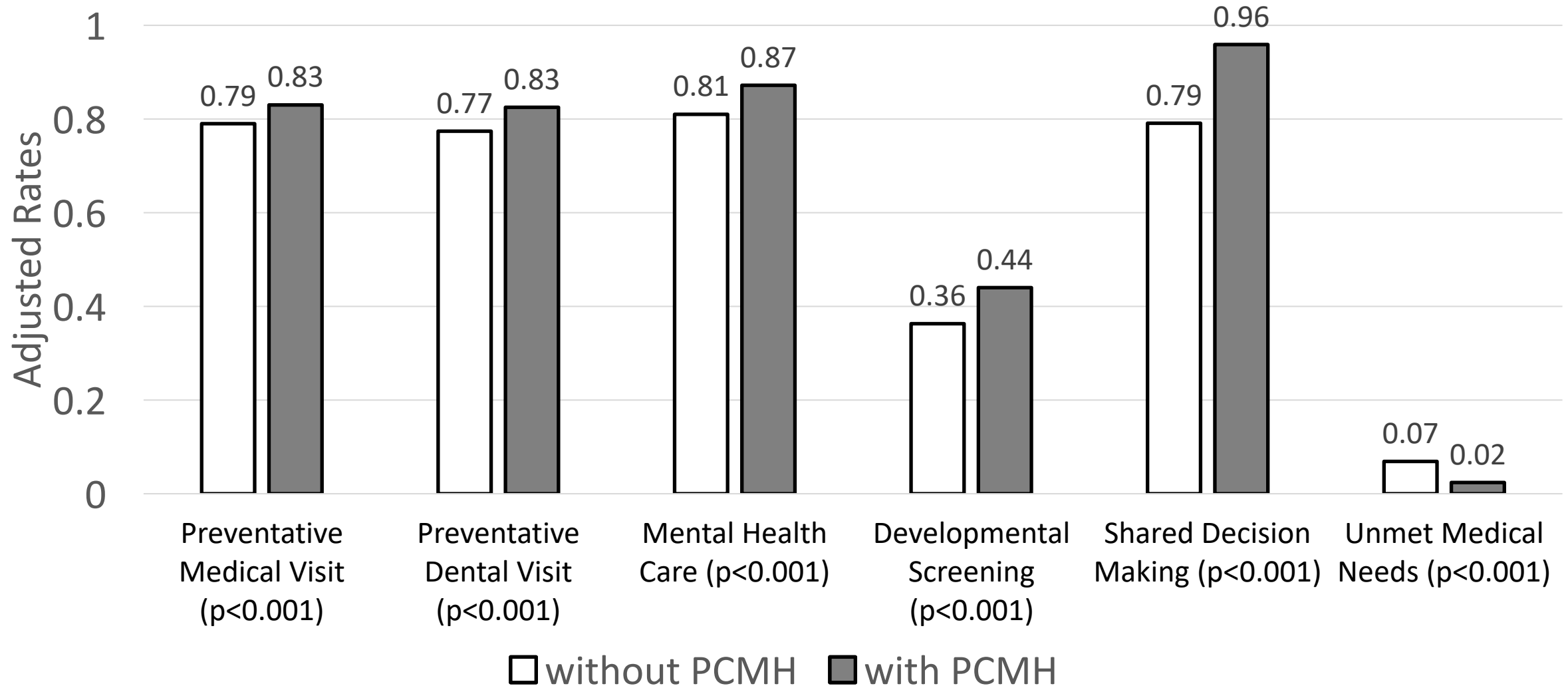


- Univariate analyses
- Multivariable logistic regression models
  - Adjusted by covariates
- Adjusted rates of achieving outcome measures by race/ethnicity and income using predicted margins
- Calculated difference in difference between those with a medical home
  - Race/ethnicity (reference: White, non-Hispanic)
  - Income (reference: 0-99% FPL)

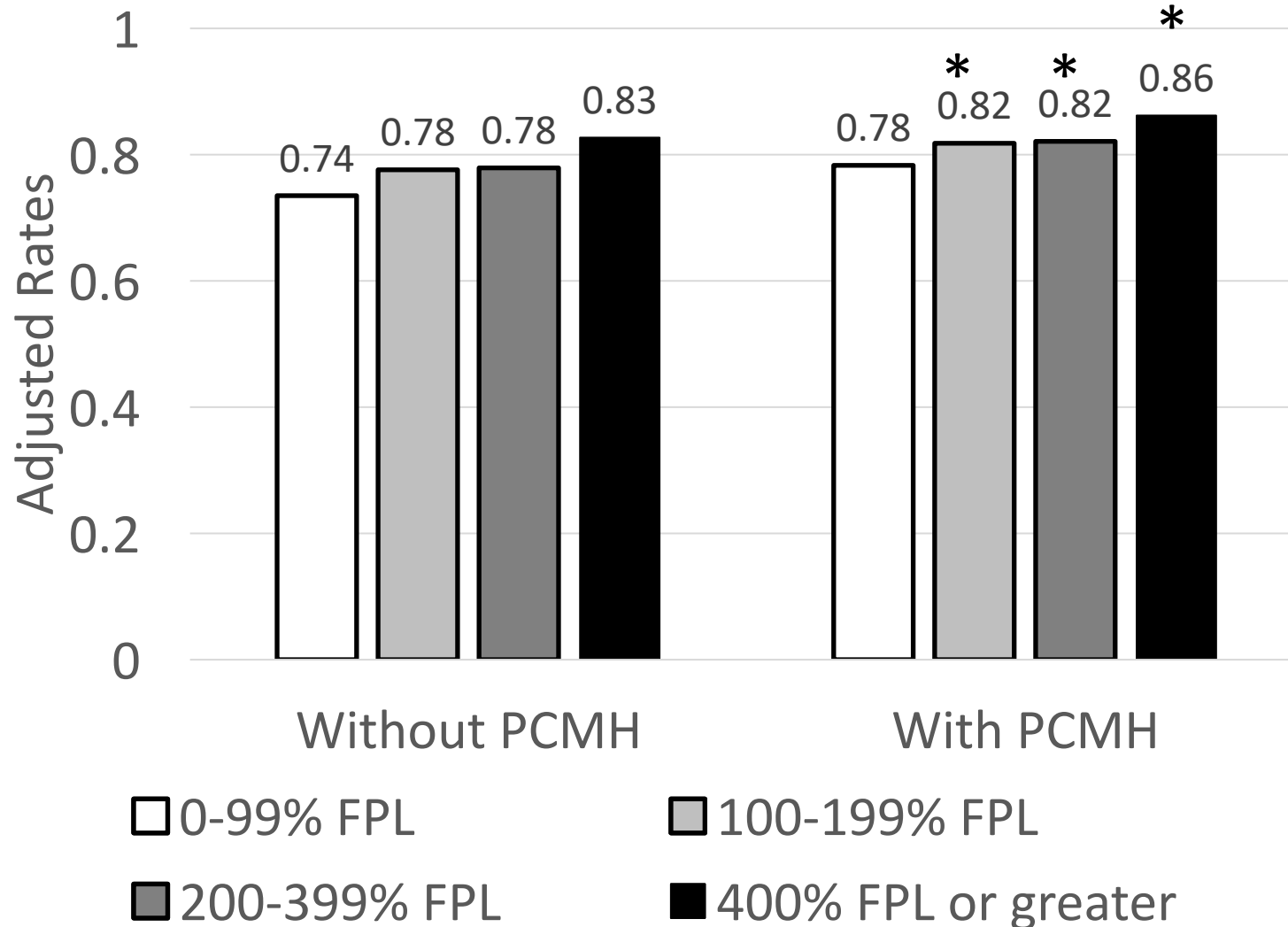
# Population Characteristics

Characteristic	% With a PCMH (n=22,496)	P-value
Children (n=42,723)	52.6	
<b>Race/Ethnicity</b>		
Asian, Non-Hispanic	42.8	P<0.001
Black, Non-Hispanic	39.6	
Hispanic	40.0	
White, Non-Hispanic	57.7	
<b>Income Level</b>		
0-99% Federal Poverty Level (FPL)	35.0	P<0.001
100-199% FPL	43.7	
200-399% FPL	52.7	
400% of FPL or greater	62.0	

# Results: Quality of Care

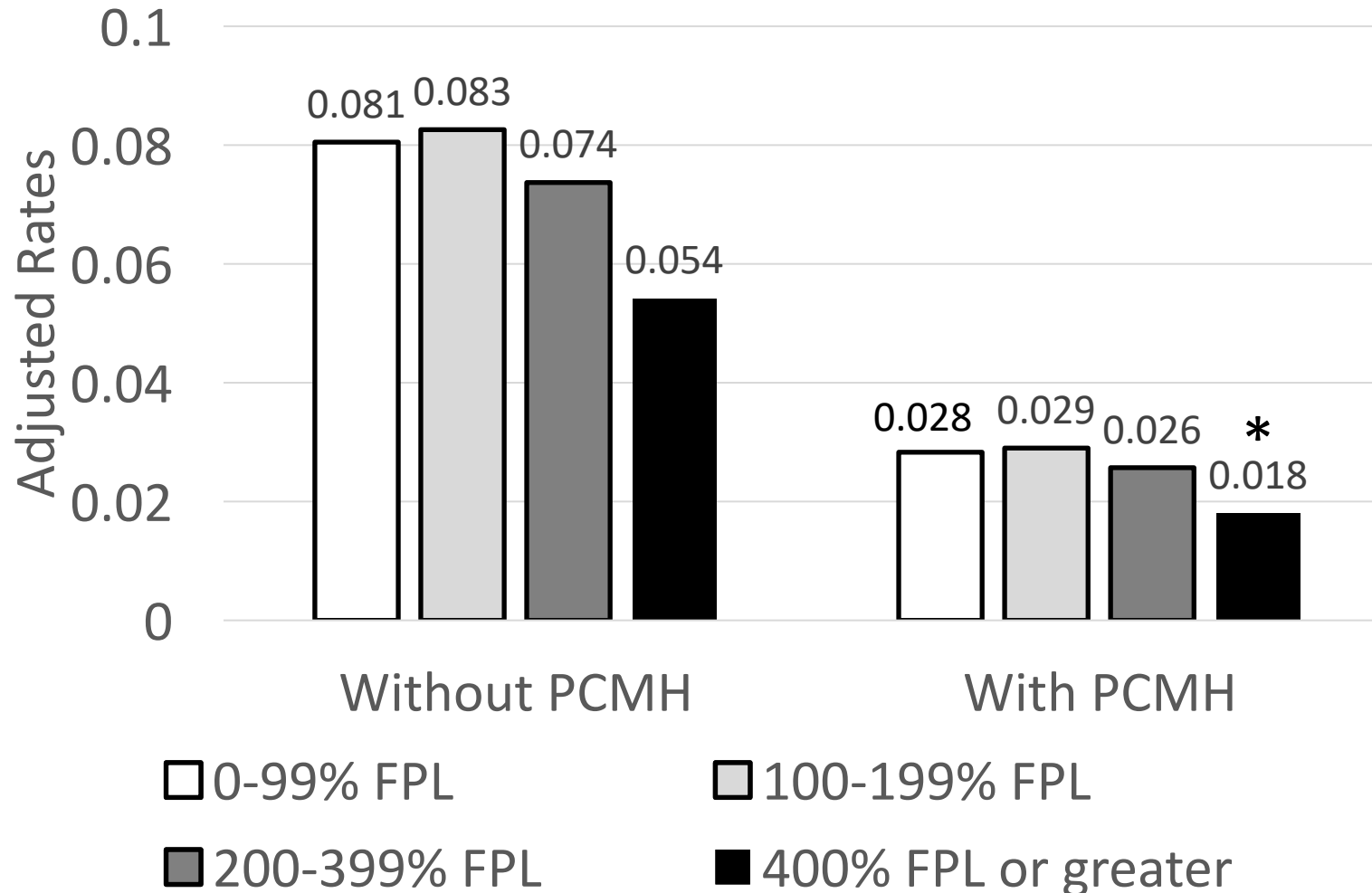


# Results: Preventative Medical Visits



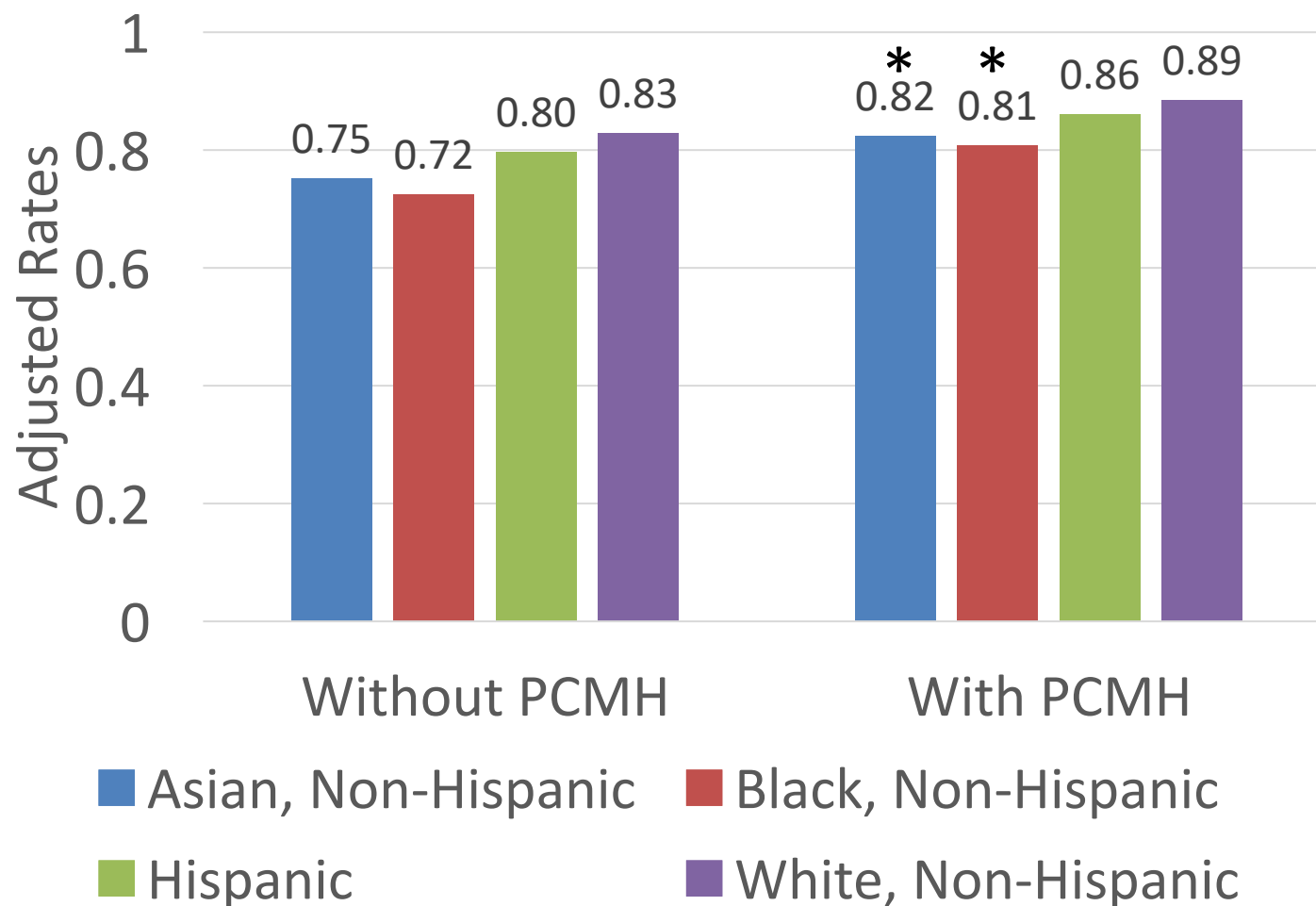
0-99% FPL had **significantly less** adjusted rates of preventative medical visits within PCMH

# Results: Unmet Medical Needs



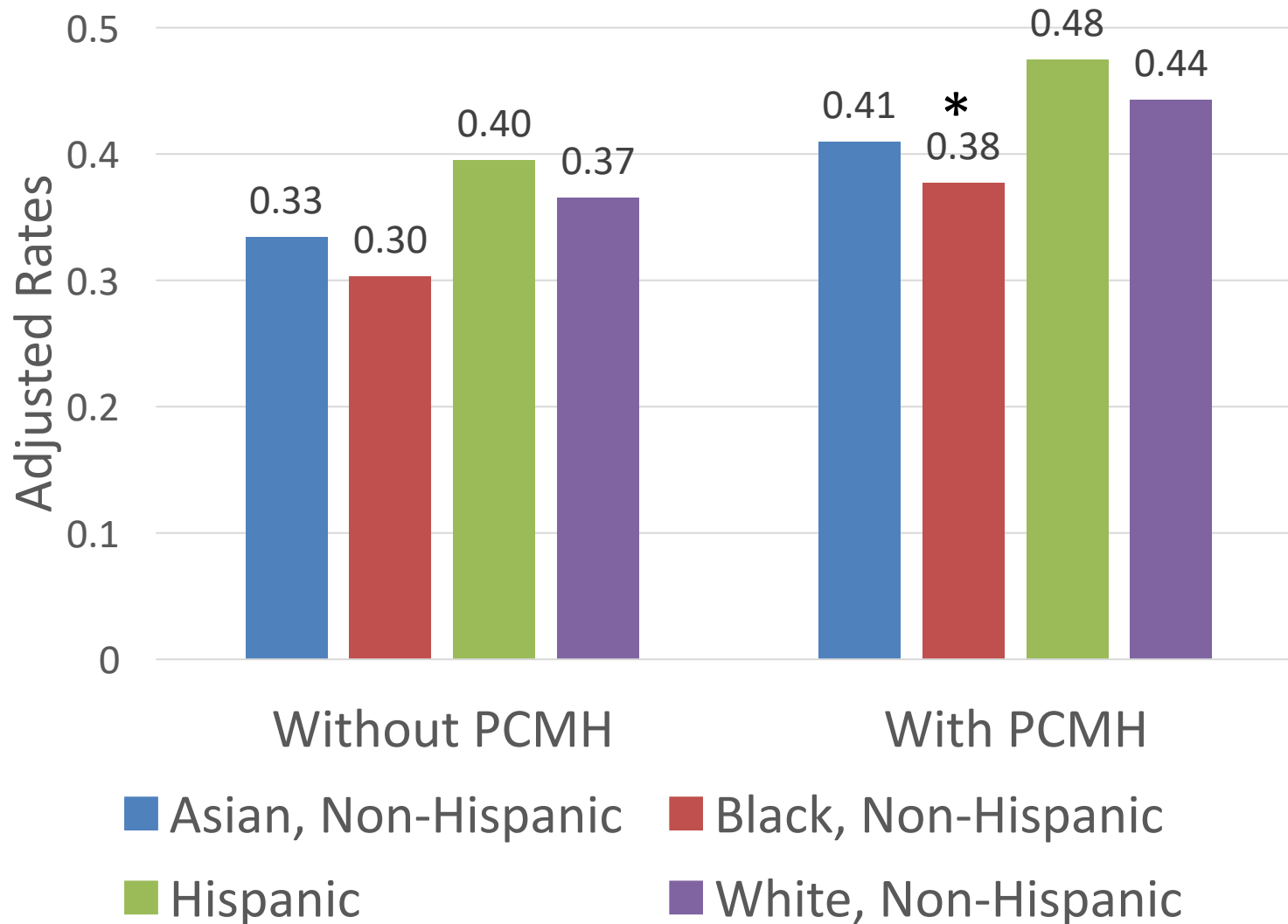
400% FPL and greater children had **significantly less** adjusted rates of unmet medical needs within PCMH

# Results: Mental Health Care



Black and Asian children had **significantly less** adjusted rates of mental health care within PCMH

# Results: Developmental Screening



Black children had **significantly less** adjusted rates of developmental screening within PCMH



# Summary of Disparities

- Preventative Medical Visits
  - ↓ for Asian children
  - ↓ for <100% FPL
- Preventative Dental Visits
  - ↓ for Asian and Black children
  - ↓ for <200% FPL
- Mental Health Care
  - ↓ for Black children
  - ↑ for 400% FPL or greater
- Developmental Screening
  - ↓ for Black children
  - **No disparities by income**
- Shared Decision Making
  - ↓ for Black children
  - ↓ for <200% FPL
- Unmet Medical Needs
  - **No disparities by race/ethnicity**
  - ↓ for 400% FPL or greater

# Study Limitations



- Cross sectional study
- Survey data with recall bias
- Measured by self-report
- Multiple hypothesis testing not yet accounted

# Conclusions/Implications



PCMH increased quality pediatric primary care

Significant health disparities sustained within  
PCMH

Equity focused interventions needed to  
ameliorate disparities

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