The Medical Home 101-110

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April 7, 2006

Utah Integrated Services Project

The Day

- Lots to cover, use your “topic sheets” to note items to expand, follow-up
- Posters
- CME claim forms, additional 20 hours
- Contact us!
- Stuff on your table
- Invoice, Evaluations

What's So New?

- Yes, in fact, you are already providing a Medical Home for your patients
- As with all aspects of health care, we can do a better job
- Long-term goal is “a community system of care for CSHCN” with the Medical Home as an integral component

Children with Special Health Care Needs:

- CSHCN have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions.
- 13%-18% of the child population; 12.5 million children nationally; 100,000 in Utah; 233 per full-time primary care physician
- Number has grown 30% in past 2 decades

the Medical Home:

- The American Academy of Pediatrics describes the ideal Medical Home as one that provides "accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective care”
- “Every child deserves a Medical Home”
- AAP - The Medical Home Policy Statement
  - Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children
    - Pediatrics, July 2002, pp 184-186

Utah's Medical Home History

- 1998, Intermountain Pediatric Society CSHCN Committee survey

  1. better knowledge of local resources for CSHCN,

  2. practice-based case managers to link families and resources, and

  3. best practice guidelines for common chronic conditions in children.

Utah's Medical Home History

- 1999, IPS resource brochure
- 2000, “Every Child Deserves a Medical Home” Training - sponsored by AAP and Shriner’s Hospitals, PCMC
- 2001, AAP Mentorship meeting - IPS, Bureau of CSHCN, Family Voices, Medicaid, Department of Pediatrics

Developing a collaborative working relationship?

Utah Collaborative Medical Home Project

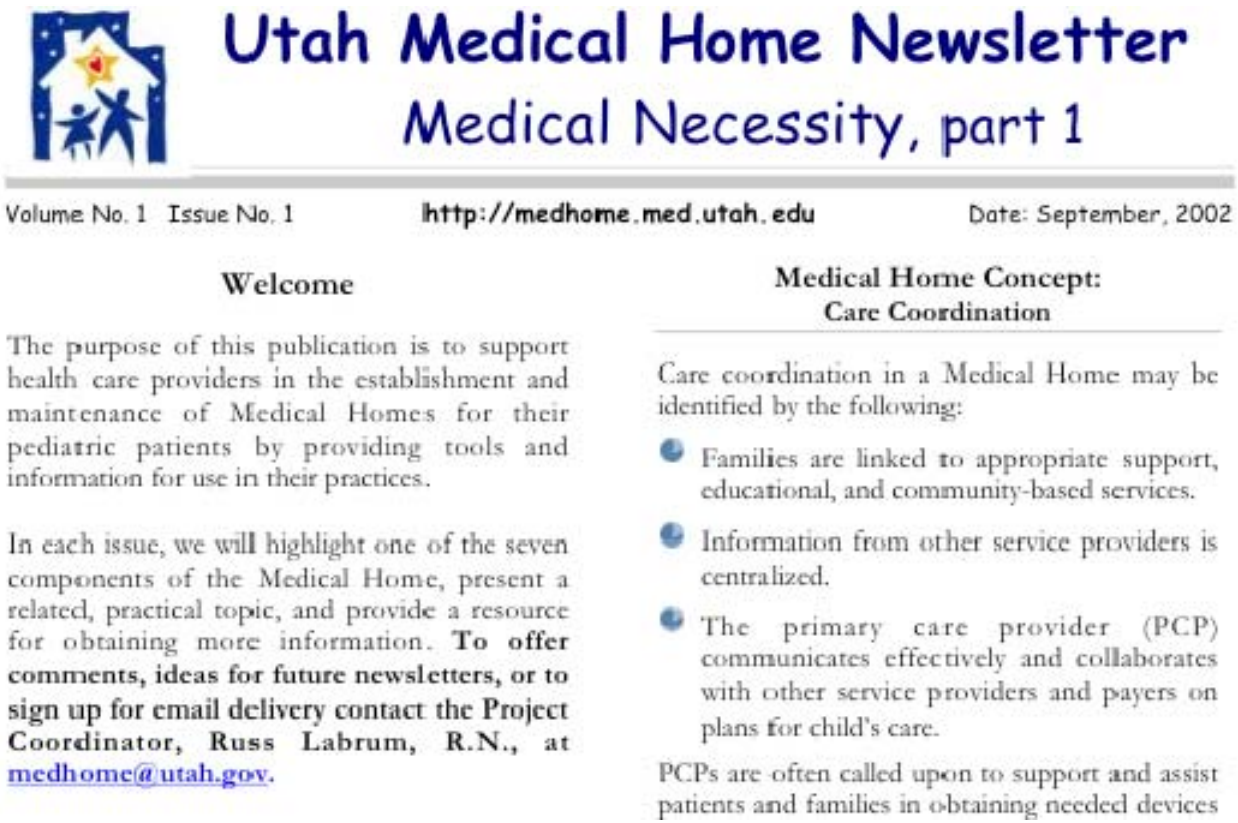
- 2001-2004, led by the Bureau of Children with Special Health Care Needs and Department of Pediatrics
- Funded by Maternal and Child Health Bureau
- Collaborators included: Medicaid, Family Voices, Early Intervention Research Institute

Utah Collaborative Medical Home Project

- 5 primary care practices around Utah
- Train and support MD, Medical Home Facilitator, and Family Advocate
- Assess “Medical Homeness” from physician and patient perspectives
- Assess care of 20 patients with one of 5 study diagnoses

Utah's Medical Home History…

- 2002 - first Medical Home Newsletter



Utah Medical Home Newsletter

Medical Necessity, part 1

Volume No. 1 Issue No. 1 http://medhome.med.utah.edu Date: September, 2002

Welcome

The purpose of this publication is to support health care providers in the establishment and maintenance of Medical Homes for their pediatric patients by providing tools and information for use in their practices.

In each issue, we will highlight one of the seven components of the Medical Home, present a related, practical topic, and provide a resource for obtaining more information. **To offer comments, ideas for future newsletters, or to sign up for email delivery contact the Project Coordinator, Russ Labrum, R.N., at** medhome@utah.gov.

Medical Home Concept:
Care Coordination

Care coordination in a Medical Home may be identified by the following:

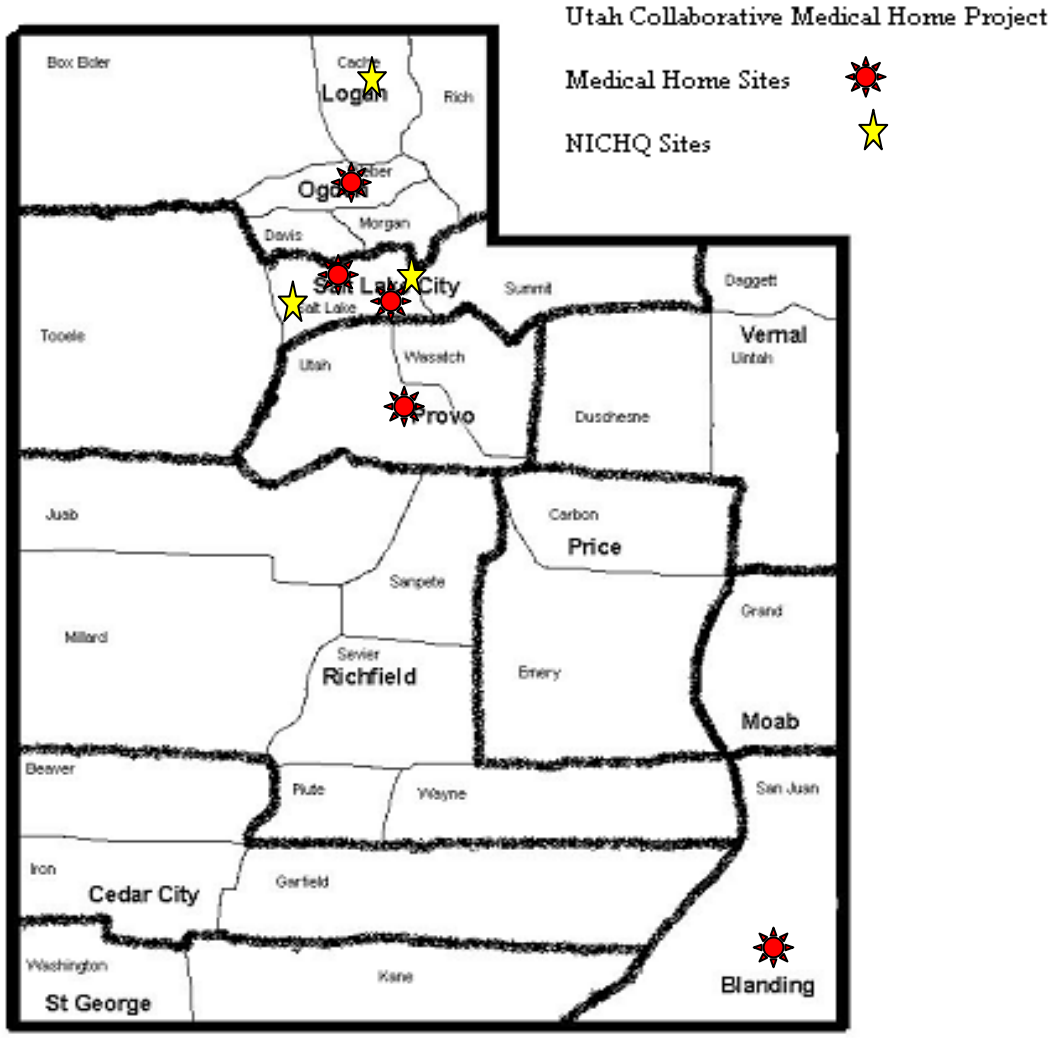
- Families are linked to appropriate support, educational, and community-based services.
- Information from other service providers is centralized.
- The primary care provider (PCP) communicates effectively and collaborates with other service providers and payers on plans for child's care.

PCPs are often called upon to support and assist patients and families in obtaining needed devices

Utah's Medical Home History…

- 2003 - NICHQ (National Initiative for Children's Healthcare Quality) Medical Home Learning Collaborative
  - Title V plus 3 practices from around the state
  - Attend 3 national meetings
  - Conference calls, registry, satisfaction surveys, family worry scales, coding/reimbursement
  - PDSA (Plan, Do, Study, Act)

Children with Special Health Care Needs



Utah's Medical Home Study

	N (number of patients)						
Practice	A	B	C	D	E	total	**hrs/pt./yr**
Co-Morbid ADHD	2	3	6	5	6	22	**4.3**
Cong. Heart Disease	11	5	5	4	1	26	**1.6**
Cerebral Palsy	1	4	5	7	2	19	**5.2**
Down Syndrome	4	5	6	10	0	25	**4.9**
Seizure Disorder	6	4	3	5	6	24	**2.9**
hours/pt./yr	**3.5**	**3.2**	**7**	**2.4**	**2.7**	**avg=**	**3.77**

Utah's Medical Home Study

	% of Total Time	hrs/pt/yr
MH Facilitator	51%	1.92
Family Advocate	40%	1.50
Physician	9%	0.35
Total		3.77

Utah Medical Homes Now

- 2005 - MCHB Integrated Services Grant
  - Aimed at “integrating community services into a system of care for CYSHCN”
  - Utah’s proposal - to develop such a system based in primary care practices, i.e. Medical Homes
  - Use Quality Improvement methods to implement needed changes - UPIQ

Utah Medical Homes Now

- Practice teams from across the state
- Each team includes:
  - physician,
  - clinical staff member (care coordinator),
  - family member (parent partner),
  - office manager (the real enabler)

Utah Medical Homes Now

- Community Services
  - Pediatric specialists/subspecialists
  - Early intervention
  - Educators
  - Therapists
  - Support organizations
  - Funding entities (Medicaid, commercial)
  - Adult care providers

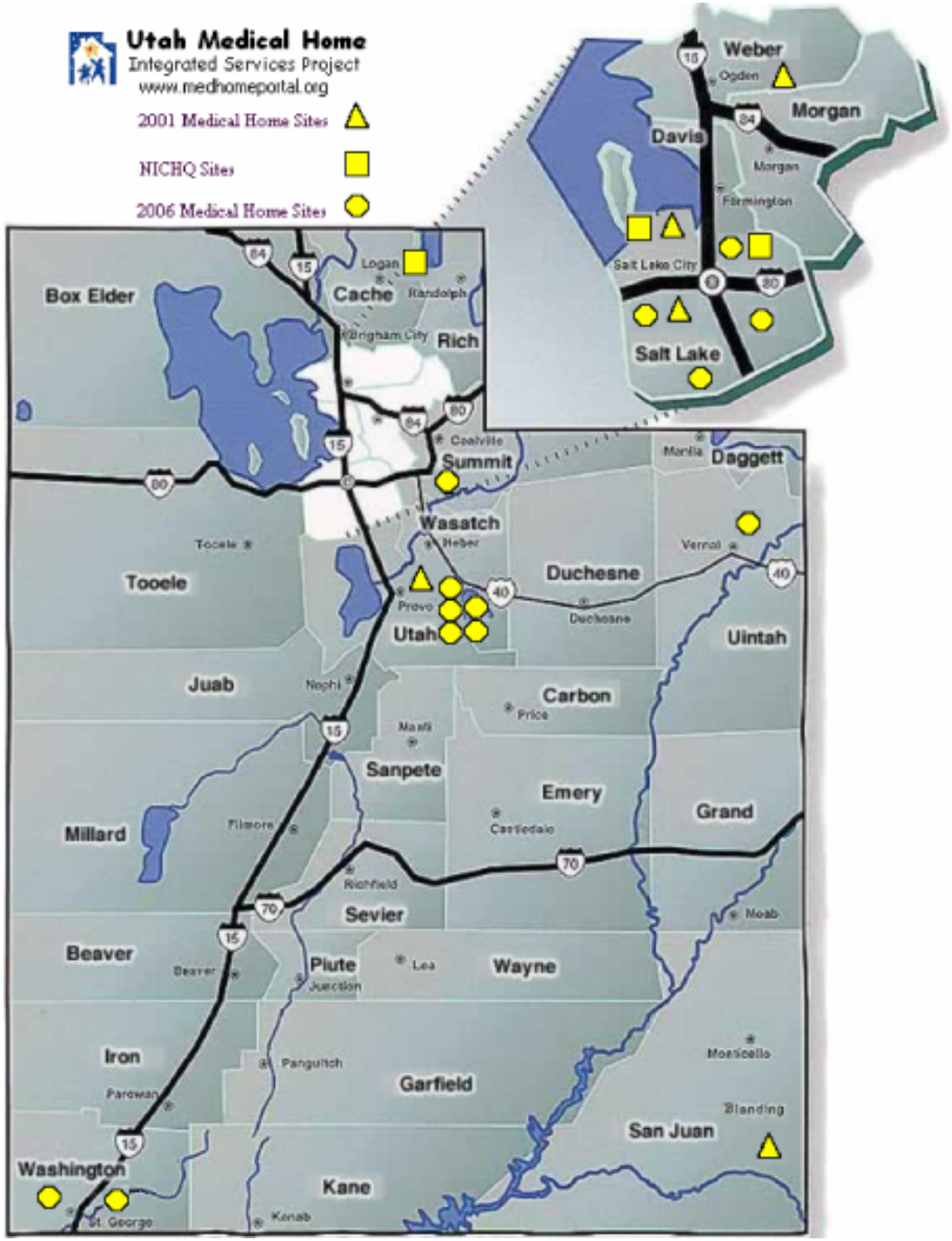
Utah Medical Homes Now

- National Expert
  - Jeanne McAllister, RN, MS, MHA

    Co-Director, Center for Medical Home Improvement

Project Team

- Project Coordinator - Barbara Ward
- Care Coordination Specialist - Al Romeo
- Quality Improvement Specialist - Sandra DeBry
- Parent Partner Coordinator - Gina Pola-Money
- Physicians - Lisa Samson-Fang, Chuck Norlin


Utah Medical Home
Integrated Services Project
www.medhomeportal.org
2001 Medical Home Sites
NICHQ Sites
2006 Medical Home Sites
Weber
Ogden
Morgan
Davis
Morgan
Farmington
Salt Lake City
Salt Lake
Box Elder
Cache
Logan
Randolph
Brigham City
Rich
Coalville
Summit
Manila
Daggett
Wasatch
Heber
Tooele
Tooele
Vernal
Duchesne
Provo
Utah
Duchesne
Uintah
Juab
Nephi
Carbon
Price
Manti
Sanpete
Emery
Grand
Millard
Fillmore
Castledale
Richfield
Sevier
Moab
Beaver
Beaver
Piute
Junction
Lee
Wayne
Iron
Panguitch
Parowan
Garfield
Monticello
Blanding
San Juan
Washington
St. George
Kane
Kanab

Our Aims

1. Provide you the information, tools, and resources needed to design and build your Medical Home
   - Paper - syllabi; newsletters; articles; etc.
   - Web - local and national
     - www.medhomeportal.org
     - www.medicalhomeinfo.org
     - www.medicalhomeimprovement.org

Our Aims, continued

- Experience - Mentors; Project Team
- Expertise - Conference calls; names, numbers, email addresses, web?
- Technical assistance - by phone; site visits; email
- Community Resources - personal contact at LC's and in-office; names/numbers/email
- *Funding - a little cash; advice on coding; work with insurers; analysis; advocacy*

Our Aims, continued

- What additional, or different, do you need? (research)
  - Most useful information and tools?
  - What strategies work best?
  - What gives the best “bang for the buck”?
  - What coding best supports activities?
  - How to spread the concept/practice?

Our Aims, continued

2. Facilitate and support your building a Medical Home for your patients
   - Choosing goals
   - Planning a strategy (**P**lan)
   - Implementing the strategy (**D**o)
   - Measuring progress (**S**tudy)
   - Implementing revised strategy (**A**ct)

Our Aims, continued

3. Answer your Questions

Medical Home Teams

- Team introductions
  - Members, roles
  - Why are you here?
  - How did you approach identifying CSHCN in your practice?
  - What have you learned so far?
  - One thing you'd like to achieve by the end of the day