Promise to the State

Medical Homes for Children with Special Health Care Needs

The following document describes our promise to the state of Illinois to create a system of health care in which all children with special health care needs will receive their care through a medical home. A medical home is care that is accessible, comprehensive, continuous, coordinated, family-centered, compassionate, and culturally-competent, in which the primary care physician shares responsibility. This document outlines the steps that will be taken to make the provision of medical homes for children with special health care needs a reality by the year 2010.

Overview

Describe what the state system of medical homes proposed will look like for children with special needs in the year 2010 . If a child is born with a special need in 2010, how will your system address the needs of this child within the context of a medical home?:

By 2010, every special needs child irrespective of payer source will have a medical home with a committed primary care physician educated in the medical home concept. The Division of Specialized Care for Children (DSCC) will continue to support the medical home concept by collaborating with primary care providers for DSCC eligible children with special health care needs. In changing DSCC's philosophy by identifying a primary care physician (as opposed to a specialist) as the primary managing care physician, the PCP will assume the role of medical home provider. This statewide systems change will require significant training of DSCC staff, families, and providers. As a result of state-wide education efforts, all PCPs will be in a position to provide a medical home for all the CSHCN of Illinois.

Plan of Action

Write a detailed outline of how your team will proceed with the implementation phase of your plan (outline plan by years through 2010 when the goal of a medical home for all CSHCN will be achieved):

During the first six months to one year, our team plans to include:
1. DSCC staff training in the medical home concept with a PCP as the medical home provider. In addition, all policies, job aids and operational manuals will need to be updated to reflect the changes in managing care physicians and the medical home concept.
2. Develop a CME for physicians (online and hard copy) on the medical home concept and modification of a practice to facilitate care of CSHCN as one requirement for DSCC credentialing. This will be accomplished in collaboration with the Illinois Academy of Family Physicians (IAFP) and the Illinois Chapter of the American Academy of Pediatrics (ICAAP).

3. Finalize introductory letter to physicians with endorsements by the IAFP and the ICAAP.
4. Meeting with Illinois Department of Public Aid to discuss enhanced reimbursement for DSCC providers for care coordination activities and telephone consultations.
5. Develop a family brochure regarding the medical home concept in English and Spanish.
6. Develop forms for management care plans, phone consults, and specialty encounters. Use Physicians Guide to Caring for Children with Disabilities and Chronic Conditions by Larry Desch, M.D. and Robert Nickel, M.D.
7. Update DSCC Coordinated Care Record for Families to include medical home concept.
8. Coordinate with Shriner's Hospital (in Chicago and St. Louis) to plan future medical home training sessions for providers.
9. Include in DSCC family support groups issues related to the medical home concept.
10. Schedule two CATCH meetings (in Chicago and Springfield) to educate physicians about the above-mentioned changes in DSCC operations.
11) Minimum of quarterly Medical Home Team meetings
12) Find funding for Medical Home outreach worker; current KidCare outreach worker could add Medical Home if funding available after March 1, 2001.
13) Develop an advisory committee for implementing medical home using members of the ICAAP Committee on Disabilities and the DSCC Family Advisory Council.
OUTCOME: By the end of year one, 20% of CSHCN served by DSCC will have a medical home.
Year 2:
1. Expand promotion efforts in the provider and family communities, DSCC services and resources for providers through newsletters, websites, emails, etc. Declare year 2002 at the "Year of the Medical Home" with endorsements by MCHB, AAP and AFP.
2. Implement the AAP Family/Provider Questionnaires to evaluate our progress in promoting the medical home concept and continue this process yearly. Explore other tools to evaluate quality of care through a medical home.
3. Use the DSCC Family Website to develop information resources for families to learn about the medical home concept.
4. Develop information materials in Spanish.
5. Set up informational booths and speakers to present at academic society meetings and family-related conferences.
6. Investigate the possibility of establishing a network of primary care providers who are competent at providing a medical home for CSHCN.
7. Establish a speakers' bureau to educate providers, families, policymakers, and the general community on the medical home concept
OUTCOME: By the end of year two, 50% of CSHCN served by DSCC will have a medical home.
Years 3 to 5:
1. Continue identifying and credentialing PCP to provide a medical home for CSHCN in the DSCC Program.
2. Continue medical home training through the Shriners' Hospitals in Chicago and St. Louis.
3. Continue public awareness marketing of medical home with providers, families, and DSCC staff and developing tools to measure its effectiveness.

4. Refine evaluation tools to measure the effectiveness and quality of medical home providers with input from families. (see Evaluation Section below for more details)
5. Assess the cost to the DSCC Program after two years of implementation and determine whether there is any cost savings.
OUTCOME: By the end of year three, 85% of CSHCN served by DSCC will have a medical home.
Years 6-10:
1. Continue identifying and credentialing PCP to provide a medical home for CSHCN in the DSCC Program.
2. Continue medical home training through the Shriners' Hospitals in Chicago and St. Louis.
3. Continue public awareness marketing of medical home with providers, families, and DSCC staff and developing tools to measure its effectiveness.

Method of Evaluation

How will you evaluate the success of your plan? What method of assessment will you use to determine if your goals have been met? How will this be incorporated into your MCH block grant reporting?:

Illinois would like to ask the MCHB to develop specific criteria that each state must meet in order to report that a child has a medical home on their annual Block Grant. This would ensure that every state is reporting on the same set of criteria and that states could accurately compare their data with one another.
One component of the evaluation would be using the MCHB criteria. Secondly, the AAP Family/Provider Questionnaires would be used annually. Another tool that will be used is a telephone survey (3-5 questions max) to families and their corresponding PCP to obtain feedback whether the medical home is being properly utilized on a continuous basis beginning in year 3. We will also consider using Carl Cooley's validation process to determine whether PCP's offices are medical home compatible.

State Resources

Describe which state agencies, professional and non-governmental organizations, foundations, and service providers are integral to the implementation your plan. Include names of key contact people at each organization to get involved:
1) Vincent D. Keenan, CAE, Executive VP, The Illinois Academy of Family Physicians (IAFP)
2) Mark Rosenberg, M.D., President, The Illinois Chapter of the American Academy of Pediatrics (ICAAP)
3) Dawn Haut, M.D., ICAAP CATCH Representative
4) Edward Pont, M.D., ICAAP Community Physician & KidCare Outreach Coordinator
5) Robert Cook, DSCC Family Liaison Specialist

6) Fay Eldar and Joanne Carbonell-Rodriguez, Illinois Family Voices
7) Lawrence Vogel, M.D., Pediatrician, Chicago Shriners Hospital for Children
8) Gregory McClure, Chairperson for the DSCC Family Advisory Council
9) ICAAP Committee on Children with Disabilities
10) William Albers, M.D., Chairperson, DSCC Medical Advisory Committee
11) Steve Bradley, Illinois Department of Public Aid
12) Senior Staff, DSCC
13) Charles Rice, M.D. & Kathy Rose, UIC Office of Vice Chancellor for Health Affairs
14) Bruce Johnson, President & CEO, Illinois Primary Health Care Association
15) Robin Gabel, Executive Director, Illinois Maternal Child Health Coalition (IMCHC)
16) Carl Cooley, M.D. New Hampshire Pediatrician - Modifying physicians' practices
17) Art Kohman, M.D. & John Poncher, M.D. - Medical Home researchers
18) Pediatric and Family Physician Residency Programs in Illinois
19) Illinois Early Start/Early Intervention Program
20) Nurse Practitioners' Organization (NAPNAP)
21) Larry W. Desch, M.D. (Editor) - "The Physician's Guide to Caring for Children with Disabilities and Chronic Conditions"

Additional Comments

Use this field to incorporate any information about your plan that was not addressed in the other sections:

Our Commitment to the State Plan

We agree to serve as the state leaders in the implementation of this plan by providing our expertise, time, and available resources. We agree to also serve as mentors to individuals in our state and the Nation committed to creating medical homes.

Signature of Team Members

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Additional Signatures (We encourage team members to obtain signatures of key stakeholders in the state integral in achieving the goals set forth in the plan)

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