Promise to the State

Medical Homes for Children with Special Health Care Needs

Overview

By 2010, the signers of this document promise to help assure that every Iowa child with special health care needs will have a "medical home." The effort will be called the **Iowa Medical Home Initiative** (IMHI). A medical home means a source of health care that is accessible, comprehensive, continuous, coordinated, family-centered, compassionate, and culturally competent. Responsibility for providing the medical home resides with primary care providers. Under a medical home model, care will be higher quality; families will experience more satisfaction; and providers will achieve higher practice standards.

Establishing medical homes as a standard of practice will involve enhanced partnerships and commitments, especially between primary care providers, families of children with special health care needs, community and public health agencies, as well as third-party payers. Specialty medical service providers must be partners, as must providers of early intervention and education services. Other agencies will be contacted and invited to participate in the effort.

Public and private aspects of Iowa's health care system will intersect at the concept of medical home. Medical home will become an accepted paradigm of health service delivery and will be taught to providers-in-training.

Establishing medical homes is one of six Healthy People 2010 goals for the children with special health care needs target population. The other five goals are separate, but related. They include:

- Families partnering for all decision-making;
- Adequate insurance to pay for needed services;
- Early and continuous screening for special health care needs;
- Organized, community-based, easy to use services; and
- Transition services to adulthood for youth with special health care needs.

Plan of Action

[**Note**: Following is a list of proposed IMHI action steps intended to reach the goal of a medical home for every Iowa child with special health care needs by 2010. To assess progress towards the goal, we intend to use measurement instruments developed by the CMHI (Center for Medical Home Improvement). The instruments measure the experiences of families and practice behaviors of primary care providers. Relevant measurement instruments offered by the AAP, MCHB, CAHMI (Child and Adolescent Health Measurement Initiative), or others will be considered.]

Activities to be completed by 7/31/02:

- Identify potential members for an IMHI "medical home planning committee" (beyond the core group signatories of this document).

- Hold a core group work session at the end of February to formally establish a medical home planning committee with regularly scheduled meetings.

- Use the core group work session to further formulate the framework of a state plan prior to starting regularly scheduled full planning committee meetings.

- Review current medical home-related data and identify additional data useful for planning the medical home initiative (e.g. *The 2000 Iowa Child and Family Household Health Survey*; other family needs data; provider practice information).

- Plan short-term general awareness/educational activities (to occur in the next 6 months). Possibilities include: resource distribution at Parent-Educator Connection conference; Early ACCESS meetings; IAAP and IAFP chapter newsletters; CSHC Report newsletter; Iowa Public Health Association spring meeting session on medical home; MCH Advisory Council meetings; CHSC Parent Consultant Network meetings; ICCRR (Iowa Child Care Resource & Referral) meetings; IAAP spring business meeting; IAFP summer meeting; Iowa Medical Society meeting.

- Investigate opportunities to attend a Medical Home Training Program this year prior to hosting a major training in Iowa (upcoming trainings are in Greenville, SC and Chicago).

- Plan more comprehensive long-term educational/training activities for Iowa community physician practices (e.g. host "Every Child Deserves a Medical Home" training program developed by the National Center of Medical Home Initiatives for Children with Special Needs).

- Send a letter from core group members to their respective boards, agencies, and organizations informing them about the National Medical Home Conference in Phoenix and goals for establishing medical homes as a standard of practice in Iowa.

- Identify funding, staff, and other resources for medical home activities (e.g. Title V Children with Special Health Care Needs Program (CHSC); Community Access To Child Health Program (CATCH); foundations; private payers; Early ACCESS).

- Determine what information should be linked and included on the AAP National Center of Medical Home Initiatives for Children with Special Needs web page. Begin to plan an Iowa Medical Home Page that can link to other related web sites (e.g. IAFP, IMS, IAAP, DPH, CHSC, Family Voices, and other resource-focused web sites for families).

- Submit a joint IAFP/IAAP resolution supporting the medical home concept to the Iowa Medical Society House of Delegates for consideration at their April meeting.

- Approach pre-service and graduate training institutions with data, family advocates, and proposals for incorporating principles and standards of medical home practice into didactic and experiential training.

Activities to be completed by 1/1/03:

- Assign Medical Home Initiative co-coordinators – a professional and a parent – to lead an investigation of the Pediatric Alliance for Coordinated Care (PACC) (Boston, MA) model and the AAP, et.al. "Every Child Deserves a Medical Home" model and recommend adaptations of the models for Iowa primary care practices.

- Consult with IAAP, IAFP, and family advocacy groups to identify pediatric and family physician practices most likely to embrace, benefit from, promote, and operationally establish the medical home concept.

- CHSC regional health services coordinators and affiliated parent-consultant staff will become familiar with the adapted PACC and AAP models and establish a consultative relationship with one designated primary care practice in each of 14 regions of the state. These 14 pilots will share experiences and receive guidance to reformulated their medical home models from the larger IMHI planning committee

- Establish collaborative relationships with Early ACCESS, Head Start, other early identification and early intervention programs, community access programs (e.g. Empowerment Areas), the "Healthy & Ready to

Work" adolescent transition project, and the "Calhoun County Medical Home" project. These relationships will be nurtured by common goals to establish medical homes for children and youth.

- Assemble an IMHI evaluation team co-facilitated by CHSC Policy & Planning Unit staff, a designated family representative, and representatives from the participating primary care practice groups.
- Perform initial measurement of the percentage of Iowa children with special health care needs who have a medical home using results of *The 2000 Iowa Child and Family Household Health Survey*.
- Finalize a strategy for sharing IMHI information through web-based options and other modes of information dissemination.
- Identify potential state legislative champions and educate them about the medical home model. For example, meet with state legislative candidates, Julie Thomas and Mary Weaver (and other candidates with health care backgrounds), to discuss the medical home concept.
- Agree on how to optimally use the baseline measurement of the percentage of Iowa children with special health care needs who have a medical home (from The 2000 Iowa Child & Family Household Health Survey) and also consider other data collection needs.
- Establish a medical home resource and referral service under the IMHI banner that is available to all office practices.

Activities to be completed by 1/1/04:

- Identify barriers to medical home establishment that office practices are experiencing. Use a 1-page self-assessment to document baseline barriers and experiences.
- Complete consultative training for initial group of primary care practice groups with "care coordination" included as core training content. Continuing education credits for participation must be arranged and offered.
- Perform formative evaluation with initial group of primary care practice groups, again with a focus on "care coordination" as core training content.
- Begin consultative training for a second group of selected primary care practice groups.
- With the support of public and private payers, propose financial alternatives capable of fairly reimbursing primary care practices for time-intensive activities inherent to a medical home service model.
- Propose hypotheses related to associations between having a medical home and health status/health care utilization variables that can be tested (e.g. using *The 2000 Iowa Child & Family Household Health Survey* data). This forms the basis for an outcomes-based summative evaluation of the medical home model.

Activities to be completed by 1/1/10:

- The long-range plan will be to continue recurring activities:
    - consult with primary care practices intending to implement a medical home model;
    - formatively evaluate the training and implementation process;
    - measure achievement of medical home status for Iowa children with special health care needs;
    - work to change reimbursement schedules;
    - work to change professional training curriculum content;

- At a to-be-determined point in the 10-year project period, a summative evaluation will occur focusing on the effect of medical home care on selected health status and health care utilization outcome variables. The Iowa team will consult with the Center for Medical Home Improvement regarding summative evaluation study design and analysis methods.

Method of Evaluation

The formative evaluation of this project will describe and assess the process of creating medical homes within primary care practices. Consultative methods, peer professional support, and materials and time resources will be evaluated. Evaluation methods will use operational definitions of the qualities of a medical home (accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent) to assess whether or not a medical home has truly been established. Formative evaluation will primarily occur through office practice self-assessment; however, the medical home initiative coordinator and CHSC Policy and Planning Unit staff will be available to advise, participate, or broker additional evaluation assistance. The formative evaluation functions as a quality or performance improvement strategy.

The most obvious summative evaluation outcome of interest is the percentage of Iowa children with special health care needs who have a medical home. This measure matches one of the Title V MCHB national performance measures. Other summative evaluation outcome variables include hospitalization rates; on-time office appointments; medical chart completeness (e.g. presence of individual health plans); preparedness and confidence of physician office partners; and measures of child well-being (e.g. school days missed). Measurement instruments and approaches will be obtained from the Center for Medical Home Improvement.

The purpose of the summative evaluation will be to judge the merit and worth of the project. “Merit” represents the intrinsic value of the medical home and is measured by how well the office practices conform to the standard criteria or qualities defining the medical home. “Worth” represents the extrinsic contextual value of the medical home and is measured by how well the office practice meets the goals and needs of the external stakeholder environment.

Formative evaluations will be distributed to project staff and appropriate participating primary care practices. The summative evaluations will be distributed statewide to private and public entities interested in the medical home model.

State Resources

The following agencies have been suggested as invited participants integral to the Iowa medical home implementation plan. Not all invitations have been extended as of 5/14/02.

a. Selected lobbyists
b. Dept of Public Health (Division of Family and Community Health; New Iowans Health Outreach)
c. Iowa Leadership for Education in Neurodevelopmental Disorders (ILEND)
d. Dept of Education School Health Services / IDEA Part C
e. Area Education Agencies
f. Dept of Human Services – Medicaid specialist; EPSDT specialist
g. Policymaker
h. Legislator(s)
i. Family Voices or other parent leaders from Parent Training Institute or Parent-Educator Connection
j. Iowa Respite and Crisis Care Coalition
k. Payers – WellMark; hawk-i; other managed care organization
l. Family physician
m. Specialty physician networks/systems (Mercy; Dubuque; Iowa Health System)

n. Nursing Associations/School Nurses/IA Chapter of NAPNAP
o. Iowa Medical Society
p. College of Public Health (Center for Public Health Practice)
q. Osteopathic community
r. Iowa Child Care Resource & Referral (ICCRR)
s. Iowa Review of Family Assets
t. Iowa Physician's Assistant Association (or equivalent)
u. Head Start
v. Dental health
w. Empowerment Areas

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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