MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS ABSTRACT

Project Title: Statewide Implementation of the Medical Home Concept for Children with Special Health Care Needs
Project Number: CFDA #93.110F
Project Director: Jeffrey G. Lobas, MD **Phone** (319) 356-1118
Organization Name: Child Health Specialty Clinics
Address: 100 Hawkins Drive, Room 247 CDD / Iowa City, IA 52242-1011
Contact Person Jeffrey G. Lobas, MD **Phone** (319) 356-1118
Fax (319) 356-3715 **E-mail/World Wide Web Address**: jeffrey-lobas@uiowa.edu
Project Period: 3 years **From:** March 31, 2002 **To:** March 30, 2005

Organizational Setting: Child Health Specialty Clinics (CHSC), Iowa's designated Title V (of the Social Security Act) program for children with special health care needs, will be the responsible entity for this project. CHSC provides direct health care services, enabling services, population-based services, and infrastructure-building services. CHSC uses a public health planning model to rationally distribute its federal and state resources. Services are delivered through a system of 14 community-based regional centers. Multi-agency collaboration is a high priority. CHSC believes in a family-centered, coordinated, and culturally competent model of service delivery.

Purpose: The overall purpose of the project is to facilitate the implementation of the medical home model in community-based family physician and pediatric practices statewide. Essential staff include an office-based care coordinator, parent consultant, and, most essential, physician dedicated to actualizing the medical home concept. CHSC will provide the expertise necessary for the office practice to establish linkages with specialty services and other community-based services. Advice will be offered regarding restructuring the physicians' office, constructing Individualized Health Plans, fair reimbursement, and practicing in a family-centered, culturally competent manner.

Challenges: Primary data suggests that this project is relevant. Most family physicians and pediatricians do not routinely provide care coordination to families of children with special health care needs. Also, the physicians do not routinely communicate with other community service providers involved with their special needs patients and families. Physicians are often not involved with the formulation or review of important health-related planning documents like Individualized Education Plans and Individualized Family Service Plans. Referrals from the primary care physician to other community-based service providers occur less frequently than. These finding suggest that primary care practices are currently not offering a medical home to their children with special health care needs.

Goals and Objectives:
Goal 1 – Establish a consultative model for medical home implementation in participating community-based primary care medical practices.
Objective 1.1 – By May 1, 2002, all professional CHSC Policy and Planning Unit staff and selected Health and Disease Management Unit staff will be knowledgeable about the medical home model developed by the Pediatric Alliance for Coordinated Care (PACC).
Objective 1.2 – By June 1, 2002, 14 community-based physician practices, one associated with each CHSC regional center, will commit to participate in the medical home implementation project.
Objective 1.3 – By September 1, 2002, one CHSC staff member in each of 14 regional centers will be prepared to begin consultation activities with the participating physician practice in their geographical area.
Goal 2 – Document benefits and barriers to children with special health care needs and families related to having medical home.
Objective 2.1 – By June 1, 2002 (and continuing through the project period), a project evaluation team will have a final evaluation framework for assessing process and outcome related to medical home implementation.
Objective 2.2 – In 2004, new estimates of the prevalence of medical homes for children with special health care needs will be obtained using the Iowa Child and Family Household Health Survey.
Objective 2.3 – Throughout the duration of the grant period, experiences and outcomes of the medical home initiative will be publicized.

Goal 3 – Assure the sustainability of medical home models within participating community-based physician practices.
Objective 3.1 – By April 1, 2003, revised financial reimbursement procedures will be utilized to fairly compensate physicians for the intensity of service required to provide a legitimate medical home to children with special health care needs.
Objective 3.2 – By the end of the first project year, CHSC will be recognized by the Iowa Chapters of the American Academy of Family Physicians (IAAFP) and American Academy of Pediatrics (IAAP) as a public health collaborator interested in helping physician practices establish medical home service models.
Objective 3.3 – By June 1, 2003, a plan for follow-up contact and monitoring with participating physician practices will be incorporated into CHSC's overall strategic plan.

<u>Methodology</u>: The project methodology will closely follow the medical home model developed by the Pediatric Alliance for Coordinated Care (PACC) program in Boston, MA. Under the PACC model, participating community-based physicians will be responsible for identifying patients who have special health care needs and deserve the benefits of a medical home. Then, physicians will construct and monitor an Individual Health Plan for each child identified with special health care needs. Under the model, physicians will alter office schedules to accommodate the more intense medical, education, and support needs of patient and parents. Key to the PACC model is the relationship between the primary physician, designated care coordinator, and parent consultant. A strong and trusting team approach forms the heart of the medical home. The project staff will assist team formation and performance by modeling, mentoring, and resource sharing. Because this project employs a consultative strategy, each participating physician practice will be expected to commit a lead physician and an office staff person – nurse or social worker – to the medical home implementation effort. The grant project will support the propagation of the medical home concept, while the physician practices will support the actual field operation of the model.

<u>Evaluation</u>: The formative evaluation of this project will address the question of whether or not the physician practices have created medical homes. The evaluation method will use operational definitions of the qualities of a medical home (accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent). Formative evaluation will primarily occur through office practice self-assessment; however, the project 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 summative evaluation of the project will use, among other outcomes, measures suggested by the PACC experience: hospitalization rates; on-time office appointments; medical chart completeness (e.g. presence of individual health plans); preparedness and confidence of physician office partners; measures of child well-being (e.g. school days missed). The purpose of the summative evaluation will be to judge the merit and worth of the project. The 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 needs of the external stakeholders.

<u>Text of Annotation</u>: This project will encourage the implementation of medical home service delivery models in family physician and pediatric office practices serving children with special health care needs in Iowa. Data suggests that primary care physicians are not routinely practicing the care coordination, interdisciplinary communication, comprehensive referral procedures, or information gathering that define medical home. The major goals are to: 1) establish a consultative model for medical home implementation in participating community-based primary care medical practices; 2) document benefits and barriers to children with special health care needs and families related to having a medical home; and 3) assure the sustainability of medical home models within community-based medical practices. Project activities will involve project staff providing consultation, mentoring, and resource sharing to primary care physicians and their staff. Office practice restructuring will focus on attaining the qualities of a medical home. Formative and summative evaluation reports will be produced and distributed.

<u>Key Words</u>: Children with special health care needs; medical home; consultative model; primary care physicians