

**Project Title: LA VIDA SANA MEDICAL HOME INITIATIVE**

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**ABSTRACT**

**PROBLEM:** In a recent survey in the state, the State Office of MCH found that 75% of primary care physicians report having limited time, staff availability, and knowledge of community resources and support services for Children with Special Health Care Needs (CSHCN). We are a poor and rural state, with services located primarily along the Rio Grande corridor.

**GOALS AND OBJECTIVES:** The OVERALL GOAL is to make the Medical Home Initiative operational in 10 New Mexico clinic sites so that the seven essential elements are fully functional for all CSHCN and their families at these sites. **STRATEGY 1:** To increase knowledge about the seven components of medical home in 10 identified clinic sites around the state. **Objective 1:** To provide statewide training in the medical home concepts for health providers and their staffs. **Objective 2:** To provide educational materials and training locally to support this strategy. **Objective 3:** To train clinics in the use of “definition of families”, communication skills to support positive interaction for clinics and families of CSHCN. **Objective 4:** To incorporate cultural competence in all aspects of the La Vida Sana project. **STRATEGY 2:** To facilitate assessment of and incorporation into practice of improvements in the seven components of medical home in identified clinic sites around the state. **Objective 1:** To increase the number of practices in the state that participates in improving care for CSHCN through incorporation of the medical home concept. **Objective 2:** To develop a strategic planning process that leads to improvement of clinical practice in the seven elements of medical home. **Objective 3:** To implement a strategic planning process in each clinic site, that addresses at least one of the seven components of medical home. **Objective 4:** To educate clinic sites in a planning model that will allow them to address continued improvement in medical home concepts beyond the life of the grant. **STRATEGY 3:** To increase collaboration between primary care clinic sites who care for CSHCN and other community services that enhance their care. **Objective 1:** To establish and maintain collaboration between the MHI clinics and the case managers servicing children and their families in that clinic. **Objective 2:** To link MHI clinic sites with local community and family agencies that support CSHCN in order to facilitate establishment and maintenance of

collaborative relationships. STRATEGY 4: To increase collaboration between primary care clinic sites who care for CSHCN and other community services that enhance their care. Objective 1: To develop a site-specific protocol to ensure that children in transition continue to receive quality care. Objective 2: To establish and monitor a protocol in each clinic which will guide staff tracking of client insurance systems.

METHODOLOGY: A Medical Home team has been formed, including personnel skills in administration, project direction, grant oversight, pediatrics, family practice, nursing, care coordination, strategic planning, conflict resolution, medical home initiatives, maternal child health and community development. Year One sites have been confirmed and year two-three sites have been selected. The sites reflect culturally diverse practices, as well as private, public, Indian Health, and HMO sites. Local clinic site teams will be formed, including a medical provider, a nurse, an administrator, a family representative, a case manager (Title V), and a local champion (from Continuum of Care). The implementation model used by New Hampshire: “Building a Medical Home: Improvement Strategies in Primary Care for CSHCN” will be used, and modified as needed to fit our multi-cultural and multi-lingual state. Through this model, each site will begin with the Medical Home Index and family survey; then will work through seven steps to Medical Home Improvement in the area they have chosen to prioritize. The team will then implement this plan, and evaluate effectiveness. In addition, in our multi-cultural state, we will evaluate appropriateness of tools with regard to cultural competence. Significant features of our budget that support this project are the support of parents to participate and seed money for pilot sites to implement their strategic plans.

COORDINATION: The project has Memorandums of Agreement with Title V to serve on local teams and increase case management, and with the state chapter of Family Voices, which provides a liaison with families participating in the project, and acts as a resource for families. Double Rainbow will partner with us to develop a relationship around Medical Home with NM Medicaid. FIT (Families, Infants and Toddlers Program) will interface (resource for clinics) regarding early intervention services for infants and toddlers with or at risk for developmental delay. Local sites will identify other local partners.

EVALUATION: This process will be supervised by Continuum of Care project staff, and implemented by local teams. A workplan has been developed, and the evaluation will include a performance measurement system that looks at capacity, process, risk factors, and outcomes, related to all four strategies listed above. The Medical Home Improvement tool has evaluation components built in to the intervention implementation process.

EXPERIENCE TO DATE: La Vida Sana MHI transitioned to use of the “Building a Medical Home: Improvement Strategies in Primary Care for CSHCN” model of planning and implementation after the first clinic site, as a

way to address concise and time-respectful planning in busy clinic settings. Practices are interested in implementing medical home concepts.

**Key Words:**

Community based health, children with special health, continuity of care, cultural diversity, developmental disabilities, early intervention, family centered health care, family centered health, family medicine, collaboration, family support programs, family support services, health care utilization, interdisciplinary teams, language barriers, medical home, needs assessment, parent professional communication, pediatricians, physical disabilities, preventive health care, primary care, professional education in CSHCN, Provider participation, rural population, Spanish language materials, state programs, University Affiliated Programs, urban population, Vietnamese