

**Project Title: The Rural Medical Home Expansion Project**

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Project Period: 3 years From: March 31, 2001 to March 30, 2004

**ABSTRACT**

**Organizational Setting:** The Rural Medical Home Expansion Project (RMHEP) under the direction of W. Carl Cooley, MD and Jeanne McAllister, RN, MS, MHA is a statewide expansion in VT and NH of lessons, products, and opportunities from the Rural Medical Home Improvement Project. In the Department of Pediatrics at Dartmouth Medical School, the Hood Center for Children and Families was established in 1990 to advance best practices, resource development, and public policies on behalf of CSHCNs and their families.

**Purpose:** The RMHEP supports statewide development of community-based medical homes for Children with Special Health Care Needs (CSHCNs) by surveying and informing pediatric practices in VT and NH about the medical home concept and providing them access to a continuous improvement process involving partnerships with parents, linkages to community resources, and new Medicaid reimbursement.

**Challenges:** Some primary care pediatric practices and community health centers have the values, desire, and skills to provide medical homes for CSHCNs. The providers in these settings lack information about the medical home concept and a systematic approach to change. The result is confusion about roles, poor communication, absence of reimbursement, and uncoordinated care. True medical homes have failed to materialize.

**Goals and Objectives:** Goal 1: Narrow the gap between pediatric care now and comprehensive pediatric medical homes in 2010. Objective 1.1: Find the baseline; survey all pediatric practices and community health centers in VT and NH using the Medical Home Index; Objective 1.2: With the National Center for the Medical Home and VT and NH AAP Chapters, host a bi-state training on the Medical Home for primary care providers in both states. Objective 1.3: Using the lessons and tools of the Rural Medical Home Improvement Project, support the quality improvement methodology in eight new practices. Objective 1.4: Provide a dynamic, interactive web site combining Medical Home information, project survey data, the Rural Medical Home Toolkit and links to other Medical Home resources to all pediatric primary care practices in VT and NH. Goal 2: Partner with VT and NH Title V and Medicaid agencies to implement Primary Care Case Management (PCCM) as a reimbursement strategy to support Medical Homes. Objective 2.1: Continue current work with state policy makers to define practice-based case care coordination. Objective 2.2: Using the Medical Home Index (developed and validated by the Rural Medical Home Improvement Project), assist NH and VT in identifying pediatric practice criteria for enhanced reimbursement. Goal 3: Pilot a study to evaluate the relationship between medical home status as measured by the Medical Home

Index and improved outcomes for CSHCNs and their families. Objective 3.1: Utilize parts of the evaluation methodology of this project as a pilot for a larger, funded research effort. Objective 3.2: Disseminate findings of this pilot study along with the methodology for achieving improved primary care practices nationally to payers, state policy makers, family advocacy organizations, pediatric professionals, and health outcomes researchers.

**Methodology:** Using the Medical Home Index under the direction of state epidemiologists from VT and NH, all pediatric practices and community health centers in both states will be surveyed about their awareness of and the degree to which they embody the Medical Home concept. In Fall 2001 this survey information will be presented at a bi-state conference on the Medical Home hosted in partnership with the state chapters of the AAP, the National Center for Medical Home Initiatives, state policy makers, and family advocates. The faculty will be the parent/professional quality improvement teams from the pediatric practices of the current Rural Medical Home Improvement Project (RMHIP). During the state-wide pediatric practice survey, four additional pediatric practices in each state will be enrolled in the quality improvement process developed by the RMHIP and embark on a two-year improvement effort mentored by the parent/professional teams trained by the RMHIP. All of the project activities will be included on a website containing the Medical Home Toolkit, practice improvement strategies and tools, survey data, connections to participating practices, and links to Medical Home resources.

**Evaluation:** Project process and the adherence to timelines will be monitored through activity logs, meeting minutes, evaluation forms, and feedback from participants. Medical Home Index scores will be collected from all pediatric practices and community health centers in VT and NH. The eight practices participating in the quality improvement process as well as other practices choosing to engage in improvement efforts of their own will be re-evaluated annually using the Medical Home Index. The Medical Home Family Index will be completed by at least 20 families from each of these “improving” practices to corroborate the consumer perspective with the scores on the Medical Home Index. Utilizing the RMHEP Research Alliance, the eight practices participating in the quality improvement process will identify outcome indicators of child health, family stress, and service utilization for 20 families per practice. A research model will be piloted correlating these outcome indicators with scores on the Medical Home Index to test the hypothesis that Medical Homes have better outcomes.

Text of Annotation: The primary care medical home for children with special health care needs is more of a widely held vision than a widespread reality. Using a validated measure of practice behaviors (Medical Home Index) and an outcomes-based, continuous improvement process, the Rural Medical Home Expansion Project will evaluate the present status of medical homes in VT and NH, inform providers and families about the Medical Home, and provide access to an effective strategy for improving existing practices. The project will collaborate with state policy makers around strategies of reimbursement for Medical Homes.

**Key Words:** children with special health care needs, medical home, parent/professional collaboration, chronic illness, managed care, primary care, integrated service networks, continuous quality improvement, health outcomes, care coordination, primary care case management.