

MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS ABSTRACT

Project Title: Vermont Medical Home for CSHN Project
Project Number: CFDA93.110F
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Project Period Three Years From: 3/31/02 to 3/31/05

- 1) Organizational Setting: The Vermont Medical Home for Children with Special Health Needs Project will be directed by Carol Hassler, MD, the Director of CSHCN Programs for the Vermont Department of Health. An Advisory Committee made up of representation from the DOH, CSHCN, Part C, Parent to Parent, American Academy of Pediatrics, Vermont Child Health Improvement Project, the Center for Medical Home Improvement (Dartmouth Hitchcock Medical Center), the Vermont Office of Health Access (Medicaid), and family and provider representatives will guide the implementation of this project. Key collaborators will be Vermont AAP, the CMHI, and Parent to Parent of Vermont.
- 2) Purpose: The purpose of the project is to increase the capacity of pediatric practices throughout Vermont to provide medical home services for children with special health needs. Specific technical assistance and supports for systems changes will be used to increase practices' collaboration with families, specialists, and community resources. Each participating pediatric practice will incorporate the use of tools to identify CSHCN in their practice and to assess their ability to serve families as a medical home. Sustainability will be strengthened by collaboration with Medicaid for funding strategies and by incorporating the work of this project into state planning activities such as SSDI and M&M. The overall outcome will be an improved medical home for CSHCN, thus enhancing the quality of health care and optimizing wellness.
- 3) Challenges: The need for the health care for CSHN to be managed within a medical home has been recognized for decades. The complexity of these children's health needs, the rural nature of Vermont and its medical and community services delivery system, and the expense of providing clinical and care management services combine to create a situation which requires a comprehensive long-term approach to improvement and solidifying systems to provide a medical home for CSHCN. The challenges of providing care in a rural setting are well known, such as distances for families to travel to care providers, distances of primary care settings from tertiary health care centers, and lesser numbers of specialty practices. Previous Vermont needs assessment activity (surveys, focus groups, data assessment) has generated data showing that, although Vermont children with special health needs have access to primary care, the great majority do not participate in a medical home. For example, in one study using focus groups, only 17% of families with CSHCN reported that their health care provider setting could be considered a medical home.
- 4) Goals and Objectives: Goal 1: To equip pediatric practices in Vermont to offer a comprehensive medical home to CSHCN and their families that includes three key elements (1) Identification of CSHCN within the practice; (2) Improved coordination with specialists (specifically Title V CSHN) and community based agencies (specifically Part C); and (3) Partnerships with parents of CSHCN to help guide and evaluate practices' policies and procedures. Objective 1.1 By the end of the first project year, practices will undertake a self assessment of their current medical home status and receive corresponding MH input from families of CSHN in their care. Objective 1.2 By the end of the project period, at least 90% of Vermont pediatric practices will be able to identify CSHCN within their practices, in order to target specific MH practice improvements efficiently. Objective 1.3 By the end of the project period, 90% of participating pediatric practices will utilize formal, comprehensive, family centered, annual written plans of care, inclusive of the treatment and intervention plans of specialists and community providers, with their patients who have special health care needs and their families. Objective 1.4 By the end of the project period, specialty care providers (specifically Title V CSHN) and community based service providers (specifically Part C) will indicate an improved collaboration with pediatric practices for their mutual patients with special

health care needs and their families. Objective 1.5 By the end of the project period, 90% of participating pediatric practices will have implemented a formal strategy to obtain and incorporate the feedback of parents into their day to day practice of pediatric care and care coordination for their patients with special health care needs and their families. Goal 2. To increase the access of families with CSHCN to pediatric medical homes, based upon indicators developed by the Monitoring and Measuring project. Objective 2.1 Develop and implement methods to measure national Division for CSHN Performance Outcome #1: All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home and utilizing the five indicators developed through the MCHB-funded Monitoring and Measuring Project (Utah State University). Objective 2.2 Develop and implement methods to monitor annually the percentage of CSHN who have a source of insurance, public or private, covering primary and preventive care.

- 5) Methodology: The project will be administered by the Vermont Department of Health via the Children with Special Health Care Needs Unit. The Project Coordinator (hired by the Project Director who is the Director of Vermont CSHCN program) will organize and implement the project's strategies and will work closely with the project's partners through an advisory committee consisting of partners, pediatricians, and parents. The American Academy of Pediatrics – Vermont will assist to implement the project's goals and objectives through individualized site visits and trainings with the participating pediatric practices. Parent to Parent of Vermont will provide direct assistance to pediatric practices to further the family centered goals of this project. A key theme of this project is to expand the scope of the Center for Rural Home Improvement efforts that are currently in place in Vermont and New Hampshire. Thus, the CMHI will offer guidance and technical assistance with the administration of assessment tools and data gathering and analysis. Specific assistance from CMHI will draw on their expertise in this area, such as assistance in use of the Medical Home Index (MHI) and the Medical Home Family Index (MHFI) and in collaboration in data gathering and analysis. The program director and coordinator will also work with Medicaid and the pediatric practices to increase their efficiency in billing for appropriate clinical and care coordination services and to create strategies for long term funding sustainability.
- 6) Evaluation: Several methods of evaluation will measure the success of project strategies in achieving the stated goals and objectives, such as those affecting changes to direct family services, procedures and approaches of pediatric practices, coordination with CSHN and Part C, and ongoing system changes. Evaluation will be accomplished by such techniques as tracking numbers of participating pediatric practices and monitoring changes as evidenced in the annual administration of the MHI/MHFI. Periodic focus groups and surveys with families, pediatric providers, the state CSHCN/Part C staff will be conducted. Statewide data from SLAITS, Title V performance measures (SSDI), measures developed through the M&M Project, and Medicaid claims data will also be organized and analyzed for assessment of this project's successes.
- 7) Text of Annotation: The Vermont Medical Home for CSHCN will offer guidance and technical assistance to Vermont pediatric practices for increasing the quality of their medical home services for children with special health needs. Key collaborations with Vermont – AAP, Vermont Parent to Parent, and the Center for Rural Home Improvement will allow a statewide comprehensive approach, encouraging improvement in the pediatric practices' care coordination services, enhanced communication with CSHCN and their families, and more efficient referral with specialists and community services. Collaboration with Vermont Medicaid will encourage more creative short and long-term strategies for appropriate reimbursement for clinical service and care coordination. Evaluation will examine individual practices' process indicators and also statewide data as linked to national performance measures.
- 8) Key Words: children with special health care needs, care coordination, chronic illness management, medical home, family-centered care, reimbursement

