

**Project Title: The Medical Home Leadership Network: Washington State families and professionals working together to promote medical homes statewide**

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**ABSTRACT**

**Organizational Setting:** The Medical Home Leadership Network will be housed in Seattle at the University of Washington's Center on Human Development and Disability (CHDD), a large clinical, training, and research center for children and adults with developmental disabilities and other special health care needs and their families. Dr. Forrest C. Bennett, Professor of Pediatrics, will direct the project.

**Purpose:** The purpose of the Project is to implement and evaluate a coordinated, sustainable, statewide network of families and professionals to promote the availability and accessibility of medical homes for children with special health care needs (CSHCN) and their families in Washington State. We will do this by building on the existing infrastructure of the Medical Home Leadership Network (MHLN), our statewide system begun in 1994-95 as a SPRANS grant to promote and support medical homes. The MHLN is a regionally based statewide network of 15 experienced, volunteer medical home teams -- typically composed of a pediatrician, a public health nurse, an early intervention family resources coordinator, and a parent -- who provide technical assistance and support to their colleagues around medical homes. Approximately 18% of the children in Washington State are children with special health care needs. The Washington State Dept. of Health estimates that fewer than 47% of these children receive services in the context of a medical home. The MHLN will collaborate with the Washington State Title V Children with Special Health Care Needs Program, Medicaid, the Infant Toddler Early Intervention Program (IDEA, Part C), other state agencies, the Washington Chapter of the American Academy of Pediatrics, the national American Academy of Pediatrics Medical Home Program, family organizations, the regional medical home teams, Molina Healthcare plan and other partners to address the barriers to medical homes in Washington at both the health care system and individual level.

**Challenges:** The key to a strong medical home is the relationship between the child with special needs, his or her family and the pediatric primary care provider and office staff. For the medical home to succeed, it is critical that these core partners are also supported by community and specialty providers and services. Four broad challenges to these relationships are family-professional communication and partnership, access, care coordination and financing.

**Goals and Objectives:** The Project has three related goals and eight objectives. GOAL 1: Improve the availability and accessibility of medical homes for children with special health care needs in Washington State. Obj. 1.1: Expand the current number of medical home teams from 15 to at least 21 (40% increase) in Washington to increase the availability of medical homes. Obj. 1.2: Enhance the composition of at least 6 teams to include a new community teammate representing schools, mental/behavior health, oral health, or child care, in order to increase the accessibility and scope of medical homes. GOAL 2: Advance the awareness and knowledge

of the medical home concept in Washington State. Obj. 2.1: Establish a statewide initiative to increase family awareness and knowledge of the elements of a medical home and ability to promote those elements in partnership with their child's PCP and other medical home partners. Obj 2.1: Collaborate with Molina Healthcare to foster the integration of medical home concepts in Molina's services to the Medicaid population. GOAL 3: Develop a model for measuring outcomes for children and families with a medical home. Obj. 3.1: Establish a methodology for determining the percentage of CSHCN with a medical home in Washington State. Obj. 3.2: Explore and model strategies for measuring outcomes for children with a medical home utilizing the CAHPS 2.0 / LWIM survey. Obj. 3.3: develop and implement a model for determining the effectiveness of a medical home in improving outcomes for CSHCN and their families within a managed care plan as measured by documentation of one or more models for measuring outcomes for CSHCN with medical homes and the findings from the application of one model.

**Methodology:** The MHLN is based on a train-the-trainer model. The fifteen MHLN teams will continue to receive training on medical homes through an annual conference and ongoing technical assistance. Six or more new teams will be added from underserved regions during the three years of the Project. In addition, at least six teams will add a representative from schools, child care, oral health or mental health to increase accessibility to medical homes through new partnerships. The MHLN will expand its target audience from a primary focus on PCPs to also include families and managed care plans. A family consultant will be added to the MHLN to increase the awareness of families of the components of a medical home and how to work effectively with their child's PCP. This initiative will include the collaborative development of materials and training with the Title V CSHCN Program. Molina Healthcare will work with the MHLN, the Title V CSHCN program and a MHLN team pediatric pilot site to identify how to integrate medical home practices into their Medicaid managed care plan. The Title V CSHCN Program will determine the percentage of CSHCN with a medical home in Year 1 through the CAHPS survey. Health outcomes (hospitalizations and ER use) and family satisfaction will be measured through surveys and family focus groups in Years 2 and 3.

**Evaluation:** The Advisory Board will meet yearly; MHLN project staff will monitor and document the completion of project activities. Project conferences will be evaluated through audience questionnaires. The expansion of the number of teams and broadening of representation on teams will be evaluated against the percentage increase in the objective. The increase in the awareness and knowledge of the medical home concept by families will be evaluated by surveys. The goal of improved outcomes for CSHCN and their families with a medical home will be looked at using the Consumer Assessments of Health Plans (CAHPS) 2.0 / LWIM survey with Medicaid clients in Washington. We will assess the potential for utilizing CAHPS survey data to measure outcomes for three areas: (1) access to care or service delivery, (2) health outcomes, and (3) family-provider relationships. Ultimately, the evaluation of the objectives and activities within Goal 3 will be the documentation of one or more models for measuring outcomes for CSHCN with medical homes.

**Text of Annotation:** The purpose of the Project is to implement and evaluate a coordinated, sustainable, statewide network of families and professionals to promote the availability and accessibility of medical homes for children with special health care needs and their families in Washington State. We propose to do this by expanding and enhancing a successful statewide system of community-based, interdisciplinary medical home teams who have provided medical home outreach and promotion to their colleagues since 1995.

**Key Words :** Medical home, children with special health care needs, pediatricians, family-centered, collaboration, service integration, managed care, primary care practitioner, coordinated health care services, parent-professional partnerships, Consumer Assessment of Health Plans, medical home models and outcomes

Evaluation for Goal 3 includes documentation of recommendations regarding measuring outcomes for CSHCN with a medical home. This includes completion of the activities The Project will document strategies for using state health outcome averages to measure outcomes of medical homes, develop and implement a strategy to measure health outcomes for CSHCN with a medical home within a health plan, report on the findings based on analysis of encounter data related to hospitalization rates, emergency room rates, and overall care costs of CSHCN with a medical home. The Project will also document recommendations regarding family and child outcome measurements for medical homes. in addition to a survey of MHLN teams in Year 2 of the grant regarding the strength and sustainability of the MHLN.