

South Carolina Promise to the State

Medical Homes for Children with Special Health Care Needs

The following document describes our promise to the state of South Carolina to create a system of health care in which all children with special health care needs will receive their care through a medical home. A medical home is care that is accessible, comprehensive, continuous, coordinated, family centered, compassionate, and culturally competent, in which the primary care physician shares responsibility. This document outlines the steps that will be taken to make the provision of medical homes for children with special health care needs a reality by the year 2010.

Overview

- All children with special health care needs will have an identified medical home where care is accessible, family centered, continuous, comprehensive, coordinated, compassionate, culturally competent and cost effective by 2010.
- These medical homes will result in improved child health status, function and quality of life for CSHCN and their families.
- These medical homes will promote early identification and screening of CSHCN.
- There will be a plan for transition of care at the end of childhood to adult-oriented resources
- All children will have health care insurance that covers their health care costs.

Plan of Action

1. Mentoring Networks:

- Develop a working relationship with other state teams working on medical home issues for children with special health care needs so that we can learn and teach each other. We feel we have much to share with other states, yet understand that they too have been active on medical home issues. We would enjoy the opportunity to share and mentor with other teams working on similar issues.
- Expand our state medical home team with other stakeholders. Develop a consortium for CSHCN.
- Develop a staff support plan for coordinating the networks in South Carolina and implementing the Medical Home plan.

2. Tracking Procedures: Enhance our mechanism to track children with special health care needs so that we can identify those children, and areas with children in which medical homes are not readily available. State and county-based Children's Rehabilitative Services Coordinators will be charged with monitoring the medical home status of their communities. CSHCN without medical homes will be identified, and mechanisms developed to place them in the most appropriate medical home.

3. Promotion of Medical Home Concept: Promote the concept of medical home with existing physicians offices, patients, families and state policy makers. Work with existing medical homes to improve their capability and capacity to provide all inclusive, coordinated, family centered care that combines the resources of community based primary care with specialty and public resources in an integrated fashion. Children with special health care needs present a special problem for many medical homes. Financial pressures in a managed care environment, rapidly expanding knowledge bases dealing with the problems of children with special health care needs, the advent of new complicated technology frequently complicate the effectiveness of medical homes serving children with special health care needs. We would like to concentrate on various supports that improve the effectiveness of these homes, including special training

programs, financial incentives and other inducements that support the concept of a medical home. We will use a variety of venues, including

- The annual meetings of the state AAP, our State CATCH meeting, the state meeting of the AAFP, the Family Connection annual meeting, Shriners Hospital and
- Outreach to state pediatric health care providers. Outreach will include meeting with care providers in their communities and offices. Outreach activities will include use of the medical home curriculum to be presented at the annual CATCH meeting.
- Promote Dyson model for training of South Carolina pediatric and family medicine residents.

Our efforts will recognize that pediatric medical homes are diverse in their interests, resources and capabilities. We will establish basic services that should be a part of any pediatric medical home serving children with special health care needs. We will develop a transition model for CHSCN families into adulthood.

4. Exemplary “Mentor” Medical Homes: To promote quality care in medical homes serving children with special health care needs by developing a network of pediatric primary care providers who share and work with each other to promote quality in the provision of care. We propose the development of “mentor” medical homes for children with special health care needs. We will identify selected medical homes and work with them to develop a cadre of medical homes that provide enhanced services to children with special health care needs. These medical homes will:

- Promote partnerships with parents
- Enhanced primary care coordination
- Provide continuous quality improvement processes
- Link to community resources

Private pediatric/ family practitioner offices, family volunteers and public health will be involved in the development of these mentor medical homes. These exemplary programs will network with each other, our Title V agency, our CATCH program and our Family Connections organization to provide a series of mentorship medical homes of exceptional quality throughout the state. We will use our annual CATCH meeting to provide the forum for mentoring among medical homes in the state. We will address sources of independent funding for these “mentor” pediatric medical homes that will include such possibilities as private foundation funding (Duke Endowment, Community Foundations, Springs Foundation), public funding (SPRANS grants, Healthy Tomorrows Grants, other MCHB grants, tobacco funds) and state enhanced funding for medical homes providing services to children with special health care needs. Mentor medical homes will address improved methodology for interacting with pediatric sub-specialists

5. Emphasis on Family- Centered Care: A specific goal will be to interweave into the above activities a strong working relationship between parent groups that advocate for children with special health care needs and primary care providers so that a family-centered focus is preserved. We have already developed a working relationship between our state’s pediatric medical homes and Family Connections, and plan to promote this relationship to ensure a family focus in pediatric medical homes caring for children with special health care needs.

Evaluation

Discuss evaluation plan with outside evaluator. Potential benchmarks include

- State Medicaid costs per CSHCN
- Tracking mechanism to follow percent with identified medical homes
- Family satisfaction measurements
- Provider satisfaction measurements
- EPSDT completion rates

Resources

- AAP and CATCH program
- Children's Rehabilitative Services
- DHEC
- Baby Net
- Duke Endowment Grant to Palmetto/ Richland for Family Connection
- DHHS
- DDSN
- Family Connection
- Shriners Hospital
- Institute for Families in Society: Ana Defede
- Blue Cross/Blue Shield
- DDSN
- School for Deaf and Blind
- The Duke Endowment
- Hospital Conversion Foundations
- Select Health
- Pediatric Training Programs