

Promise to the State

Medical Homes for Children with Special Health Care Needs

The following document describes our promise to the state of Washington 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

Describe what the state system of medical homes proposed will look like for children with special needs in the year 2010 . If a child is born with a special need in 2010, how will your system address the needs of this child within the context of a medical home?:

Every child born in 2010 in Washington State will have an identified pediatric primary care provider who will provide care to the child in partnership with the child's family. If a child has a special need, the need will be identified at birth or as soon as possible in early childhood through parent education, well child visits, and/or community early intervention awareness. The family of the child with special needs will be a respected and valued partner in the care of the child. The child, family, and PCP and his or her office staff will work in partnership with community providers (e.g. public health, early intervention, therapists) and medical specialists to identify all needed services. Service eligibility will be quickly and easily determined for all services. Families will determine what role they would like to take in care coordination and have choice in who will provide what aspects of care coordination for the child and family. Transition planning will be built into the system from early childhood with the ultimate goal being the optimum health, development, and well-being of the child and family and the child's/youth's ability to take on as much responsibility for his or her own health care and life as possible. State and national agencies, communities, and families will understand that "disability is a matter of time, not diagnosis" and support full inclusion of people with disabilities in our society through adequate funding and supportive policies, including fair reimbursement of providers.

Plan of Action

Write a detailed outline of how your team will proceed with the implementation phase of your plan (outline plan by years through 2010 when the goal of a medical home for all CSHCN will be achieved):

GOAL 1: Families, providers, leaders of statewide initiatives, policymakers, insurers and others involved with children and adolescents will understand and endorse the medical home concept.

OBJECTIVE 1: Identify which groups need to understand the medical home concept and what activities they are already doing or planning to do that are medical home related

Activity: Develop matrix of potential target audiences

By 8/01/01:

--Will have identified target groups and begun discussions with some of the groups

OBJECTIVE 2: Assemble and/or develop materials that will describe the Medical Home concept and essential elements.

Activity: The Medical Home Leadership Network and the DOH CSHCN Program (through its contracts) will assess what type of materials are needed, and what currently exists

By 8/01/01:

--Will have assessed existing materials

--Ideas identified for how materials will be developed/assembled

OBJECTIVE 3: Develop a plan for disseminating information which capitalizes on new emerging opportunities

Activity: Identify strategies for information dissemination: through MHLN teams, CATCH, WCAAP, statewide initiatives (e.g. oral health, CSHCN), existing groups- i.e. perinatal, adolescent, CHILD Profile, Work First Initiative, Child Care Resource & Referral Network, Family Voices, Parent-Educator Network, CSHCN Public Health Nurse Coordinator Network, Parent-to-Parent, Washington State Fathers Network, Head Start

Activity: Develop the Medical Home Leadership Network website to make information and practical strategies to support medical homes easily accessible health care providers, families, and other medical home partners.

By 8/01/01:

Will have developed and put on line at least two more components of the Medical Home Leadership Network website

GOAL 2: Primary care providers and their office staff will have the skills, interest, and knowledge to participate as partners in medical homes

OBJECTIVE 1: Support the current 15 volunteer medical home role model teams across the state in the Washington State Medical Home Leadership Network (MHLN) (each team typically composed of a primary care provider, public health nurse or office nurse, early intervention family resources

coordinator, and a parent who promote medical homes to their community colleagues) through strategic planning with the teams and key stakeholder advisors of the Network.

Activity: Formalize MHLN community-based team benefits and responsibilities. Develop a process and form for teams to identify their plan for the next year with medical home element based outcomes and a potential menu of activities. Encourage teams to meet at least quarterly. Assure parent participant needs are met.

Activity: Formalize team benefits, including developing a process to help teams receive technical assistance in areas of community interests as well as a process for assisting with identifying potential funding resources for team medical home activities.

Activity: Continue to bring the teams together annually for a statewide conference based team identified needs and focusing on networking and sharing of practical strategies to support medical homes at the individual, community, and systems level.

OBJECTIVE 2: Expand the pool of providers and office staff available and skilled in participating as partners in medical homes

Activity: Expand the number of MHLN teams to cover underrepresented areas of the state. Explore participation by the 3 teams in rural Eastern Washington who have already expressed an interest.

Activity: Collaborate with the American Academy of Pediatrics Medical Home Initiative on the 2002 Medical Home Training Program in Spokane, WA and publicize the event to encourage broad participation

Activity: Expand the composition of MHLN teams to reflect the identified target audiences. Encourage teams to add a new member, such as a representative from schools, child care, oral health, or mental health, to increase the effectiveness of the individual team's activities as well as to pilot a community-based strategies for closer collaboration with these important medical home players.

Activity: Document and disseminate successful medical home stories and strategies from the point of view of the primary care provider and office staff

By 8/01/01:

--Will have developed a process and forms for teams to identify work plans

--Will have followed up on preliminary conversations with AAP about the 2002 Spokane training

--Will have written at least one medical home success story for dissemination through the Washington Chapter of the American Academy of Pediatrics, other professional and family publications, and the Washington State MHLN website

GOAL 3: Families will have the skills, interest, and knowledge to participate in medical homes

OBJECTIVE 1: Expand the pool of family organizations and individual leaders promoting the concept of medical homes and successful medical home strategies to both other families and health care providers.

Activity: Develop a strategic plan with broad family participation for how to support families' full participation in their children's medical homes

Activity: Develop/co-sponsor training for family leaders to use to promote practical strategies and tools for participating in medical homes

Activity: Document and disseminate successful medical home stories and strategies from the point of view of families (and children as appropriate)

By 8/01/01:

--Will have initiated a process for strategic planning with families around medical homes

Method of Evaluation

How will you evaluate the success of your plan? What method of assessment will you use to determine if your goals have been met? How will this be incorporated into your MCH block grant reporting?:

For Goal 1: Identify and/or develop tools to measure target audiences knowledge and endorsement of the medical home concept

For Goals 2 and 3: Are providers and families more involved in the medical homes? Look at existing state surveys such as BRFFS, SLAITTS, CAHPS to see if more children are receiving services in the context of a medical homes. Use team form as a data collection.

Data from the evaluation of these activities will be incorporated into the Block grant reporting measure for medical homes.

By 8/01/01:

--Explore use of PROCEED/PRECEDE models as basis of overall evaluation plan.

--Identify surveys related to medical home components that will take place nationally and within the state in next 5 years

State Resources

Describe which state agencies, professional and non-governmental organizations, foundations, and service providers are integral to the implementation your plan. Include names of key contact people at each organization to get involved:

WCAAP -- Kyle Yasuda, Danette Glassy, Roy Simms

CATCH -- Christianne Eldred

Title V - Jan Fleming
Medical Residency program- Richard Sugarman
Medical Student program- Forrest "Curt" Bennett
UAP/LEND- Jeff McLaughlin
Family Voices- Cassie Johnston
Parent to Parent- Susan Atkins
Parent Educator Project- Sue Elliott
ARC of WA- Sue Elliot
Father's Network- James May
ITEIP Family Leadership Team- Carla Salldin and Karen Lindsey
IDEA Part C - Sandy Loerch
SICC- Jean Kelly
Children's Alliance- Jon Gould, Cassie Sauer?
UW Dept. Pediatrics- Bruder Stapleton
NW Pacific Pediatric Society- (BC, Oregon,) do a lot of inexpensive CME
Oral Health-Pete DoMoto
Child Care Resource and Referral- Sangree Froelicher
National Medical Library- MaryAnne Blake
AAP-Amy Gibson, Bob Moore
Shriners- Ron Ferguson
MHLN-Kate Orville, Forrest "Curt" Bennett
Medicaid- Alice Lind
Military- Dr Bill Walker
Tribal (contact Sandy Loerch)
Farmworkers Clinic- Deb Agnew
UW School of Nursing- Kathy Barnard (also contact to Bill Gates Foundation)

Additional Comments

Use this field to incorporate any information about your plan that was not addressed in the other sections:

The goals and objectives cover our vision and plan for the next 10 years. However, the activities focus primarily on the next 2 or 3 years based on our understanding and awareness of current and emerging opportunities.

Our Commitment to the State Plan

We agree to serve as the state leaders in the implementation of this plan by providing our expertise, time, and available resources. We agree to also serve as mentors to individuals in our state and the Nation committed to creating medical homes.

Signature of Team Members

Additional Signatures (We encourage team members to obtain signatures of key stakeholders in the state integral in achieving the goals set forth in the plan)
