

Promise to the State of Wisconsin

I Introduction:

The following document describes our promise to the State of Wisconsin, to create a system of care in which **all** children have access to a Medical and Dental Home (MDH). The Wisconsin MCH Advisory Committee has defined a medical or dental home as “a systematic approach to health care that is accessible to all, family-centered, comprehensive, community-driven, compassionate, and culturally competent. Through a medical and dental home, all the needs and strengths of the child and family are being addressed within the local community.”

In addition, we are committed to the achievement of the six core outcomes for children with special health care needs (CSHCN) outlined in **Healthy People 2010**. While these outcomes are specific to CSHCN, in fact, they are essential to **all** children. This document outlines the process that will be used in order to establish the foundation to make our promise a reality by 2010.

These include:

1. All children with special health care needs will receive ongoing comprehensive care with in a medical home;
2. All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need;
3. All children will be screened early and continuously for special health care needs;
4. Services for children with special health care needs and their families will be organized in ways that families can use them easily;
5. Families of children with special health care needs will participate in decision making at all levels and will be satisfied with the services they receive; and
6. All youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work, and independence.

Current Reality

As part of the Title V CSHCN Program activities, an assessment of community strengths and needs was conducted. Through a series of key informant interviews and focus groups, it was learned that families and providers needed: 1) easy access to current resource information; 2) parent to parent support; and 3) access to health care and support services such as respite, home care, child care in their community.

The number of Wisconsin children with a medical and dental home is unknown. However, from the Wisconsin Family Health Survey, a random telephone survey, it is estimated that approximately 2% of children (0-17) indicated no usual source of care. From this group, six percent reported having no insurance coverage. According to this survey, there were 54,000 uninsured Wisconsin children in households that were income-eligible for Medicaid or BadgerCare (SCHIP). In 2000, of the 1,582 children receiving CSHCN service coordination, 3% were identified as having no source of insurance and 4% reported not having a usual source of primary care services.

With the advent of BadgerCare, the number of children without health insurance dropped. The Wisconsin Medicaid Program reported 56,323 more children have enrolled in Medicaid or

BadgerCare since July 1999. From an AAP survey (2000), 93 percent of AAP members in Wisconsin indicated that they participated in the Medicaid (MA)/Badger Care (SCHIP) at that time. Eighty two percent of those pediatricians surveyed indicated that they accepted all MA patients.

Access to dental care is one of Wisconsin's most pressing needs. In July 2000, only 42 percent of Wisconsin's 3,357 dentists were MA-certified and had seen at least one MA patient in the previous year. In 1998, only 25% of children covered by Medicaid saw a dentist.

II. Overview

The state of Wisconsin is committed to ensuring access to medical and dental homes for every child in Wisconsin. Medical and dental homes encompass care that is accessible, comprehensive, continuous, coordinated, family-centered, compassionate, and culturally effective. These models will become successful because of the shared responsibility of the physicians, dentists, families, and community partners.

Wisconsin's Future Vision of Success

By the year 2010:

- Every child in Wisconsin will have access to a medical and dental home that recognizes each child's needs.
- Families and providers will work in partnership
- Access to the system will be seamless and all care will be coordinated and integrated
- Health care providers will have the skills and resources necessary to provide needed services

III. Plan of Action:

Our proposed plan will be linked to the statewide systems change initiatives: Turning Point, the Regional CSHCN Centers (CSHCN Program redesign), and MCH Advisory Committee. In particular, the continued development and implementation of this plan will be an integral part of the activities of the MCH Advisory Committee and its work groups: Outreach/Education and Marketing; Cultural Competence and Family Centered; Reimbursement and Finance; Service Delivery; Cross Systems Collaboration; Evaluation and Monitoring. The following have been identified as major goals:

Goal 1: Establish public awareness of MDH through education, training, and outreach.

Objective 1: Seek endorsement of the medical and dental home concept from key stakeholders

Action Steps:

- Meet with CSHCN staff to present plan and designate CSHCN staff members (CSHCN health educator, dental hygienist, CSHCN parent consultant) to assist in coordination of MDH initiative – February 2002
- Staff put MDH plan into work plan format- March 2002
- Meet with staff from Division of Health Care Financing, Division of Supportive Living – May 2002
- Work with Children's Health Alliance of Wisconsin and State Chief Dental Officer
- Meet with Regional CSHCN Centers, Family Voices – March 2002
- Present Wisconsin Promise to MCH Advisory Committee – March 2002
- Present Wisconsin Promise to Wisconsin Chapter –AAP Board – April 2002
- Meet with Wisconsin Academy of Family Physicians (J.Medina –President)– June 2002
- Continue to seek and sustain "buy in" from other key partners - Ongoing

Objective 2: Establish an outreach/education plan to promote the general concepts of medical and dental home targeted to families and providers

Action Steps:

- Identify key elements of the outreach/education message and tailor to stakeholders –June 2002
- Develop marketing and education materials (Iowa brochure, South Carolina poster) and modify as necessary –August 2002
- Distribute medical home information to parents (Newsletters/web sites/list serves such as Family Voices, Family Village, CSHCN newsletters, ABC for Health); providers (Newsletters - AAP, WAFP, WAPNAP, Local Health Departments, Children’s Health Alliance of Wisconsin (CHAW), healthcare networks, MCH/CSHCN Update) – July 2002 and ongoing
- Provide Grand Rounds at Waukesha Hospital and other institutions– March 2002 and Ongoing
- Conduct Medical Home Training/Advocacy Summit in collaboration with ABC for Health – September 2002
- Training for CSHCN local health department service coordinators and county parent liaisons to include concepts of medical home-2003 and ongoing

Objective 3: Establish a network of medical and dental home interested provider “champions”

Action Steps:

- Identify individuals who may be willing to be MDH “champions”– December 2002
- Link to local health department/physician partnership initiative- December 2002
- Develop mechanisms to communicate and share information/resources with network (such as AAP list serve) –December 2002
- Provide training and networking opportunity for “champions”(training should include Resource information, useful to practice) –2003
- Host meeting of network champions (parents, providers) to include LHD, Regional CSHCN Centers, community health centers, others with a focus on impacting legislators, payers, regulators and business community - 2004
- Establish network of providers –2005-Ongoing

Objective 4: Establish MDH as component of medical student and pediatric and family practice residency training, nursing, dental providers and other allied health providers

Action Steps:

- Meet with UW and MCW medical school and residency training program leadership including John Gordan, Ernestine Willis (Dyson initiative), MCW’s Center for Healthy Communities (Cheryl Maurana 414-456-8291;mauran@mcw.edu) – June 2002
- Utilize “champions” as mentors for medical students and residency programs – 2003 and ongoing
- Expand to nursing and other allied health care professionals–2005

Goal 2 Assuring cultural effectiveness and family-centered care in all services provided through medical and dental homes

Objective 1: Establish network of parent “champions”

Action Step:

- Present medical/dental home materials to Family Voices leadership, Regional CSHCN Center parent staff and County Parent Liaisons (CPL)-May 2002
- Identify parent leaders willing to participate in network– December 2002

Objective 2: All educational/promotional materials will be culturally competent and family-centered

Action Step:

-Identify culturally diverse “review” groups – June 2002
-CSHCN Parent Consultant will coordinate review of educational and promotional materials by families/cultures- June -Ongoing

Goal 3 Impact systems change through education, advocacy, and support by addressing health care finance, public policy and system delivery issues.

Objective 1: Establish WI Chapter-AAP Reimbursement Task Force (Co-Chairs: Karen Pletta and Sue Bernstein) -January

Action Steps:

-Determine current Medicaid reimbursement issues for provision of pediatric care-June 2002
-Research Medicaid fee setting of other states as compared to WI-June 2002
-Research medical home models that demonstrate an increased cost-benefit –December 2002
-Develop strategies to increase Medicaid reimbursement for services -2003
-Develop strategies to utilize targeted case management -2003
-Partner with other reimbursement advocacy efforts to form coalition –2004-ongoing

Objective 2: Influence policy and cross-systems coordination

Action Step:

-Identify key legislators (local, state, and federal) to provide information to educate regarding medical and dental home –December 2002 and ongoing
Partner with medical advocacy groups with legislative influence – 2003 and ongoing

Objective 3:Identify best practices research supporting medical home –2003

Objective 4: Seek funding from varied sources to establish pilot medical home models in a variety of practice settings 2004-2007

Goal 4: Establish mechanism to evaluate Plan’s progress and to measure impact on the state through benchmarks, indicators, outcomes and other forms of evaluation.

Objective 1: Establish regular meetings of team to assess progress on the Plan –February 2002 – ongoing (Conference call/alternate face-to-face monthly update)

Objective 2: Utilize “Medical Home/ Family Index” or another tool among champions-December 2002

Objective 3: Determine existing data systems: information available, data gaps (SLAITS, MCH data system) – December 2002

Timeline (above goals, objectives, and action steps include timeline)

IV Method of Evaluation (See Goal 4 above)

Evaluation methodology will include:

Development of baseline data-

- Identify the current status of medical homes in Wisconsin – SLAITS, MCH data system, Family Health Survey, Medical Home Family/Practice Index
- Query pediatricians and family physicians to identify model medical home practices
- Query families to identify model medical home practices

V State Resources/Partnerships Needed

Family Networks:

State CSHCN Program Parent Liaison – Loraine Lucinski
Family Voices - Liz Hecht
Family Village- Linda Rowley
ABC for Health - Barbara Katz
DPI Parent Educator Initiative - Pat Bober @ DPI
FACETS (PTI of WI) - Jan Serak
WI Coalition for Advocacy - Survival Coalition - Lynn Breedlove
DAWN (Disability Advocates:WI Network) - Liz Hecht
Parents in Partnership - Barb Breen
Family Ties - Maggie Mezera
Parents as Leaders - Beth Sweeden
MUMS – Julie Gordon

Health Care Advocacy Organizations:

ABC for Health – Bobby Peterson - Barbara Katz
Children’s Health Alliance of Wisconsin - Maureen Kartheiser
Mental Health Association- Martha Rasmus
Black Health Coalition
Latino Health Organization

Business Community -

Health Care Providers:

Primary Care Providers:

WI Chapter AAP – Joanne Selkurt, Sue Bernstein, Dick Aronson (CATCH), Sharon
Fleischfresser (CSHCN Committee)
Wisconsin Academy of Family Physicians – Dave Smith, Bill Schwab
WAPNAP-
Wisconsin Primary Care Association (community health centers)
State Medical Society – Carl Eisenberg
AHEC
GLITC

Specialty Care Providers:

Children’s Hospital of Wisconsin/Clinics – Robert Miller
Children’s Hospital-UW
Pediatric Pulmonary Center – UW – Chris Green
Waisman Center
Marshfield Clinic
LaCrosse Gunderson
St. Vincent’s-Green Bay
Wisconsin Association for Perinatal Care – Ann Conway
Community Clinics

Other Health Professionals:

Wisconsin Dental Association
Wisconsin Public Health Association
Wisconsin Speech-Language-Hearing Association
OT

PT
Nutrition
Wisconsin Public Health Association
Wisconsin Home Care

Health Care Training Programs: (medical schools, residency training, and fellowships allied health professions)

Medical College of Wisconsin including MCW Center for Healthy Communities, TEAM
University of Wisconsin Medical School – Clinic and Hospitals (medical school, residency and fellowships programs for pediatrics and family practice, allied health professions in nursing, OT, PT, PA, pharmacy etc)
Marquette Dental School
Marshfield Pediatric Residency Program
UWM School of Nursing
Marquette University
Alverno College
Waisman Center (UAP/LEND)

Health Care Delivery Networks

Aurora
Advanced Healthcare
Covenant
Children's
Dean
Gunderson
Marshfield

Health Care Payers:

Wisconsin Division of Health Care Financing (Title XIX, Badger Care)- –Michelle Urban MD
Wisconsin Association of Managed Care Organizations
Large managed care organizations (United, Managed Health Services, CompCare, and Dean)

State Agencies

Birth-3 (early intervention)- Division of Supportive Living - Kristina Stuart
Family Support/Katie Beckett –Division of Supportive Living -Beth Wroblewski
Wisconsin Division of Health Care Financing (Title XIX, Badger Care)
Schools - Department of Public Instruction -Linda Caldwell-Olson
Child Care – Department of Work Force Development -Dave Edie

Statewide Initiatives:

Regional CSHCN Centers
Turning Point

VI Additional Comments/Materials