

MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS ABSTRACT

Project Title: Utah Collaborative Medical Home Project Number: 5 H02 MC 00082-03

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Organization Name: Utah Department of Health, Division of Community and Family Health Services, Bureau of Children with Special Health Care Needs

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1) PURPOSE OF PROJECT: The purpose of this project was to develop and implement a statewide system to support medical homes for children with special health care needs (CSHCN) in primary care settings. The major components of the project included:

a) Development of a web-based medical home resource to facilitate access to information about medical home and family-centered care, medical literature on chronic conditions, practice guidelines, and information and links for a broad range of resources;

b) Establishment of medical home teams in five disparate pediatric offices across the state to integrate family-centered care and medical home components into each practice; and

c) Identify and implement existing mechanisms for reimbursing medical home services.

2) GOALS AND OBJECTIVES: The project was successful in attaining the following

goals and objectives. 1) Using a participatory model, design, implement and evaluate medical homes through the provision of readily accessible supportive materials and

resources. Objectives include: Educate families, providers and allied health professionals about the medical home concept and its components; develop a comprehensive list of

local, state and national resources to be used by families, providers and allied health

professionals; and develop web-based clinical practice modules that are readily accessible and used by families, providers and allied health professionals. 2) Design, implement, and

evaluate a statewide model of Medical Home Facilitation beginning in four sites that

reflect the geographical, cultural, and socioeconomic needs of the state. Objectives

include: Informed physicians will understand and implement the Medical Home Facilitation Model; facilitators will understand family needs and use appropriate resources to meet those needs; parent advocates will educate and support families and providers; and families report satisfaction with services received. 3) Design and develop mechanisms to enable replication and sustainable support of the Medical Home Model statewide.

Objectives include: Distinct processes, services, and outcomes associated with providing a comprehensive medical home will be identified and quantified; a broad consensus on strategies for ongoing support of medical home services provided through primary care practices will be developed; maintenance of the vitality and accuracy of the website will be assured; and identify 6 practices to implement medical home in Phase II.

3) METHODOLOGY: Project development included identifying five primary care practices in which to establish medical homes teams comprised of a physician, facilitator and family advocate. The practice sites provided primary health care and services coordination in partnership with families using the defining characteristics of a medical home. The medical homes ensured that child and family needs were being met by coordinating health and related services among primary care physicians, specialists, and agencies within the community. The project's Medical Home Website offered physicians, families, and others ready access to information about CSHCN and available resources.

4) EVALUATION: The evaluation of this project focused on the extent to which the outcomes have been accomplished. An increasing number of primary care physicians across the state understand medical home and offer the related services. CSHCN are receiving coordinated and comprehensive care within a medical home. Families are better integrated into decision-making, care planning and long-term planning and are satisfied

with the care they receive. Lastly, substantive progress has been made in the development of an effective mechanism to support the ongoing provision of medical home.

5) RESULTS/OUTCOMES: Results of the evaluation and outcomes are detailed and organized in four areas: Clinical Sites; Qualitative and Quantitative Data; Practice Site Data; and Website. Challenges identified within the clinical sites included a need for additional guidance to assist the individual practices in identifying specific goals and activities; personnel and staff changes within the practices and project's administration; and geography, distance and culture created challenges in developing and maintaining an effectively functioning medical home team. Quantitative analyses were conducted with pre-test and post-test surveys to depict changes within each practice site. These "practice pictures" also serve to compare the results of the surveys across individual staff with all of the families enrolled from each site. Qualitative interviews with families and staff complimented the survey data and provided eight key findings. Practice site data reflect the substantial time commitment, resource utilization and cost required on the part of a primary care practice to provide a medical home to CSHCN. The utility and impact of the project's Website (<http://medhome.med.utah.edu>) has been and will be continually be studied through its use by physicians, office staff and families and by evidence of implementation of recommendations and use of the community resource section. The Portal has been presented at numerous local, regional and national meetings and preliminary discussions are taking place with other states interested in sharing the site and its content.

6) PUBLICATIONS/PRODUCTS: Developed materials include brochures, information sheets, useable tools (for practice sites and data collection), patient forms, newsletters and

articles. Numerous presentations were given on medical home both locally and nationally; monthly conference calls to support and provide information to the practice sites; focus groups (transition and resident) were conducted; and intensive educational workshops for the identified practices.

7) DISSEMINATION/UTILIZATION OF RESULTS: The Administrative Team and Advisory Committee has been committed to the spread of medical home to health professionals, educators, agencies and advocacy groups that work with children and families. Subcommittees of the Advisory Committee have addressed issues such as education, funding, transition and the website. The committees have been valuable in the dissemination of medical home information and products. Collaboration with other grants and state agencies has further “spread” medical home information. The concept and term “medical home” has been incorporated into agency contracts, multiple state forms and grant applications.

8) FUTURE PLANS/FOLLOW-UP: The CSHCN bureau will continue statewide and regional medical home spread activities and support for practices. Focused areas of activity include: pediatric and family medicine resident education, subspecialty involvement in medical homes; establishment of a family executive council; ongoing website development and spread; ongoing funding issues; and state and regional spread.

9) TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE: The medical home model used in the project is remarkably adaptable in various settings. A significant amount of support and education to medical home practice sites is critical. Additionally, a significant amount of dedicated staff time and funding from Title V is required for ongoing support and spread of medical homes.