Washington State Medical Home Newsletter

WINTER 2010-11

Inside this issue:

The Medical Home Neighborhood

"To meet diverse and comprehensive patient needs, medical homes need to have robust and collaborative relationships with hospitals, nursing homes, specialists, other health care professionals, and community agencies. This integrated neighborhood must appear seamless to the patient. Rather than a system that asks medical homes to keep patients from falling through the cracks, a health care neighborhood should coordinate and integrate care and eliminate the cracks. The pillars of primary care, particularly comprehensiveness and coordination, cannot be achieved in a disconnected system."

From *Transforming Physician Practices to Patient-Centered Medical Homes: Lessons from the National Demonstration Project,* Health Affairs, March 2011, pp 439-445

Medical Home Leadership Network teams and their state and community partners have been busy identifying and addressing gaps in care for children and youth with special needs and their families. This newsletter issue focuses on exciting collaborative activities ranging from developmental screening to identifying and evaluating children with autism and related disorders, from increasing families' understanding of what a medical home can be to changing how primary care practices coordinate care inside and outside of the clinic. Enjoy!

NCQA Releases New Medical Home Standards 2011

The National Committee for Quality Assurance (NCQA) released its updated Patient Centered Medical Home standards January 31, 2011. NCQA has one of the best known and widely used medical home standards. In Washington State, over 480 individual physicians have qualified for NCQA recognition at one of the three levels of patient-centered medical homes.

The new standards have greater applicability to pediatric practice and more emphasis on being patient-centered and using patient feedback. Other 2011 differences for the new standards:

* Stronger emphasis and promotion of patient-centered care
* Emphasizes language, culturally sensitive aspects
* Integrates behaviors affecting health, substance abuse, mental health and risk factor assessment and management
* Aligns with CMS Meaningful Use requirements
* Emphasizes relationship with/ expectations of subspecialists
* Increases importance of evaluating patient experience
* Underscores importance of system cost savings

For more information and to download a free copy of the standards, go to www.ncqa.org/tabid/631/Defaults.aspx

Medical Home Leadership Network Team Activities

County Medical Home Leadership Network (MHLN) teams across Washington are improving care for children and youth with special health care needs through a variety of strategies. Many teams participated in the November team conference calls and shared their activities. The examples below highlight some of the creative approaches teams are taking.

Dr. Chris Olson, Spokane MHLN team, gave a well-received workshop on developmental screening, chronic care visits and care coordination at the fall Patient Centered Medical Home Learning Collaborative. Dr. Olson's slides (Care coordination: Focus on children PDF, 1.0MB) and Medical Summary form (PDF, 15KB) are available online.

The **Whatcom County MHLN Team** has been very involved in the **Whatcom Taking Action for Children and Youth with Special Health Care Needs** initiative. This project grew out of the April 2009, three-day Future Search Conference: *Taking Action: Strengthening Services and Support for Children with Special Health Care Needs in Whatcom County.* At the conference and in subsequent action sessions, community partners agreed to work toward:

* The long term goal of a fully collaborative model of services for children with special health care needs and their families.
* The interim steps necessary to maintain current services, to use resources more efficiently and to continue to identify and address gaps in services.

Margaret Jahn credits MHLN team stipends with letting Whatcom representatives travel to Children's Village in Yakima and learn more about this model of care. In September, Taking Charge brought **Diane Patterson, RN, PhD** Director of the Children's Village and Yakima MHLN Team member and **Dr. Isaac Pope, founder of Pope's Kids Place** and Lewis County MHLN team emeritus to share with the group how their counties created community-based centers to care for CYSHCN. Both speakers were dynamic, informative and inspirational.

Taking Action currently includes five Action Groups and a Coordinating Council. MHLN team members are particularly involved with the Health Care/Care Coordination action group, the focus of which includes:

* Maintaining local pediatric specialty diagnostic services
* Developing a collaborative service delivery model that builds on and ties together the existing system to ensure quality services for children with special health care needs in Whatcom County

Additional information and meeting minutes from all the workgroups can be found at: www.co.whatcom.wa.us/health/children/taking_action.jsp

The **Odessa Brown MHLN team** is a clinic-based team in **Seattle**. They have been using lessons they learned from their medical home work in the last pediatric medical home learning collaborative to improve care for their children in foster care. They are also working on an emergency care plan for their special needs patients to share with at least Seattle Children's Hospital.

Caren Goldenberg, QI Coordinator, has been looking at national and state care plans for clinic use including:

* AAP Emergency care plan

www.aap.org/advocacy/emergprep.htm

* WA state seizure materials

www.medicalhome.org/diagnoses/other_diag.cfm#s

* WA Care Plans, Care Notebooks & Care Organizers

http://cshcn.org/planning-record-keeping

MHLN project staff enjoyed visiting the **Kitsap County team** Dec 2 for their quarterly team meeting at team physician **Dr. Al-Agba's** office, complete with pizza and dessert. This active Medical Home team continues to do regular inservices to primary care providers who see children, including the Naval hospital. The trainings focus on what a medical home is and how key community resources can help. Participants report ed on their evaluations that the training increased their knowledge level about care coordination for special needs children and their families from fair (2.3) to good (3.5 out of 5).

The team also reaches out to community providers by sending out quarterly Child Health Notes. In brainstorming how to reduce costs of producing and mailing the CHNs, **Holly Patton, local Parent to Parent Coordinator** and team member offered to have her group of ARC volunteers prepare and mail the next CHNs.

Family to Family Center and Snohomish Team Collaborate on Medical Home

Julie Finholm, PAVE Family to Family Outreach Coordinator and the Snohomish County MHLN team are collaborating on the development of medical home trainings for parents who have children with special needs. Julie and the Snohomish team are currently having biweekly meetings to talk about introducing the concept of medical home to families of children with special needs in the community. Together they have developed an online survey for parents, to gather local family experiences with medical home. Snohomish families are invited to share their experiences at: http://www.surveymonkey.com/s/ZTG6NS6

Julie is also providing Navigator Training in the Snohomish community in April, 2011. This training involves 2 two-hour sessions for parents on selected Thursday evenings. The first session covers navigating the health care system, both in the public and private sectors. The second session covers the concept of "Medical Home", what it is and the benefits of it.

Julie will also be providing a workshop on Medical Home at the Infant and Toddler Early Childhood Conference in Tacoma, May 5, 2011. To find out more about Family to Family Outreach, contact Julie at: jfinholm@wapave.org

Yakima Universal Developmental Screening CATCH Grant

Dr. Diane Liebe, Medical Director for the Children's Village applied for and received a 2010 American Academy of Pediatrics CATCH Planning grant entitled "Promoting Universal Developmental Screening". Yakima MHLN team members Dr. Liebe and Jackie McPhee have met monthly with an active local workgroup and State Dept of Health and UW Medical Home Project partners as they carried out a number of activities to explore the barriers and possible solutions to universal developmental screening for young children in Yakima.

Dr. Liebe, who has received several CATCH planning grants, reflected at the last official CATCH meeting March 1 that this has been the most successful CATCH planning grant she has experienced. Final documents and products for this activity include: Provider Developmental Screening Survey and Results, Child Care Provider and Parent Developmental Screening Focus Group Findings, Community Asset Mapping and Key Informant Interviews and Summary. *(see related Highlights of the Developmental Screening Survey on page 6)*

ABSTRACT- Promoting Universal Developmental Screening—2010 CATCH Planning Grant

Program Description: In 2006, The American Academy of Pediatrics presented a policy statement supporting early identification of developmental disorders through universal developmental screening in the medical home. Early identification of developmental disorders can begin the process for children and their families to access early intervention services and maximize developmental outcomes. Yet in the Yakima County region of Washington State, pediatricians and family physicians have not been able to implement these guidelines. The intention of this CATCH planning grant would be threefold.

* First, planning groups for both pediatricians and family physicians would be scheduled to identify current developmental screening practices and any barriers that these practices may be experiencing.
* Second, community organizations with an interest in developmental screening will be identified and asked to participate in a series of community planning meetings to identify current developmental screening practices outside the medical home, with the goal of integrating these screens with the medical home.
* Finally, local efforts will be coordinated with any current statewide efforts to development universal developmental screening. Outcomes of this project would include a "map" of current developmental screening practices and a plan towards implementation of universal developmental screening in Yakima County.

Projects Goals & Objectives: 1. Create a plan for providing local medical providers with the opportunity to learn about and implement universal developmental screening, with attention to the subsequent referral process for positive results. 2. Create a plan for building infrastructure within the community that would allow other community partners providing developmental screening to integrate more effectively with the medical home. 3. Participate in strategic planning with community partners around developmental screening which would integrate community systems and collaborate with statewide efforts.

Community Asset Mapping Update

Several County Medical Home Teams are spearheading efforts to better identify and serve children with autism close to home through the Community Asset Mapping (CAM) project. CAM is a pilot project of the Washington State Combating Autism Advisory Council (CAAC). The goal of this project is to establish coordinated and accessible systems of care for families to receive timely and appropriate developmental screening and support through the diagnostic process for autism spectrum disorders (ASDs) or other developmental concerns. This includes working with the multidisciplinary autism diagnostic centers across the state, with the local school districts, community health providers, early childhood providers, public health and many others. It also includes identifying the training and technical assistance needs of communities to improve the identification and diagnosis of ASDs and providing that training locally.

A lot has been happening in the past 9 months. Here are some highlights:

Lewis County

Lewis County continues to build on the momentum from the talk that Dr Glenn Tripp, Medical Director of Developmental Services at Mary Bridge Children's Hospital and Health Center in Tacoma and member of the WA State CAAC and Pierce County MHLN team, presented to medical providers, school psychologists and other school personnel on September 23rd. Dr. Becky Turnbull, Director of Lewis County Special Education Cooperative in ESD 113, is leading a workgroup to develop a form that will streamline sharing child-specific information from the school with the child's medical providers to facilitate getting a timely medical diagnosis. Another coalition workgroup is developing "roadmaps" of community resources for parents and professionals. The coalition is helping plan the Fall 2011 Families Forward Conference titled *Autism Awareness: A Community Call to Action*. This annual conference attracts 200+ professionals and parents from all sectors and corners of Lewis County.

Walla Walla

In July, Cindy Carroll and Jackie McPhee, both Yakima MHLN team members, presented MCHAT training to 80 local providers. This focused screener is now being used widely in the community. Dr Glenn Tripp did a series of talks to medical providers, school personnel, and parents in Walla Walla on October 7-8th. As a result of these talks, Walla Walla has much improved dialogue between the medical providers and the local school district. They are actively working on various different 'road maps' for their community including:

* One page summery document being created by the school district of the testing that has been done with a child so the PCP has that information in a concise way
* Developing an algorithm to show how a child with a suspected delay progresses through the community systems to a diagnosis
* 'Road map' for parents using the Road Map to Services brochure created by the WA State Division of Developmental Disabilities as a template.

Dr. Linda Ivy, a licensed clinical psychologist has joined the Walla Walla MHLN team and is heading the formation of a diagnostic team locally. The Walla Walla School District is negotiating a contract with Dr. Ivy to work with local school personnel to provide team autism evaluations to children in the Walla Walla School District. MHLN team work on CAM led to interest in exploring whether Walla Walla could develop a Children's Village similar to the Yakima Children's Village to provide a coordinated service approach to meeting the needs of all children with special needs in the area. A broad-based workgroup is now meeting monthly to explore this option. Parents have been an integral part of all these efforts. The MHLN team is also supporting the Eastern Washington ASD support group with some of the team members attending these meetings.

Island County

Island County became the 3rd pilot site to have a facilitated discussion in their community on Aug 31st. Rene Denman, Lead Family Resources Coordinator and Melinda Kurtz, public health nurse and CSHCN Coordinator have been instrumental in bringing together the community and in continuing their efforts. To enhance dialogue between the community and Seattle Children's Autism Center, Dr. Charles Cowen, Medical Director of Seattle Children's Autism Center gave a series of talks to local school personnel, community service providers and physicians on December 10. Collaborative talks are underway in the community to provide diagnostic services on the Island.

CAM continued ...

Benton-Franklin

Carla Prock, public health nurse CSHCN Coordinator and MHLN team member, Christine Lindgren, Director of the Responding to Autism Center (RAC), and Melissa Brooks, RN, and Parent Resources Coordinator for the RAC organized and hosted the Feb 11 CAM mapping day for Benton-Franklin. The group's next activities include developing a local road map to services for providers and families, exploring the recruitment of a neurodevelopmental pediatrician to the community, and identifying regular training venues that could provide opportunities to share information with local providers.

Additional Counties

Whatcom and Yakima and their MHLN teams have been using elements of the CAM process on their own. **Whatcom** has been working more broadly on services for CYSHCN, with an overlapping group looking at setting up a local diagnostic center. Dr. Cowan gave a Grand Rounds autism presentation in Bellingham to support local outreach efforts.

Yakima has a multidisciplinary diagnostic team for Autism at Children's Village. Dr. Diane Liebe, Jackie McPhee and other medical home partners have used the community asset mapping pyramid model to do key informant interviews throughout the Yakima community. The group interviewed representatives from many organizations including: Childfind (ESD 105), Foster Care, public health nurse home visitors, Early Headstart/Headstart/Migrant Headstart, child care providers, Children's Village Early Intervention Program, Yakama Nation, and Project Launch. Dr. Liebe will share the primary care perspective. Based on the findings, trainings covering child development, autism screening and how to refer for further evaluation are being provided over the next several months to early learning providers, the Yakama Nation Head Start and tribal members, and professionals associated with Children's Village.

The **Pierce** County Interagency Coordinating Council (ICC) is considering how to pilot CAM in their county. The state CAM Technical Assistance Team gave a presentation to the ICC' at their monthly meeting in February.

Other Activities

In November, Amy Carlsen, RN and MHLN staff, presented an overview of the CAM pilot project to over 100 providers and grantors nationwide on a Rural Health Webinar through HRSA. http://webcast.hrsa.gov/postevents/archivedWebcastDetail.asp?aeid=536

With current cuts to many community programs, our work is more important than ever. Every child and family has the right to a timely assessment, a professional diagnosis, and evidence-based services in their community. Through the networking that is happening around the state between medical professionals, school personnel, and families, mountains are being moved and bridges are being created.

Links to sample roadmap templates:

-Road Map to Services created by the WA State Division of Social and Health Services
http://www.dshs.wa.gov/pdf/Publications/22-822.pdf

-Critical Elements of Care template for Cleft Lip and Palate, Created by Seattle Children's
http://cshcn.org/sites/default/files/webfm/file/CriticalElementsofCare-CleftLipandPalate.pdf

To view the June 2010 CAM MHLN newsletter see:
www.medicalhome.org/leadership/documents/MHCAMnewslettersummer2010_000.pdf

Autism Articles of Interest

* **Identification and Evaluation of children with Autism Spectrum Disorders, Johnson and Meyers, Pediatrics 2007**
* **http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183**
* **Management of Children with Autism Spectrum Disorders, Johnson and Meyers, Pediatrics 2007**
  http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1162
* **Autism Spectrum Disorders, Miles et al, GeneReviews 2010**
  http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=gene&part=autism-overview

Yakima 2010 CATCH Provider Developmental Screening Survey Highlights

METHODOLOGY & RESPONSE RATES:

The survey was mailed and/or emailed to a list of local primary care providers, and were submitted either electronically or via hard copy to the survey coordinator. The total response rate was 55% (94 of 172). Of these 94 respondents 40% were from the Lower Valley (south of Union Gap) and 60% were from the Upper Valley.

A. DEVELOPMENTAL SURVEILLANCE:

A total 98% of respondents reported that at the time of the survey they included developmental surveillance as a component of their practice. The amount of time that developmental surveillance is included in well child exams was greatest in the age category of between birth and five years of age.

B. DEVELOPMENTAL SCREENING:

A total of 60% of respondents reported that at the time of the survey they included developmental screening as a part of their practice, with nearly half (43%) of these respondents reporting administering developmental screening to all children seen at 9, 18, and 24-30 months and nearly half (45%) administering developmental screening only when either a parent or a provider voiced concern. Respondents identified The Denver Developmental Screening Test (DDST) and the Ages and Stages Questionnaire (ASQ) as the two instruments most frequently utilized. When respondents had concerns about a child's development, they referred parents most frequently to Children's Village, regardless of the age of the child. As children age and access local school districts, the school districts receive more referrals from the respondents. Referrals to Seattle Children's Hospital occurred slightly more frequently when children were age birth to three years than at other ages, but Seattle Children's Hospital remains a resource for families and providers.

C. AUTISM SCREENING:

Autism-specific developmental screening tools, such as the M-CHAT (Modified Checklist for Autism in Toddlers), are rarely administered (21%). When administered, the majority of the time it is only when a parent/provider has a concern (92%).

D. UNIVERSAL DEVELOPMENTAL SCREENING:

1. Over half (54%) of respondents were 'very interested' and 29% were 'interested' in a system in which the screening is obtained outside of their practice, yet provided results to their practice. Major concerns expressed were: a.) how increasing the amount of screening could impact the existing systems for follow-up and care (which were described at the time of the survey as over-burdened as demonstrated through referral response/ appointment wait times); b) how access to services would be affected, including how increased referrals would impact the timeliness of services.

2. Nearly half (48%) of respondents were 'interested' in performing developmental screening in their practice, and 23% felt 'neutral' about the idea. Major concerns expressed were: Providers value developmental screening, but they do not have time to do developmental screening. Additional comments included interest in administration of developmental screening by other staff/professionals, and (similar to the previous question responses) the potentially negative impact that increased screening might have on community resources that respond to referrals from the developmental screening results.

3. The majority of respondents reported that they would require training in order to perform developmental screening in their practice (75%).

4. The top three barriers to implementing universal developmental screening in practices identified by the respondents included: a) Screening tools take too much time (76%); b) Office is too busy (68%); c) Staff skill level and training (63%).

5. The majority of respondents reported that they were interested in learning more about developmental screening and the planning currently taking place in Yakima (84%).

For more information, please contact Dr. Diane Liebe at dianel@yvfwc.org

New Yorker Health Care Reform Articles Spark Discussion

Atul Gwande, MD, surgeon, author and health care reform commentator has written some thought provoking articles in the New Yorker that have helped inform national discussion on why health care has become so expensive and what can be done about it:

* "The Hot Spotters: Can We Lower Medical Costs by Giving the Neediest Patients Better Care?"

  www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande

* "The Cost Conundrum: What a Texas Town Can Teach Us About Health Care"
  www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande

New Child Health Quality Measurement Grant

The Agency for Healthcare Research & Quality (AHRQ) has announced cooperative grant awards for the Children's Health Insurance Program Reauthorization Act (CHIPRA) Pediatric Quality Measurement Program (PQMP) Centers of Excellence.

Washington State received one of seven cooperative grants awarded to improve and strengthen the initial core set of measures and develop new measures as needed under the CHIPRA PQMP. Each of these programs will comprise multiple entities to investigate and find tools to some of the most pressing issues in child health quality measurement.

Washington State received one of the grants: **AHRQ-CMS CHIPRA Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN).** The Principal Investigator is :Rita Mangione-Smith, MD, MPH, associate professor, department of pediatrics, University of Washington. The project will work with the Washington and Minnesota Medicaid programs and healthcare providers from the Washington and Minnesota state chapters of the American Academy of Pediatrics, and it will have representatives from Family Voices of Minnesota to ensure involvement of families and patients. **Dr. Phyllis Cavens, Cowlitz County MHLN team**, is among the Washington State pediatricians who will be involved in the project.

Universal Developmental Screening Initiative

Developmental screening is a key strategy to support each child's development, help decrease the kindergarten preparation gap and assure optimal childhood outcomes. Research has clearly demonstrated that standardized developmental screening tools are needed to identify children with potential delays, and start the process for further assessment when indicated. Whether a child is developing typically for age or is demonstrating difficulties, screenings and assessments also give parents, families, caregivers and others who work with children a better understanding of a child's strengths and needs.

With growing emphasis on access to health care for all children in a medical home, developmental screening in the health care setting makes sense. There is increasing recognition of the need to find a way to connect these screening efforts with other community screening efforts, to look at the child and family more holistically over time and to share results between programs, including the medical home.

The Dept. of Health Office of Maternal and Child Health has contracted with the Medical Home Project to help establish the ground work for a new statewide universal developmental screening effort for young children. As part of this work, Dr. Kathy TeKolste researched and wrote a report, "*Strategic Framework for Universal Developmental Screening For The State of Washington*" with input from many state partners. The comprehensive draft report came out in June 2010, and the final report with stakeholder input and minor additional updates and revisions was completed in December.

Rebecca Davis-Suskind, MPH, was hired in August with federal ARRA stimulus funds to help staff the effort. Workgroups to address key pieces of this universal system are being formed.

If you are interested in learning more, joining a virtual workgroup, or receiving a copy of the Developmental Screening Framework, please contact Rebecca at rkds@uw.edu, (415) 254-5436, (206) 685-0217, (F) 206- 598-7815.

The Washington State Medical Home Project

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Medical Home Updates Available

Looking for an easy way to keep up with medical home developments and activities impacting children and youth with special health care needs around the US?

See what free, trustworthy e-newsletters you can have sent right to your inbox at:

http://www.medicalhome.org/resources/e-newsletters.cfm