# US MATERNAL AND CHILD HEALTH BUREAU IMPROVEMENT PROJECTS ABSTRACT

Project Title: The Medical Home Leadership Network: Washington State families and professionals working together to promote medical homes statewide

Project Number: HO2 MC 00079

Project Director: Forrest C. Bennett, MD Phone: (206) 685-1356

Email: fbennett@u.washington.edu

Organization Name: Center on Human Development & Disability, University of Washington

Address: CHDD, University of Washington, Box 357920, Seattle, WA 98195-7920

Contact Person: Kate Orville, MPH, Co-Director Phone: (206) 685-1279

Fax: (206) 543-5771 Email: orville@u.washington.edu World Wide Web address: www.medicalhome.org Project Period: 3 Years From: 3/31/01 to 3/30/04 Current Budget Period: From: 3/31/02 to 3/30/03

**PROBLEM:** Approximately 15% of the children in Washington State are children with special health care needs. Many of these children do not receive health care services in the context of a medical home. Core partners in a medical home are the child with special needs, his or her family, and the pediatric primary care provider and office staff. For the medical home to succeed, it is critical that these core partners also collaborate with community, specialty, and service providers. Four broad challenges to these relationships are family-professional communication and partnership, access to care, care coordination and financing.

GOALS AND OBJECTIVES: The Project has three related goals and seven objectives.

# GOAL 1: Improve the availability and accessibility of medical homes for children with special health care needs in Washington State.

- Obj. 1.1: Expand the number of medical home teams from 15 to at least 21 (40% increase) in Washington to increase the availability of medical homes.
- Obj. 1.2: Enhance the composition of at least 6 teams to include a new community teammate representing schools, mental/behavior health, oral health, or childcare, in order to increase the accessibility and scope of medical homes.

# GOAL 2: Advance the awareness and knowledge of the medical home concept in Washington State.

- Obj. 2.1: Establish a statewide initiative to increase family awareness and knowledge of the elements of a medical home and ability to promote those elements in partnership with their child's PCP and other medical home partners.
- Obj 2.2: Collaborate with Molina Healthcare to foster the integration of medical home concepts in Molina's services to the Medicaid population.

## GOAL 3: Develop a model for measuring outcomes for children and families with a medical home.

- Obj. 3.1: Establish a methodology for determining the percentage of CSHCN with a medical home in Washington State.
- Obj. 3.2: Explore and model strategies for measuring outcomes for children with a medical home utilizing the Consumer Assessment of Health Plan Survey (CAHPS) 2.0 / Living With Illness Module (LWIM) survey.
- Obj. 3.3: develop and implement a model for determining the effectiveness of a medical home in improving outcomes for CSHCN and their families within a managed care plan as measured by documentation of one or more models for measuring outcomes for CSHCN with medical homes and the findings from the application of one model.

#### **METHODOLOGY**

The Medical Home Leadership Network (MHLN) is based on a train-the-trainer model. The current 21 MHLN teams receive training on medical homes at an annual project conference and through ongoing technical assistance. Six or more new medical home teams (MH team) will be added during the three years of the Project. Six MH teams will add a representative from schools, childcare, oral health, or mental health to expand medical homes partnerships. The MHLN expanded its target audience from a focus on primary care physicians to also include families and managed care plans. A family consultant has been added to the MHLN. Molina Healthcare (WA state's largest Medicaid managed care plan) is working with the MHLN, the Title V CSHCN program, and a MH team pediatric pilot site to identify how to integrate medical home practices into their Medicaid managed care plan. The Title V CSHCN Program will determine the percentage of CSHCN with a medical home in Year 1 through the Consumer Assessments of Health Plans survey (CAHPS). Health outcomes (hospitalizations and ER use) and family satisfaction will be measured through surveys and family focus groups in Years 2 and 3.

#### COORDINATION

The MHLN collaborates with the Washington State Title V Children with Special Health Care Needs Program, Medicaid, Infant Toddler Early Intervention Program (IDEA, Part C), Washington Chapter of the American Academy of Pediatrics (AAP), the national AAP's Center for Medical Home Initiatives for Children with Special Health Care Needs, Parent-to-Parent, Fathers Network, Family Voices, regional medical home teams, Molina Healthcare and other partners to address barriers to medical homes in Washington at the health care system and individual level.

#### **EVALUATION**

The MHLN Advisory Board meets yearly; MHLN project staff monitor and document the completion of project activities. Project conferences are evaluated through audience questionnaires. Expansion of counties represented and community partner additions to teams will be evaluated against the percentage increase in the objective. Increase in family awareness and knowledge of the medical home concept will be evaluated by surveys. Improved outcomes for CSHCN and their families with a medical home will be looked at using the CAHPS 2.0 / LWIM survey with Medicaid clients in Washington.

### **EXPERIENCE TO DATE**

All 15 original MHLN teams are continuing with the project and by Year 2 were joined by 6 new teams. The Title V CSHCN Program, through a contract with FACCT, developed a composite of questions in the CAHPS 2 survey that matched the AAP definition of a medical home, and through this survey it was determined that in Medicaid managed care 68.2% of CSHCN have an identified medical home. Olson Pediatrics (MH Pilot site) is working closely with Molina Healthcare to identify CSHCN in the practice covered by Molina Healthcare. Cost and utilization data can be used to develop and monitor care plans to reduce utilization costs for CSHCN.