

Stanley Weinberger, MD Creating a Medical Home in a Diverse, Urban Pediatric Clinic

Viewing Time

The program will take up to one hour to complete.

Target Audience

This program is designed for primary care physicians.

Other health care professionals working with patients and their families may also find this program of interest.

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Creating a Medical Home in a Diverse Urban Pediatric Clinic

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Creating a Medical Home in a Diverse Urban Pediatric Clinic

*A lecture about how to apply the
Medical Home Model in diverse, urban
pediatric clinics*

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Program Objectives

Upon completion of this program, participants should be able to:

- Understand the Medical Home Model
- Understand the research base behind the Medical Home Model
- Recognize some of the issues in applying the Medical Home Model in a diverse, urban pediatric clinic

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To receive CME credit you must view the entire program and complete the evaluation form at the end.

Creating a Medical Home in a Diverse, Urban Pediatric Clinic

Grand Rounds
Children's Hospitals & Clinics of Minnesota

Stanley Weinberger, MD, MS
June 2nd, 2009

Objectives

- Review the Medical Home Model
- Review the literature about the Medical Home Model in urban, safety net clinics
- The HCMC Medical Home Survey
- Where do we go from here?

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"Medical Home is such a great concept, and for parents to have a say in their child's healthcare is such an empowering feeling!"

...Ashley (Parent Partner)



The Medical Home Model

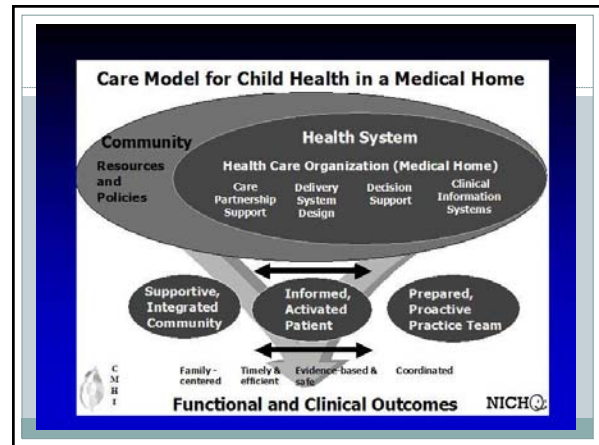
- Introduced by the AAP in 1967
 - A **partnership** between a primary care physician and a family to provide care that is **accessible, comprehensive, continuous, coordinated, compassionate, culturally effective, and family-centered**. It is not necessarily a building, but it is easily accessible to the family.
- The US Department of Health & Human Services Healthy People 2010 Goals state that:
 - All children with special health care needs (CSHCN) will receive regular, ongoing, comprehensive care within a medical home

AAP Policy Statement. "The Medical Home." Pediatrics. 110(1): 184-186, 2002

What does that mean? The AAP operational definition

- **Accessible**
 - Care is provided in the community and all insurance is accepted
- **Comprehensive**
 - Care is available 24/7, 52 weeks per year for preventive, acute and ongoing care
- **Continuous**
 - The same PCP is available from infancy through the transition to adulthood
- **Coordinated**
 - Care among multiple providers is coordinated with a care plan
- **Compassionate**
 - Concern for child and family is evident and demonstrated
- **Family centered**
 - The family is recognized as an expert in the care of their child and is involved in decision making
- **Culturally effective**
 - Translators are used where needed, information is provided in families language

AAP Policy Statement. "The Medical Home." Pediatrics. 110(1): 184-186, 2002



Children with Special Healthcare Needs Who are they?

- **MCHB definition:** Children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally."
- About 18 million children (12.8% of children)
 - This group has grown by ~30% in the last 2 decades
 - About 5-6% with severe involvement
- CSHCN account for 80% of pediatric health expenses

National Survey of Children with Special Health Care Needs. MCHB

How Do CSHCN Fare?

- Compared to children in general, CSHCN have:
 - Twice as many unmet health needs
 - > 2.5x as many school absences, twice as many physician contacts and 5x as many hospital days/1000
- National Survey of CSHCN
 - 5% were uninsured, and 32% underinsured
 - Most CSHCN have a usual place of care (91%) and a personal doctor (89%), but other aspects, especially care coordination (40%) and family centered care are lacking (67%).
 - Access to a medical home is significantly affected by race/ethnicity, poverty and the limitations imposed by the severity of the kids illness.

Newacheck et al. "An epidemiologic profile of children with special health care needs." Pediatrics

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Research Base for the Medical Home Model

- “The preponderance of evidence supported a positive relationship between the medical home and desired outcomes ...”
 - 33 articles on 30 different studies
 - None looked at the Medical Home in its entirety (only 9 studied 4 or more medical home activities)
 - Effectiveness: Half of comparison group studies resulted in positive findings
 - Efficiency: 3 of 6 comparison studies and 2 of 3 non-comparison studies found positive results
 - Family Centeredness: 4 of 6 comparison studies found positive effects in some measure

Homer et al. "A Review of the Evidence for the Medical Home for CSHCN." Pediatrics, 2008

Selected Studies

- **The Pediatric Alliance for Coordinated Care: Evaluation of a Medical Home Model**
 - 6 practices with 150 CSHCN had interventions to develop a medical home
 - Parents reported easier care and increased care plans; Fewer missed work days and hospitalizations; No change in ED visits
- **IHI Breakthrough Collaborative Series to Improve Care in Childhood Asthma**
 - 43 practices randomized to control or participation in a continuous quality improvement methodology
 - Significant decrease in ED visits with intervention. No change in hospitalizations, receipt of care plans, or appropriate meds

What about a diverse urban population?

No studies directly investigating the impact of the Medical Home model in an inner-city, safety net clinic



What does this mean? Do Medical Homes work?

- **They seem to, but ...**
 - We are unable to answer the question, “Does undertaking more MH activities result in more improvement?”
- **Berwick. “The Science of Improvement” JAMA, 2008**
 - The RCT and similar studies are not well suited to study social change, which is complex, unstable and nonlinear
 - Recommends changes in the way we collect and evaluate evidence of health improvement:
 - Embrace a wider array of scientific methodologies
 - Reconsider thresholds for action
 - Rethink views on bias

HCMC Pediatric Clinic



HCMC Pediatric Clinic

- 9,200 patients, accounting for 26,000 visits
- Patient population: 43% African American, 37% Latino, 8% Caucasian, 8% African immigrant
- Insurance status: Over 70% Medicaid (MA or HMO), Over 10% uninsured



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The Center for Medical Home Improvement

CMHI Process for Improvement:

1. Measure to establish a baseline of "medical homeness"
2. Form your team
 - Including a physician lead, office staff and parent partners
3. Learn about medical home improvement and how to implement it
 - In particular, using the PDSA method of rapid cycle improvement
4. Collaborative learning with other similar practices

Cooley, McAllister. "Building Medical Homes: Improvement Strategies in Primary Care for CSHCN." Pediatrics, 2004.

The HCMC Medical Home Team

- General and Developmental pediatrics
- Nursing
- Clerical
- Care Coordinator & Social Services
- Interpreter Services
- Parent partners



AAP CATCH Grant: Improving Care for Families with CSHCN in an Urban Clinic

- Survey HCMC families with CSHCN to evaluate how the clinic serves their needs as a medical home
 - Specifically to determine their priorities for improvement
- **Population:** convenience sample of CSHCN
- **Method:** telephone surveys of English-, Spanish- and Somali-speaking families
- Surveys followed by focus groups to elicit more detailed qualitative information

The Survey

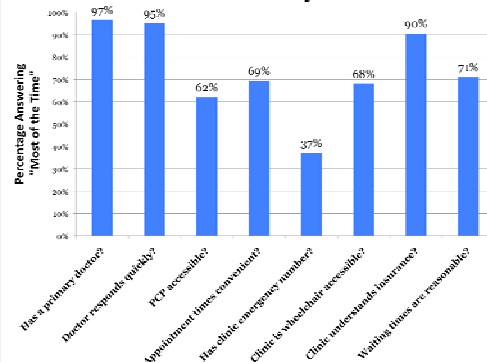
Our survey was modified from:

- Los Angeles Medical Home Project for CSHCN
 - Adopted the AAP's medical home assessment
 - 39 questions re: components of medical home
- The Center for Medical Home Improvement Medical Home Family Index
 - 74 questions; includes many questions regarding background info and use of services.

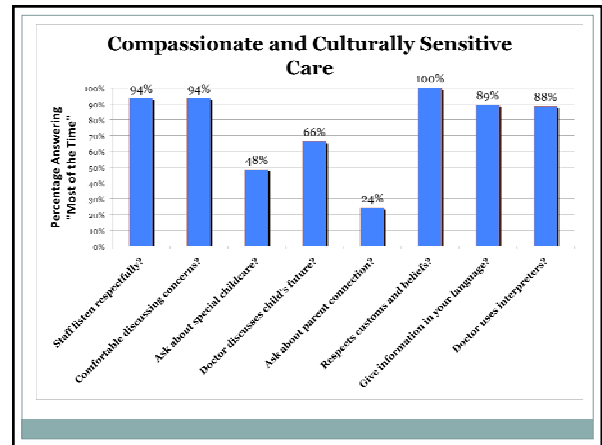
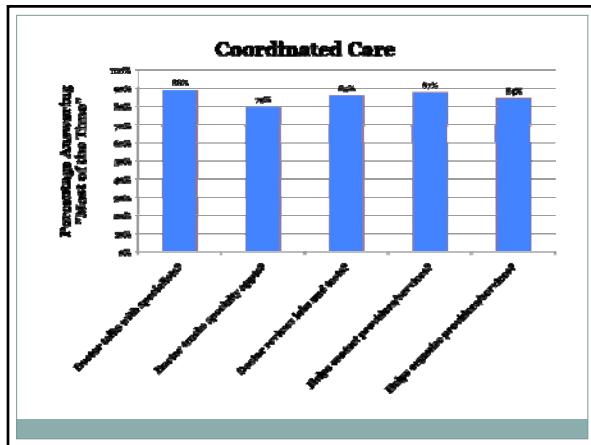
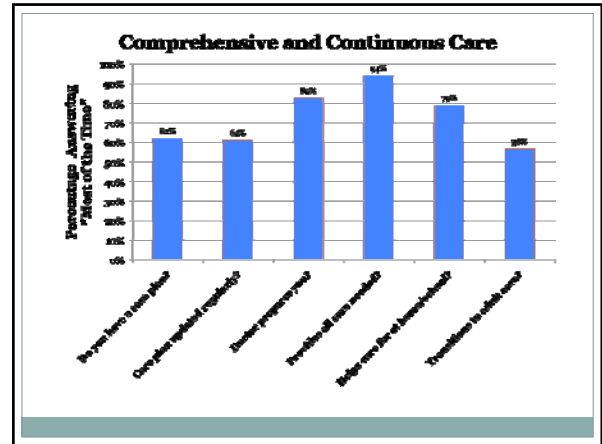
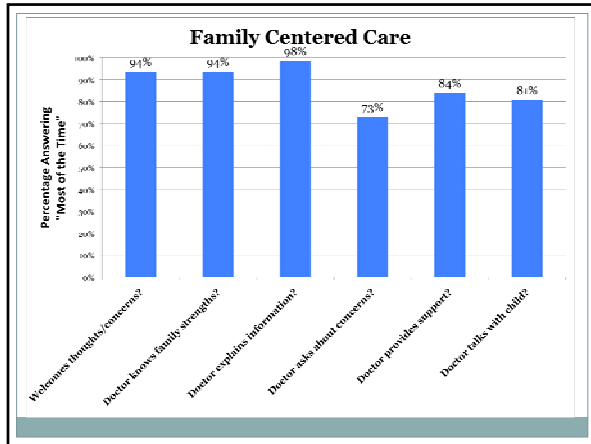
Sample Characteristics (n = 63)

Mean Age	9 years	
Top 3 Health Problems (32 different health problems listed)	Asthma (n = 15) ADHD (n = 9) Heart problems (n = 4)	
Mean Wellness Score (1=excellent, 2=good, 3=fair, 4=poor)	2.1	
Healthcare Utilization (median response)		
Doctor visits	1-3/year	
Specialty visits	1-3/year	
ED visits	1-3/year	
Hospital stays	None	
School days missed	1-5 in last 3 months	
Insurance type	Public = 33 Private = 24 No Insurance = 5	
Ethnicity	African American = 20 Latino = 21 African = 17	
	Mixed = 5 Caucasian = 1	

Accessibility



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Latino Families

- Latinos had somewhat more intensive use of services and higher missed school days
- Latinos reported the clinic to be accessible and coordinated
- Latinos gave lower scores for:
 - Does the doctor explain things to your child? (71%)
 - Does the staff use interpreters? (79%)
- Latinos gave higher scores for:
 - Transitioning to adult care

Somali Families

- Somali families rated their child's health as better
 - 11/18 reported their child had no health problems
- Somali families reported the clinic to be accessible and coordinated
- Somali families gave low scores for:
 - Doctor asks about concerns? (50%)
 - Doctor provides support? (65%)
 - Doctor helps you transition to adult care? (33%)
 - Do you feel comfortable discussing concerns with Doc? (82%)
- Somali families gave high scores for
 - Accessibility: Such as having clinic emergency number and accessibility of appointments, reasonableness of wait times
 - Does doctor discuss your child's future with you (88% vs 60%)

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Survey Comments

•Accessibility

- Would like same-day appointments with PCP (2)
- Would like after hours nurse line
- Would like extended hours clinic (2)
- Would like shorter wait times (in lobby and exam room) (2)
- Would like better/validated parking (2)

•Family Centered Care

- Would like more toys and books in exam rooms
- Would like cleaner lobby with updated materials/toys
- Would like more wastebaskets/recycling containers in lobby

•Comprehensive and Continuous Care

- Would like list of meds or care plan
- Would like a better transition to adult care
- Would like better/more mental health care
- Would like more information/pamphlets (2)

•Coordinated Care

- Synchronize HFA and HCMC EMR
- Would like quicker referrals (audiology)
- Would like to be able to schedule own appointments
- Would like clinic to fax forms to/between school

•Compassionate and Culturally Sensitive Care

- Would like more connection to support groups/camps/etc



The Focus Groups

• English speaking

- Participants noted that support groups would be helpful, particularly if located at HCMC
- They also wanted more patient education and empowerment

• Somali

- Accessibility was rated higher – part cultural and part relative to their recent experience
- They noted long waits – it influences their decisions, particularly about where to seek ED care
- They would like parent connection – noted this has happened with Autism in the community

• Latino

- Also noted long wait times – particularly in ED
- No families thought of the clinic as a team
- In general, felt somewhat more comfortable with Spanish speaking docs

More Focus Group Input

• Groups were in broad agreement on care plans

- They did not have them
- They thought they would be very helpful – though not for all patients
- They agreed the parents have an important role
- They would take some clinic time to do this

• The families wanted more information about their child's health

- The form most supported was support groups or parent connections

Conclusions

• In general, people were very happy with the clinic

• There were a few spots with low scores

- Can you get into see PCP within a few days? Are appointment times convenient?
- Is there an after hours phone number?
- Do you get a written care plan?
- Has your doctor talked about transitioning to adult care?
- About respite care/special childcare?
- Helped you connect with other parents

Conclusions – What Else?

• In general, our patient population endorsed the Medical Home model

• We gathered a wealth of information about what our patients experience and what they value

- Helpful in discussing and planning future changes
- Provides a baseline to measure improvement against

• We identified a cohort of invested families who we can continue to involve

Next Steps?

• Clinical activities

• Research activities

• Legislative activities



Medical Home is about Working Smarter not Harder

"I personally have found that a small percentage of my patients take up a disproportionately large percentage of my time, try as I might, I have always struggled to do a good job with their care. Medical Home has helped me greatly - both to manage my schedule, and provide better care!"

Gordon Harvieux, MD Duluth, MN

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How Does This Apply to Other Clinics?

Health Care Homes Certification Verification Grid April 27, 2009			
Stage	At Initial Certification	At the end of year one, recertification	At the end of year two and each additional year
Certification Process and Standards:	<ul style="list-style-type: none"> Health care home applicant completes initial certification application process. Shows evidence of compliance with certification standards required at initial certification. 	<ul style="list-style-type: none"> Health care home applicant completes recertification application process. Shows evidence of compliance with all initial certification standards and end of year one standards. 	<ul style="list-style-type: none"> Health care home applicant completes recertification application process. Shows evidence of compliance with all certification standards. May apply for variance for superior outcomes and continued progress on standards. Demonstrates only one approach that is new for standards 1 - 4.
Performance reporting and quality improvement standard:	<ul style="list-style-type: none"> Establish health care home quality improvement team. Shows evidence of quality team functioning at basic level, shows at least one quality indicator and how it was measured, analyzed and tracked. 	<ul style="list-style-type: none"> Health care home quality team is growing in capabilities. Shows evidence that team has identified, measured, analyzed and tracked improvement for an indicator that focuses on each quality area, health, patient experience, and measures of cost-effectiveness. 	<ul style="list-style-type: none"> Quality team continues to grow and is making progress with outcomes measurement. Continues to show evidence of quality work defined in year one. May apply for variance for superior outcomes and continued progress on standards. It is not required to show an example for performance improvement.

- Certification process, Reporting improvement in various domains, Participation in learning collaborative, Submission of outcome data

Next Steps?

- Clinical activities
- Research activities
- Legislative activities




Medical Home is about Working Smarter not Harder
 "I personally have found that a small percentage of my patients take up a disproportionately large percentage of my time, try as I might, I have always struggled to do a good job with their care. Medical Home has helped me greatly - both to manage my schedule, and provide better care!"

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Comments and Questions

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