

Birth to Five Patient-Centered Medical Home Pilot



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Goal

To gain an understanding of the requirements needed to create a patient-centered medical home for children working with other community providers and resources

Project Overview

- Patient-centered medical home model
- Provide seed money and technical assistance
 - to a pediatric primary care practice
 - Community based organization
- Serve children age 0-5

- Visiting Nurse Services (VNS) of Iowa
 - Community Utility
- Iowa Health Physicians- Walnut Creek Pediatrics

- Six Month pilot initially *March 1 – September 30, 2010*
- Additional year *October 1, 2010 – September 30, 2011*

Role of IDPH

- IDPH received state funds through an agreement with the Department of Management's Office of Community Empowerment
- Professional Development Dollars to determine what is needed in the area of training and technical assistance to assist practices move towards implementing a patient centered medical home model of care for Iowa's children.
- IDPH:
 - Provided technical assistance to VNS of Iowa and Walnut Creek Pediatrics
 - Educated on key aspects of the medical home concept
 - Gathered insight and information about components the medical home concept
 - Convened meetings bringing together multiple programs with in VNS of Iowa and Walnut Creek Pediatrics

Measures

- TransforMED Medical Home Implementation Quotient (MHIQ)
- Walnut Creek Pediatrics -> RN Care Coordinator
 - 1st Five Surveillance form for all children age 2 weeks-5 years at well-child exams
- Screening Tools
 - **Edinburgh Postnatal Depression Scale**- used to screen mothers of all infants seen for their first newborn weight check, 2 week check-up, and 2 month check-up
 - **Ages and Stages Questionnaire**- used to screen children for developmental delays at well-child exams at 9 months, 18 months, and 24 months of age
 - **Modified Checklist for Autism in Toddlers**- used to screen children for autism at well-child exams at 18 months and 24 months of age.

Measures (continued)

- Care Coordination Encounters
- Family Care Plan
- Family Satisfaction Survey

Family Care Plan

Family Care Plan

Iowa Health
Walnut Creek Pediatrics
224-4993

Child's Name _____

Date of Birth _____

Reason for Referral(s)	Referral(s) To	Nurse's Next Steps	Parent's Next Steps (if any)	Comments

Original Date:

Updated:

Updated:

DATE COMPLETE:

Family Survey

1. Were your worries or concerns addressed at today's office visit?

Yes Somewhat A little bit Not at all

2. How satisfied were you with the amount of time allowed to discuss your concerns?

Very satisfied Satisfied Somewhat dissatisfied Very dissatisfied

3. Was a plan created to address your concerns?

Yes No Not applicable

4. How satisfied are you with this plan?

Very satisfied Satisfied Somewhat dissatisfied Very dissatisfied Not applicable

5. How would you rate the communication between you and your child's health care provider at today's visit?

Excellent Very good Just okay Poor

6. How would you measure the level of stress experienced over the last year as a result of caring for your child? Please pick a number from "0" to "10" where "0" represents very low stress and "10" is for extremely high stress.

0 1 2 3 4 5 6 7 8 9 10
Very low stress Extremely high stress

7. Does your child's doctor or office staff help to alleviate this stress (e.g. with services, supports, or referrals to other resources)?

Always Often Sometimes Never Not applicable

8. A personal doctor or nurse is the health provider who knows your child best. Do you have one person that you think of as your child's personal doctor or nurse?

Yes No Don't know

9. How would you describe the overall quality of care that you receive from this office?

Excellent Very good Good Fair Poor Not applicable

Results from initial 6 months

- Project served 458 children at Walnut Creek Pediatrics
- Provided additional screening and care coordination services to 19% of their 2,400 patients during well child check-ups who would not normally have such services
- TransforMED Survey
 - Pre- Score: 225 of 341 points.
 - Post- Score: 229 of 341 points
 - Level III: Good progress, continue improvement
 - This practice had already implemented many concepts at varying levels

Strengths

- TransforMED Survey allowed for identified areas in which practice improvements can be implemented and reassessed
- Family Care Plan & Family Survey were effective in providing valuable information which can be used in enhancing the quality of care and practice management
- VNS of Iowa is extremely knowledgeable about available community resources to families in the Des Moines area
 - Ideal organization to serve as the community utility
 - Can address a vast variety of needs that a referred family may have.

Limitations

- Lack of time- pilot began at the beginning of the six month time frame
 - preparation time was not available to:
 - educate on the patient-centered medical home components
 - Take and assess the TransforMED MHIQ initial survey
 - collect data regarding the results of referrals
 - develop the Family Care Plan & Family Survey
- Access to patient's health information unavailable
 - Walnut Creek Pediatrics' nurse had to duplicate the care coordination encounters from the EMR to an Excel Spreadsheet

Recommendations

- Additional pediatric practices should take the TransformMED MHIQ Survey to identify improvement areas and get baseline score of where they fall in the medical home continuum.
 - Even if a practice is compliant in an area, Best practice should be still be shared
- Community utility utilization protocols should be determined so that the practices know appropriate situations to refer a family to VNS of Iowa to serve as the community utility and link the family with the needed resources.

Recommendations (cont.)

- Family Care Plan utilization protocols should be determined so practices know appropriate situations (i.e. multiple referrals, children with special health care needs) to use the Family Care Plan.
- Practices should utilize developmental screenings vs. developmental surveillance.
- The extended pilot year should expand beyond the current 1st Five screening of well-child visits by including 1st Five screening during sick child visits and screening of pregnant women.

Recommendations (cont.)

- Collaborate with Iowa's 1st Five Initiative, Project LAUNCH, and Early ACCESS throughout the entire project by holding monthly meetings with project staff.
- Utilize a “release of information” that would allow the VNS of Iowa to work directly with families receiving social service referrals.

Moving Forward....

- **Continue project with Walnut Creek Pediatrics**
 - Fully integrate 1st Five to serve as the community utility
 - Project Coordinator will serve as the medical home consultant for the implementation of the principles of the medical home into the clinic
 - Provide general education on community resources

Moving Forward....

- **Expand pilot project to include a partnership with East Des Moines Family Care Center**
 - Pilot the project in a family practice setting
 - Medical consultant to help with introduction on the developmental screenings during well-child exams
 - Education to families on the importance of utilizing one primary care physician

Moving Forward....

- **Community Partnership Involvement**
- **Sustainability**
 - Project Coordinator will work closely with Walnut Creek Pediatrics and East Des Moines Family Care Center to develop a plan for sustainability after the pilot project ends.

