
The Medical Home Learning Collaborative

Progress Report and Lessons for the
MA Consortium for Children with
Special Health Care Needs

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President and CEO



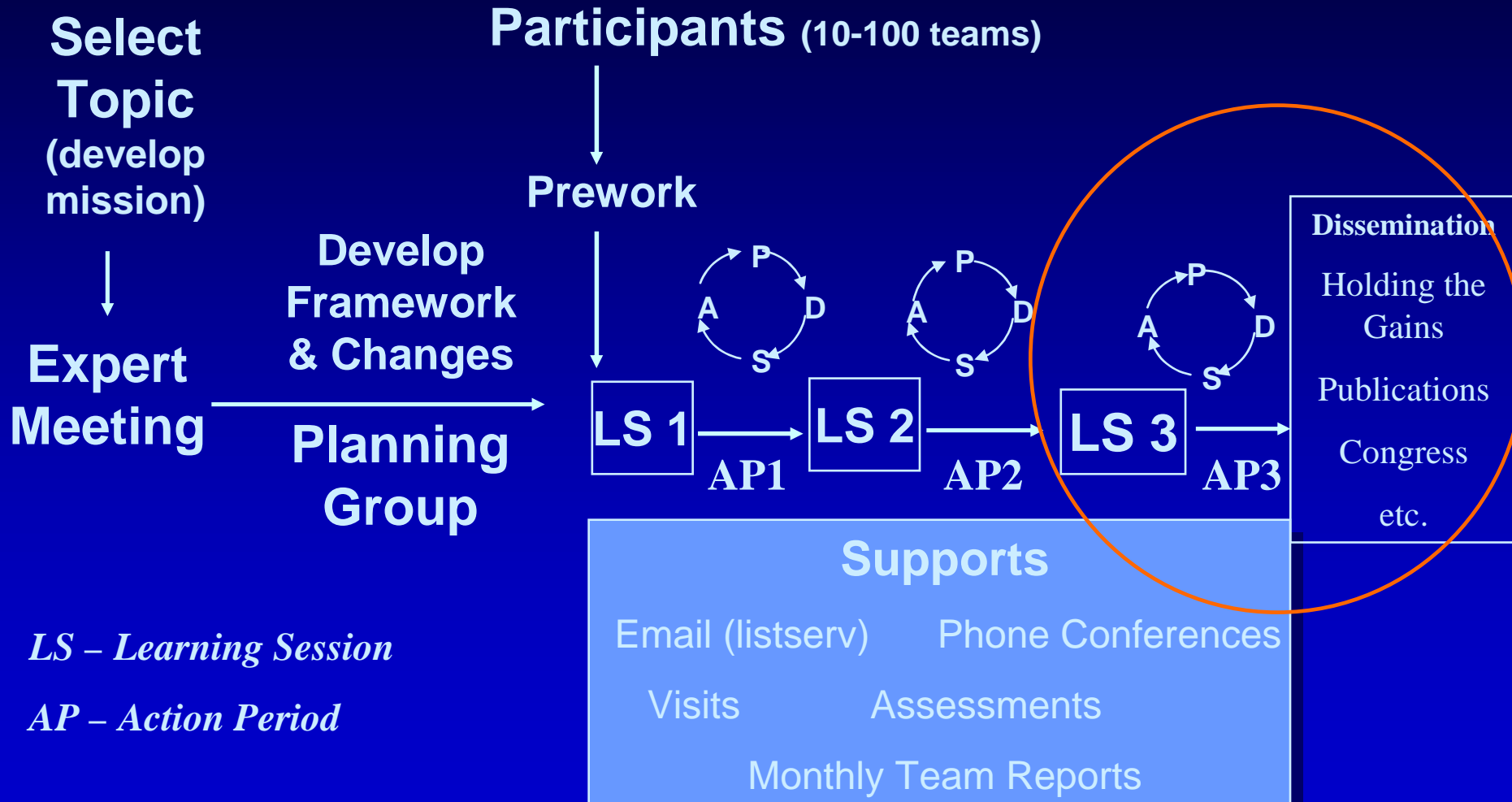
National Initiative for Children's Healthcare Quality

Aim

- To improve care for children with special health care needs/youth by implementing the Medical Home concept
- To foster substantial relationships between Title V programs and their state's primary care community, enabling Title V to:
 - Support improvement in practices and
 - Spread improvement across their State

Breakthrough Series

(12 month time frame)



LS – Learning Session

AP – Action Period

Faculty and Staff



Faculty and Staff

■ Faculty Leadership

- Chair: Carl Cooley
- Co-Chairs: Debby Allen, Alan Kohrt
- Director: Jeannie McAllister
- Improvement Advisor: Jane Taylor

■ Staff

- Lisa Horvitz, Colleen O'Rourke, Sandra Cragin

■ Faculty

- Maureen Mitchell, Family Voices
- Betty Pressler, Judy Palfrey, Margaret McManus, Chris Stille, Richard Antonelli, Amy Gibson (AAP), Lois Kohrt

Participants- State Title V Agencies

- Connecticut
- Colorado
- Florida
- Ohio
- Oklahoma
- Louisiana
- Michigan
- New York
- Utah
- Virginia
- Wisconsin

+ North Carolina

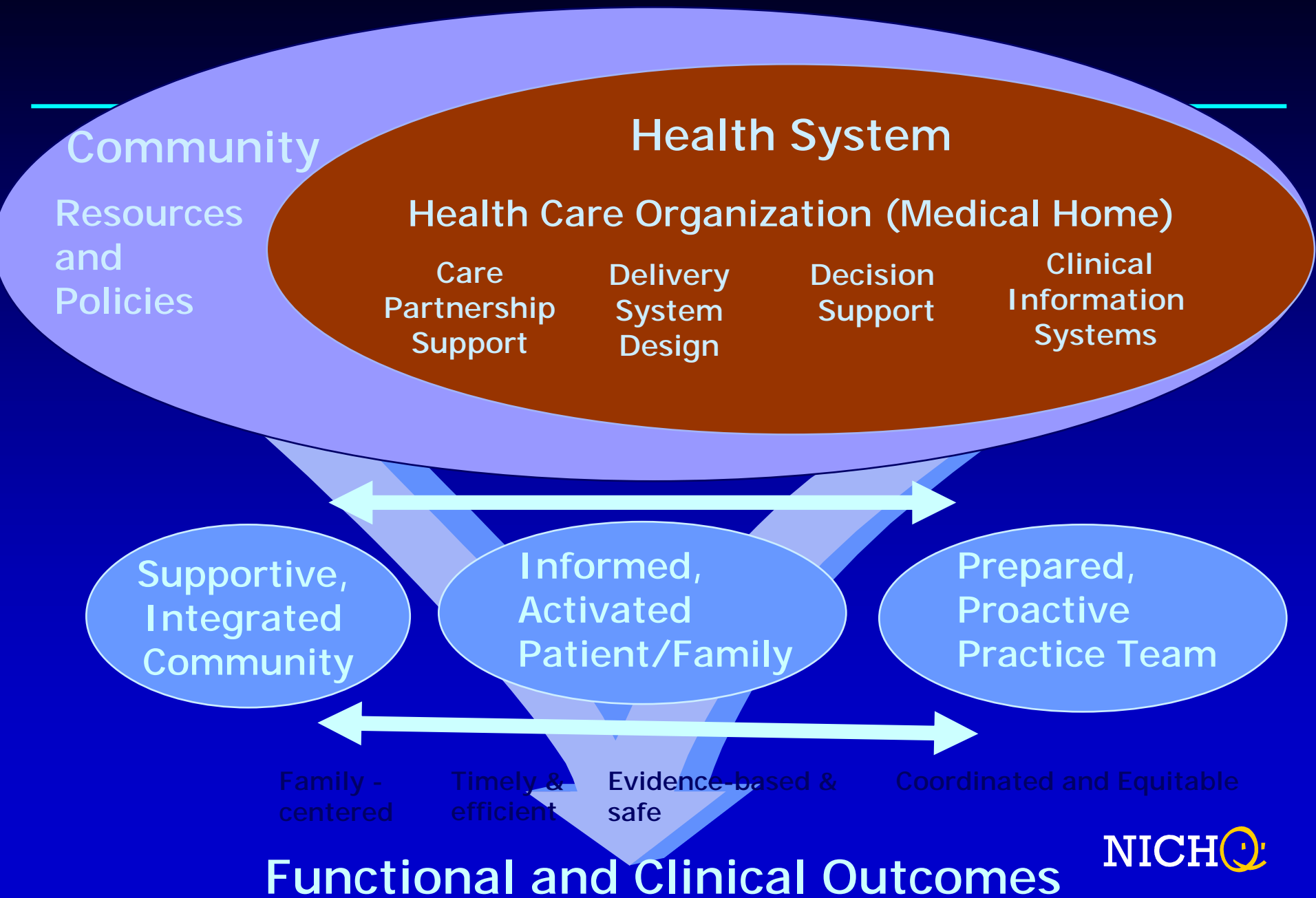
Participants Teams-Practices

- 3 Teams from each State
 - 43% Community Base, Group Practice
 - 22% Community Hospital or Network Group Practice (e.g., Marshfield Clinic, Bassett Health)
 - 25% Academic Primary Care Sites
 - 9% Solo Practice
- Team Members
 - Physician, nurse/other office staff/care coordinator, parent partner

Key Concepts

- Medical Home/Care Model for Child Health
- Model for Improvement
- Model for Spread

Care Model for Child Health in a Medical Home

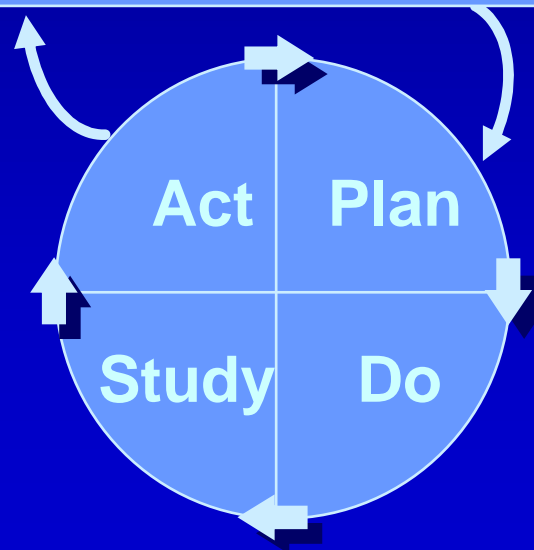


Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?



Diffusion or Spread

“BETTER
IDEAS”

COMMUNICATED

In a certain way



Happens
over time

Thru a SOCIAL system

Spread Model

Better Ideas

- Case for new ideas
- Description of the new ideas
- Transition materials

Communicated



- Modes
- Purpose

Social System

- Unit for spread
- Key messengers
- Listeners/Connectors
- Communities of practice
- Motivators & incentives
- Ability to adapt changes

Infrastructure

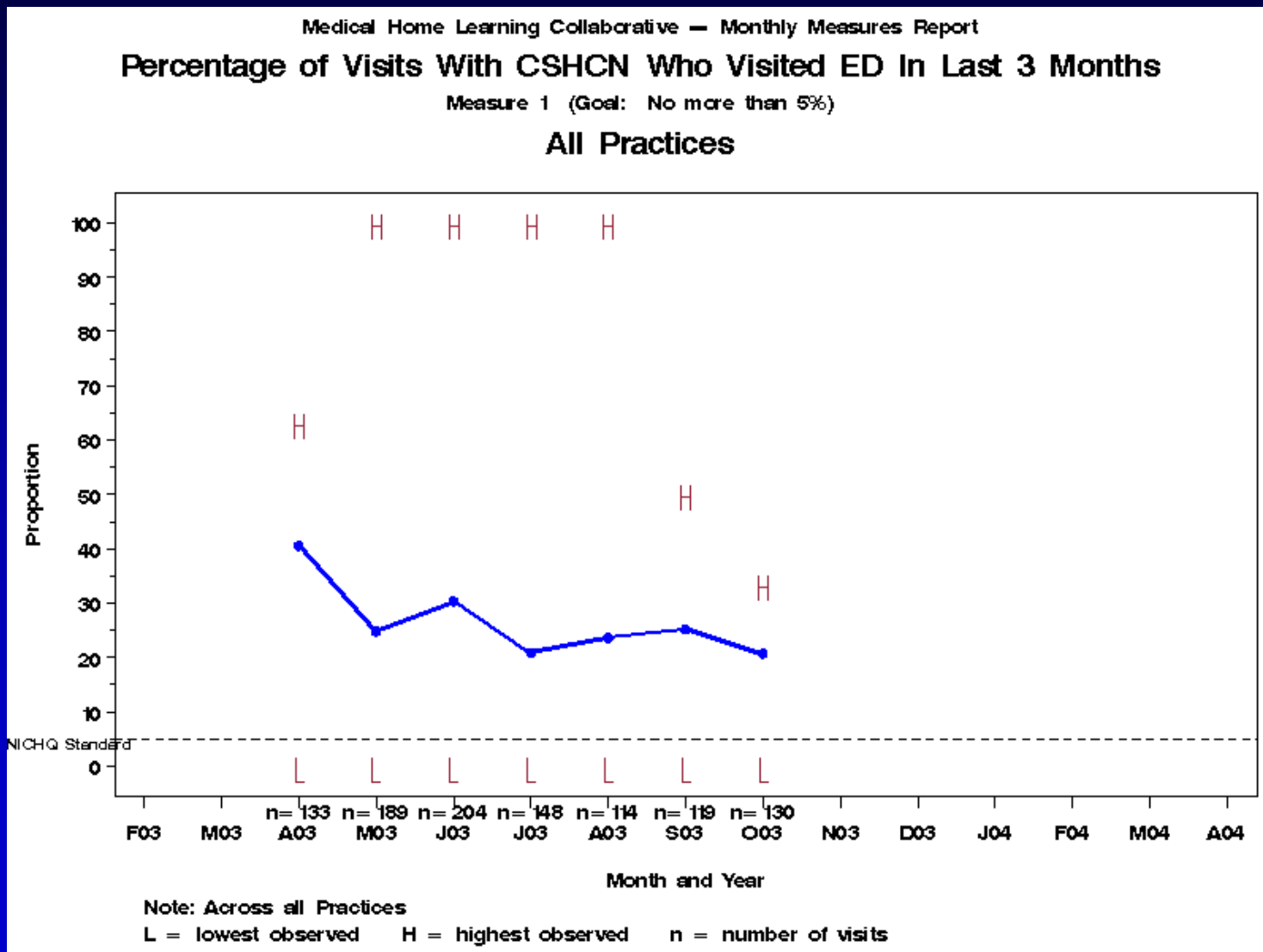
Leaders responsible for spread

- Staging plan
- Knowledge management
- Technical support
- Measurement/Feedback

Measures

- ED visits
- Hospitalization rates
- Family worry
- Front office satisfaction
- Medical Home Index
- Care Plans
- Practice Satisfaction

Results-Quantitative



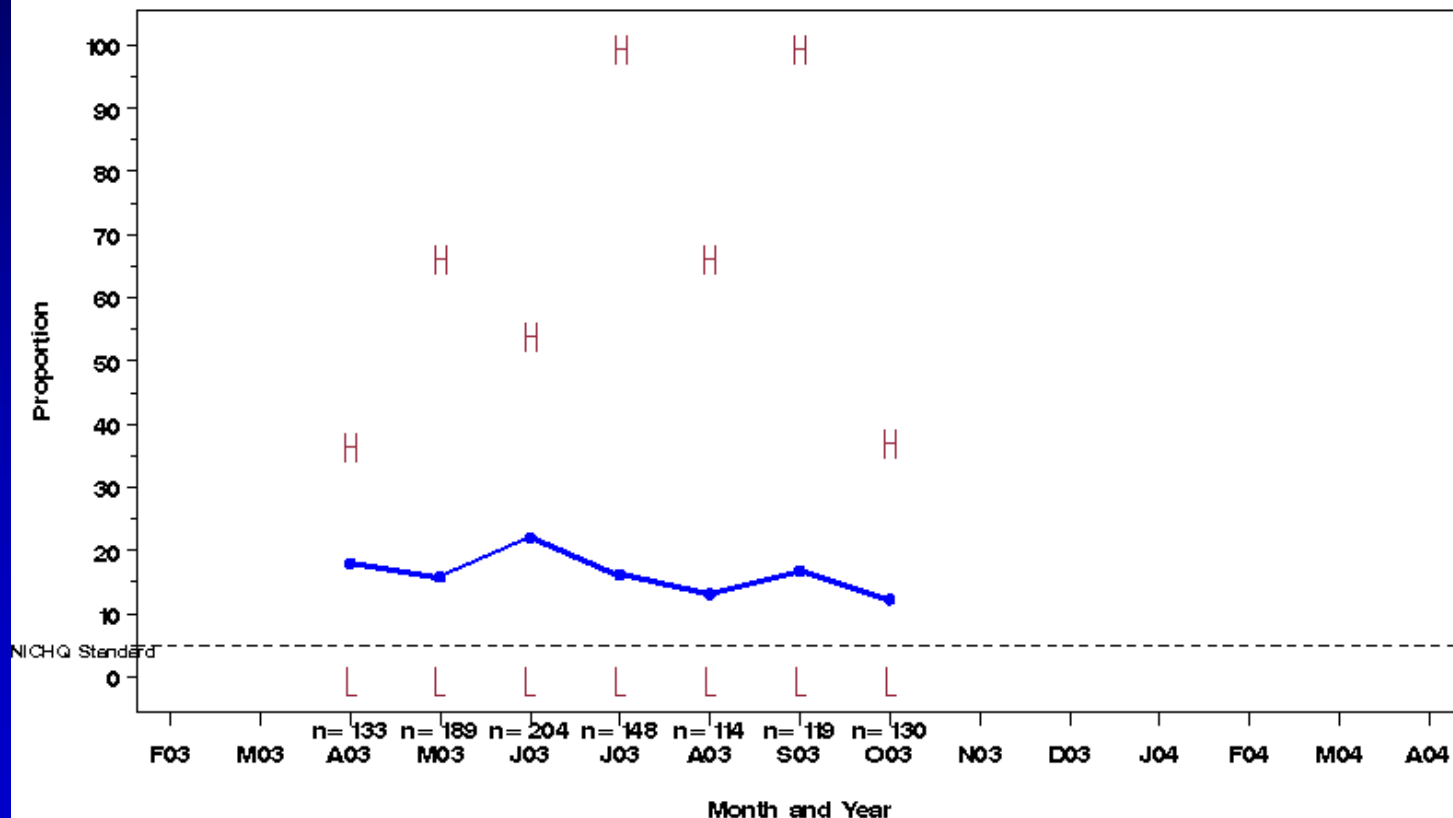
Results-Quantitative

Medical Home Learning Collaborative – Monthly Measures Report

Percentage of Visits With CSHCN With Hospital Admission In Last 3 Months

Measure 2 (Goal: No more than 5%)

All Practices

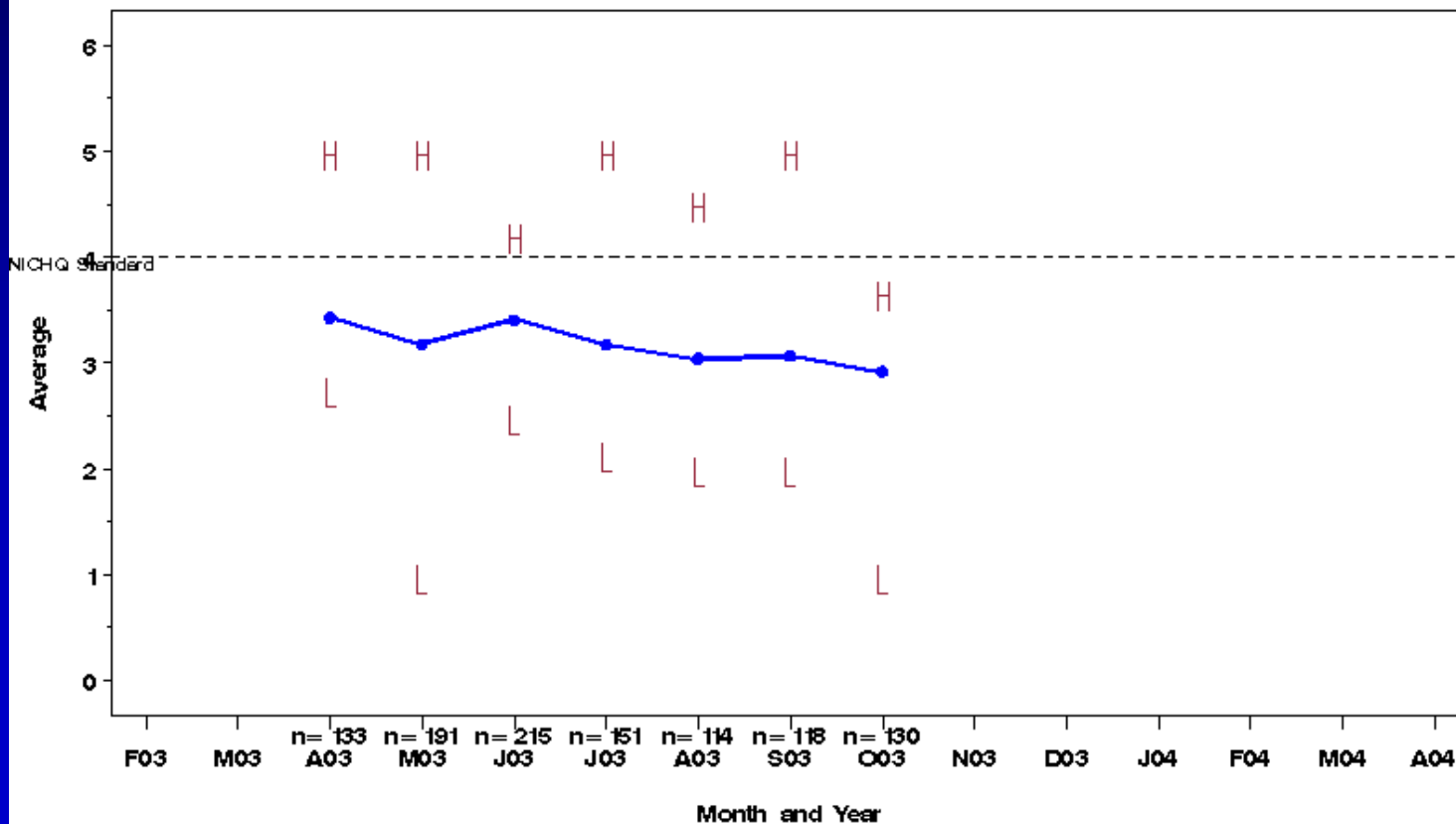


Note: Across all Practices

L = lowest observed H = highest observed n = number of visits

Results-Quantitative

Medical Home Learning Collaborative — Monthly Measures Report
Average Numerical Ranking For Family Worry Question
 Measure 3 (Goal: An average score of 4 or lower)
All Practices



Note: Across all Practices

L = lowest observed H = highest observed n = number of visits

Qualitative Results: Title V

- Most valuable activities and insights:
 - Conduct walk-throughs of practices—leading to learning
 - Connect teams to state resources
 - Assist with care coordination
 - Conduct focus groups
 - Outreach to broad variety of audiences
- Positive impact on how to implement change and promote adoption of new models

Qualitative Results-Parents

- Parents can be very effective in this process because they can counter assumptions health care providers make about the way things work"
- "There are things I can do, like pre-register my child for appointments...my pediatric clinic and the hospital are willing to do [many things] to make things better for my family. I never would have known what to ask for, as a new parent, before the medical home training"

Qualitative Results-Practices

- The MHLC "helped the practice focus on achievable steps to initiate a true medical home"
- "the small changes have made a world of difference in our practice..."
- Specific changes (self-report)
 - 70% streamlining access
 - 64% have designated care coordinator
 - 63% working with community agencies
 - 60% partnering with families
 - 50% using some form of registry

Next Steps

- Practices will continue implementation
- States will continue support and undertake spread
- Presentations at National Medical Home Conference July, 2004
- Options for follow up activities:
 - Second learning collaborative: 11 new states
 - Systematic program to support spread

Lessons Learned

- Feasible to address improvement using non-categorical approach
- Parent involvement essential
 - Requires planning and support
- State/practice interaction feasible
 - Strengthened by broader coalition, greater training
- Medical Home/Care Model would benefit from simplification
- Measurement and registries require refinement
- Reform/improvement efforts require coordination
- It's a great thing to do!

A Sonnet

When to NICHQ Learning Sessions we go,
We summon up remembrance of tasks past.
We sigh the lack of many a thing we know,
But have hope to make Medical Home last.
In the Northwoods our Wisconsin team met,
To have a group retreat and plan ahead--
The practice teams' commitment was set,
And we shared Title V's vision for spread.
Then children and families noticed change;
care plans, identification and more
all became part of Wisconsin teams' range
with the Chronic Care Model as their core.
So, till the State Budget grants our evr'y wish,
we will persevere—our defining niche.