

The 5-Minute Medical Home

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**MA Department of Public Health
Division for Special Health Needs
Family & Community Support Unit
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Goals of MA Medical Home Project

- **Identify and support Primary Care Partners committed to:**
 - delivering care which is **accessible, family-centered, continuous, comprehensive, coordinated, compassionate, culturally effective**
 - addressing system-of-care issues
 - quality improvement
- **If Medical Home can't work for providers, Medical Home can't work for families**

Starting Point:

Parents' Experience of Care



- Fragmented & compartmentalized
- Overly “medical”
- Inefficient, expensive, full of hidden costs
- Confusing, demoralizing, and *corrosive* to family

1990s Approach

- **Regional Health Office based**
- **Resource-focused “case management”**
 - **Limited focus on systems issues**
 - **Thin connections to Primary Care**
- **Luckier families found us**
- **Limited numbers served**

2000+ Approach:

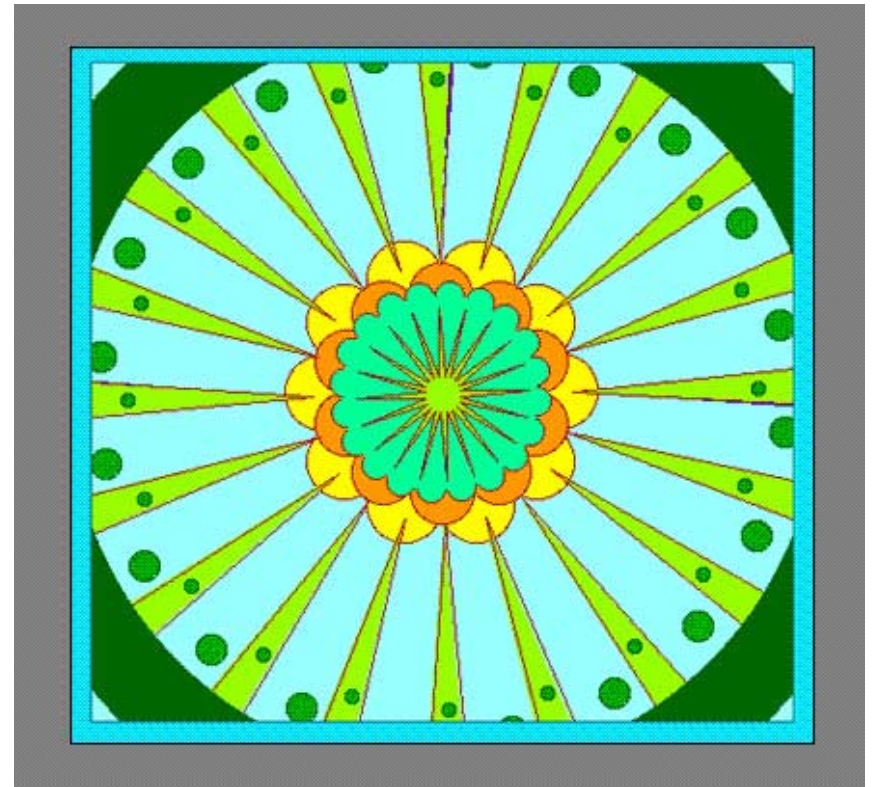
- **Reach out to broader audience**
- **Build alliances with primary care providers**
- **Explore systems and quality issues**
- **Improve data gathering capacity**
- **Bring family concerns to the fore**

Which pediatric practice most needs care coordination?



Family Centeredness

- **Family input is**
 - Invited and accepted
 - Actively sought
 - Organized and effective
- **Parents are allies,
not adversaries**



PBCC--an evolving model

- Generalist CCs
- Backgrounds
 - Social Work
 - Case Management
 - Public Benefits & Resource expertise
- Tasks primarily social, not medical
- Team synergy
- Core CSHCN v. at-risk clientele
- Systematize workflow and documentation
- Encounter-based data gathering

Families served

- **First half FY02: 733**
- **First half FY03: 1154**
- **Age birth-22 years, but 25% between 3-5 years**
- **By disability category:**
 - **Neurological (25%)**
 - **Congenital Anomalies & Conditions of the Newborn Period (24%)**
 - **Learning, Cognition and Development disorders (14%)**
- **86% have a Primary Care Provider**
- **52% privately insured; 41% Medicaid**

Top 3 Services to Families

- **Assistance with financing medical services (28%)**
- **Flexible Family Support funding (15%)**
- **Education (8%)**

Next Steps

- **Continue/adjust work with existing partners**
- **Identify additional partners**
- **Support Medical Home Networking Project**
- **New database, new evaluation partner**
- **Statewide Medical Home Conference, September 03**



**For more information on
DPH's Medical Home work,
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