

Reducing Barriers to a Medical Home Approach: MCH Priority #6

Local Action Planning Resource Document

Medical Home Approach

Definition: Essential components of a medical home approach include care that is accessible, patient/family-centered, continuous, comprehensive, coordinated, compassionate and culturally responsive. While the health care provider or practice setting is one place that the components of a medical home approach are implemented, it is critical to recognize that a provider/practice is operating within the context of a larger medical home system. A medical home system is the state and local infrastructure (personnel, processes, policies, procedures, materials, organizational structures, etc.) that support the implementation of a medical home approach within practices, as well as within the broader surrounding community.

Objective	Technical Assistance Tips or Resources
Objective A: Mobilize partnerships	
A.1.1: Identifying key stakeholder group	<p>Guiding questions to help identify the appropriate key stakeholder group:</p> <p><i>For those communities that have an existing stakeholder group or coalition to address barriers to a medical home approach:</i></p> <ul style="list-style-type: none"> • Who are the early childhood and/or medical home groups that already exist within the community? • What is the purpose of the group? • What is your LPHA's role in this group? • What are the strengths and weaknesses of this group? • What are the strengths and weaknesses of your LPHA's role in this group? • Is the group already aware of the medical home approach? • How could you raise awareness and engage partners in medical home discussions using local, state or national resources related to medical home? • What is the potential for addressing barriers to a medical home within this group? • If this group is not appropriate, would a sub-committee or workgroup be a way to address the barrier(s)?

	<p><i>For those communities that do not have an existing stakeholder group or coalition to address barriers to a medical home approach:</i></p> <ul style="list-style-type: none"> • Have you already identified a specific medical home barrier(s) based on qualitative and/or quantitative data? • If so, who are the key stakeholders in your community who would be important to engage? • If not, who are the key stakeholders in your community who could provide input and data to help identify and prioritize the barriers in your community? • Which of these stakeholders are already aware of the medical home approach? Which are not? • How could you raise awareness and engage partners in medical home discussions using local, state or national resources related to medical home? • Are there any stakeholders who might be willing to co-lead this stakeholder group with your LPHA?
<p>A.1.2: Creating a team charter</p>	<p>Team Charter Template</p> <p>Background: What are the reason(s) for chartering the team? State the perceived problem/project and any information that would be useful to those involved in the group.</p> <p>Goal or Deliverable(s): What does the convener and/or the participants of the group want to achieve? Clarify group expectations and what changes are expected to result from this teamwork.</p> <p>Membership: Are all the appropriate key stakeholders represented? Who is missing and how could they be engaged to join the group?</p> <p>Duration: How long is the group going to exist?</p> <p>Checkpoints: What might be the critical milestones or timeframes when the group might revisit it's purpose and progress towards the identified goals?</p> <p>Feedback Mechanism: What should the feedback mechanism be between the participants and the convener(s) of the group? How the team communicates with the sponsor, the people they are representing and other members on the team.</p> <p>Boundaries: Are any issues "out of bounds" and not for the team to consider?</p> <p>Decisions: Who makes the final decisions? Most collaborative groups aim for consensus, with a fallback to the team leader or majority vote.</p>

	<p>Resources: What resources (money, training, specialists, support, equipment, supplies) will be needed to support the group? What resources will be needed to accomplish the team’s goals?</p> <p>Guidelines: Any specific areas to address, processes to be used, people to involve or whatever else needs to be considered in order to accomplish the team’s goal.</p> <p>Logistics: When, where, how often, and for how long will the group meet?</p>
<p>A.1.3: Identifying barriers</p>	<p>Guiding questions to consider when assessing systemic barriers to a medical home approach in the community:</p> <ul style="list-style-type: none"> • What qualitative and/or quantitative data would be important to collect and analyze to identify and prioritize systemic barriers to a medical home approach in your community? • Does your local CYSHCN care coordination data and/or experience working with children with special health care needs illuminate existing barriers? • What existing community assessment data would be helpful to utilize? • Have any key informant interviews been conducted with the stakeholders and/or a cohort of patients/families to identify barriers? If not, could this be a strategy for collecting qualitative data from the stakeholders? • What may be preventing individuals/families from receiving care that is accessible, patient/family-centered, continuous, comprehensive, coordinated, compassionate and culturally responsive? • Would it be useful to conduct a Strengths, Weakness, Opportunities, Threats (SWOT) analysis to assess your community’s medical home system to help determine the priority/focus of group? • What other tools have you utilized before that could help identify and prioritize barriers? <p>Some examples of barriers to a medical home approach within a community:</p> <ul style="list-style-type: none"> • NICU discharge planning that does not support a smooth transition to community-based services needed by the child and/or family • Inconsistent referral, communication and/or follow-up processes for early intervention services • Limited or no access to pediatric oral health providers in the community • Limited or no access to pediatric mental health providers • Limited or no access to respite care for families with children/youth with special health care needs

<p>A.1.6: Assessing progress to date</p>	<p>What are strategic learning questions?</p> <p>Strategic learning is the <i>consistent attention</i> to results, <i>shared understanding</i> of goals, <i>honest reflection</i> on successes and failures, <i>clear rationale</i> for decisions, and <i>responsiveness</i> to evaluation data and the external environment. It is the process of tracking progress toward goals and allowing for adaptation based on information gathered from group reflection and discussion in order to better meet these goals.</p> <p>Strategic learning questions are those that help facilitate the group discussion and illuminate the successes, challenges, and lessons learned, as well as what adjustments may need to occur as the group continues to work collaboratively to address goals.</p> <p>Sample strategic learning group discussion questions to discuss with the stakeholder group:</p> <ol style="list-style-type: none"> 1. <u>Describe the group’s progress</u> toward meeting the Objective A “criteria for success” measures during the last 3 months (quarter). 2. How has existing and/or new data <u>informed your progress</u> toward meeting the criteria for success for Objective A? 3. Is there <u>additional information/data needed</u> to help inform your progress? 4. What’s <u>working well</u> in helping you to progress toward the criteria for success? <ol style="list-style-type: none"> a. How might this be sustained? 5. What are the <u>current challenges</u> to meeting the criteria for success? Please describe. <ol style="list-style-type: none"> a. What actions are being taken to address these challenges? b. Are there additional partners who could be engaged to help address these challenges? c. Is there a role for technical assistance in helping to address these challenges? 6. Based on current progress, what’s working well, and current challenges, what are the <u>next steps</u> that the LPHA and/or stakeholders will conduct in the next 3 months to work toward meeting the criteria for success for Objective A?
<p>A.1.7: Assessing collaboration</p>	<p>There are existing tools to measure collaboration of stakeholder groups or coalitions. Here are two examples that are no-cost and available on the intranet:</p> <p>The Process Quality Survey, Hicks and Larson This tool is utilized by local Early Childhood Councils to evaluate their collaborative efforts.</p> <p>The Wilder Collaboration Factors Inventory</p>

<p>A.1.10: TA opportunities</p>	<p>The Medical Home MIT will host two technical assistance webinars during the MCH planning period on: Wed, 4.4.12, 10:30 am – 12:30 pm and Wed, 4.25.12, 10 am – 12 pm</p> <p>At least two additional medical home technical assistance opportunities will be offered during the implementation period (10.1.12 – 9.30.13).</p>
<p>Objective B: Policy</p>	
<p>B.1.1-2: Assessing policy</p>	<p>What do we mean by medical home policy? Medical home policy, for the purposes of this action plan, is any principle or rule that guides decisions. This goes beyond legislation and includes organizational practices and procedures, program eligibility criteria, interagency standards of communication and/or referral, etc.</p> <p>The policy or policies on which an LPHA may choose to focus is contingent upon the specific barrier to a medical home approach selected by the local stakeholder group.</p> <p>Some examples of medical home policy assessment questions:</p> <ol style="list-style-type: none"> 1. Which policies were identified as needing revision? 2. What makes them ineffective? Is there available data or information to demonstrate the policy is ineffective in supporting medical home as it is currently written? 3. How will the recommended revisions increase support for medical home? 4. Which policies were recommended to be maintained as they are currently written? 5. How does maintenance of these policies provide support for medical home? 6. Are there new policies that do not already exist that would help support medical home in addition to any of the recommended policy revisions listed above? 7. How will development of the recommended new policy provide additional support for medical home that doesn't already exist? <p>Some examples of medical home policy change include:</p> <ul style="list-style-type: none"> • Creating a policy to guide appropriate referrals for early intervention services that is shared across referring organizations across the community. • Creating an MOU between a local hospital and community based organizations to strengthen the transition to the community after NICU discharge • Establishing agreements between organizations who provide care coordination services to clarify target population and eligibility criteria in order to minimize duplication of services

<p>B.1.3: Assessing progress to date</p>	<p>Sample strategic learning questions related to Objective B:</p> <ol style="list-style-type: none"> 1. How did the key stakeholder group identify effective policies that should be maintained, ineffective policies that should be revised, and/or new policies that should exist to support medical home? (e.g., group discussion, individual input, survey, etc.) 2. Was additional input sought from key stakeholders not participating directly in the policy identification process? 3. Once these policies were identified, did key stakeholders review the list of identified policies and generate recommendations collaboratively for maintenance, revision, and/or policy creation? 4. What data or other information sources informed the group’s identification of policies and development of recommendations? 5. Are there other data or information sources needed to fully support the group’s process in making policy recommendations? 6. Based on current progress, what’s working well, and current challenges, what are the next steps that the LPHA and/or stakeholders will conduct in the next 3 months to work toward meeting the criteria for success for Objective B?
<p>Objective C: Consumer voice</p>	
<p>Resources</p>	<ol style="list-style-type: none"> 1) Family Leadership Training Institute http://www.coloradomedicalhome.com/FamilyLeadership/aboutFLTI.html 2) Family and Youth Involvement - SPARK http://www.sparkpolicy.com/docs/fyiguide/Spark_FYI_Workbook.pdf http://www.sparkpolicy.com/fiscalfam_youth.htm
	<p>Sample strategic learning questions related to Objective C:</p> <ol style="list-style-type: none"> 1. How do the roles of each of the key stakeholders engaged in Objective C contribute to the development of collaborative action steps? 2. How are youth and/or families represented in the key stakeholder group? 3. Are there other key stakeholders needed to better inform this process? 4. Are there any current challenges to obtaining needed input from key stakeholders? 5. Based on current progress, what’s working well, and current challenges, what are the next steps that the LPHA and/or stakeholders will conduct in the next 3 months to work toward meeting the criteria for success for Objective C?

Objective D: Provider support	
<p>D.1.1: Assessing systems barriers experienced by providers</p>	<p>Guiding questions:</p> <ol style="list-style-type: none"> 1. What are providers in the community identifying as systemic barriers that inhibit their ability or capacity to provide a medical home approach? 2. Would it be useful to conduct key informant interviews with providers in the community? 3. Are providers in the community participating in medical home technical assistance opportunities with the Colorado Child Health Access Program (CCHAP) and/or Family Voices Colorado? 4. If yes, are there lessons learned that could be shared with other providers in the community? 5. If no, why not? Is there an opportunity to leverage the resources that exist through CCHAP and/or Family Voices Colorado?
<p>D.1.3: Assessing progress to date</p>	<p>Sample strategic learning questions related to Objective D:</p> <ol style="list-style-type: none"> 1. What is the process used for assessing the barriers to providing a medical home approach experienced by providers? (i.e., how are key stakeholders and/or available data or information sources contributing to the assessment process?) 2. Are there any current challenges hindering the process of identifying systemic barriers? 3. Is the process of developing action steps being informed by the group's knowledge of other systems building efforts in your community, such as partnership building, policy assessment, or consumer voice? 4. Are there any identified technical assistance needs related to identification of barriers and/or development of action steps? 5. Based on current progress, what's working well, and current challenges, what are the next steps that the LPHA and/or stakeholders will conduct in the next 3 months to work toward meeting the criteria for success for Objective D?

Additional resources	Description	Use with MCH Priority #6
Early Childhood Framework	State Framework depicting key priorities and goals in the field of early childhood.	Useful reference to identify where medical home fits into the spectrum of early childhood systems.
Early Childhood Framework Crosswalk Diagram (Handout)	Visual depiction of the relationship between the Foundations of the State Early Childhood Framework and the categories of MCH Priority #6.	For LPHA's working in early childhood, this diagram shows how systems building as described in the Early Childhood Framework parallels systems building for MCH Priority #6.
Early Childhood Council Map, contact list	Map of the catchment areas for all 30 ECCs in Colorado.	Guide for locating individual ECCs.
Process Quality Survey (Handout)	Survey conducted annually with all ECCs that measures quality of collaboration within each Council.	For LPHA's already working with ECCs, this is a readily available measure of partner collaboration that can inform your work toward MCH Priority #6 goals for mobilizing partnerships.
Systems Building Inventory	A systems building guide developed by CDHS and CDE that describes developmental stages of systems building using the Foundations of the Early Childhood Framework as an organizing structure.	ECCs who also have Health Integration grants from The Colorado Trust complete a Systems Building Inventory biannually. These reports could help inform the LPHA's systems building work.
Early Childhood Needs Assessment	Data about the needs of and supports for CO children that includes county level data	A tool for community planning published in November 2011 with a great Resource List
National Survey of Children's Health	Completed every 4 years and provides national surveillance data on children and youth, including those with special needs. Data includes children ages 0-17 years.	MCH (Title V) performance measurement tool. Useful for planning and program development at the state level.
Colorado Child Health Survey	Completed every year and provides statewide surveillance data on children and youth, including those with special needs. Data includes children ages 1-14 years.	Colorado survey and data used to monitor state performance measures. Useful for state and local planning.
Colorado Center Boards (CCB) /Map	Map and contact information for the statewide network of CCBs. CCBs are the single entry point into the long-term service and support system for persons with developmental disabilities.	A potential LPHA partner that provides direct services to children and youth, and population based assessments of their local catchment areas.
Early Intervention (EI) Colorado	Map and contact information for the statewide network of EI programs. The purpose of early intervention system is to enhance the development of infants and toddlers with disabilities and the capacity of families to meet their needs	EI Colorado is has multiple data sources, such as referrals and family outcomes, that could be useful in state and local planning.

Colorado Medical Home Initiative	Colorado's Medical Home Website	Provides links to national and statewide medical home efforts, research, and tools.
Questions?		
Medical Home Local Systems Building Nurse Consultant	Jane Gerberding 303.692.2024 Jane.gerberding@state.co.us	
Family Leadership Coordinator	Eileen Forlenza 303.692.2794 Eileen.forlenza@state.co.us	
Medical Home Policy Coordinator	Position currently vacant; to be hired spring 2012	
Medical Home MIT Team Lead	Rachel Hutson 303.692.2365 Rachel.hutson@state.co.us	
Medical Home Physician Champion	Laura Pickler, MD Board certified in Family Practice and Clinical Genetics 720.777.7450 Laura.pickler@childrenscolorado.org	

Web links

Early Childhood Framework

http://earlychildhoodcolorado.org/inc/uploads/CO_EC_Framework.pdf

ECC Directory

<http://www.cde.state.co.us/early/downloads/ECCOUNCILS/directory2011updated12.28.11.pdf>

Colorado Early Childhood Systems Building Inventory

<http://www.cde.state.co.us/early/downloads/ECCOUNCILS/coecsystemsbuildinginventory.pdf>

Colorado Early Childhood Needs Assessment –county data

<http://www.ecclc.org/cp/uploads/ECLCNeedsAssessmentFinal.pdf>

National Survey of Children's Health

<http://www.nschdata.org/Content/Default.aspx>

Colorado Survey of Children's Health

<http://www.cdphe.state.co.us/hs/yrbs/childhealth.html>

Colorado Center Boards /Map

<http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251586997819>

Early Intervention Colorado

Program Performance Profiles, Performance Indicators

<http://www.eicolorado.org/index.cfm?fuseaction=stats.main#Chart>

In 3rd box down> Search>CCB and Indicator = local CCB data

Colorado Medical Home

<http://www.coloradomedicalhome.com/aboutMedicalHome.html>