

Colorado MCH Conference  
March 7-9, 2012

# **Reducing Barriers to a Medical Home Approach**

# Objectives

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- Increased understanding of the background and context for the MCH medical home priority
- Increased understanding of components of local logic model and action plan
- Increased knowledge of technical assistance and resources to support local planning for and implementation of the MCH medical home priority

Rachel Hutson, MSN, RN, CPNP  
Children and Youth Branch Director

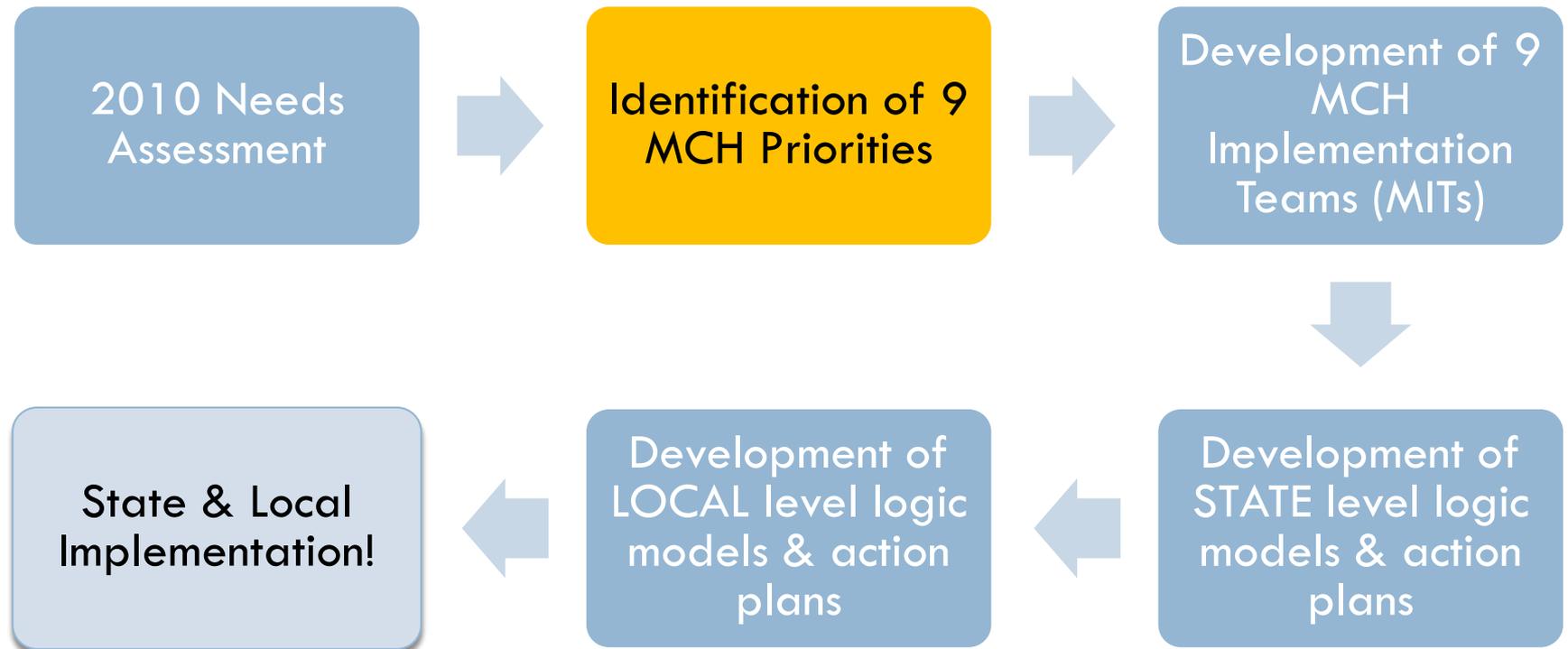
Jane Gerberding, RN  
Local Systems Nurse Consultant

Jennifer Schroeder, PhD  
JAS Associates, Systems Evaluation Consultant

# MCH MEDICAL HOME PRIORITY



# MCH Priorities – Progress to Date



# Identification of the MCH Priorities

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- *How/why medical home was selected as a priority?*
- *What qualitative and quantitative data was used in the selection process?*

# MCH National Performance and Outcome Measures

- NPM 3: The percent of children with special health care needs age 0-18 who receive coordinated, ongoing, comprehensive care within a medical home
- National Outcome 2: All children will receive comprehensive, coordinated care within a medical home

# Colorado Medical Home Data

- **59.3** percent of children/youth ages 0-17 meet the criteria for having a medical home
- **43.1** percent of children/youth ages 0-17 who have a special health care need meet the criteria for having a medical home versus **62.6** percent of children/youth without a special health care need

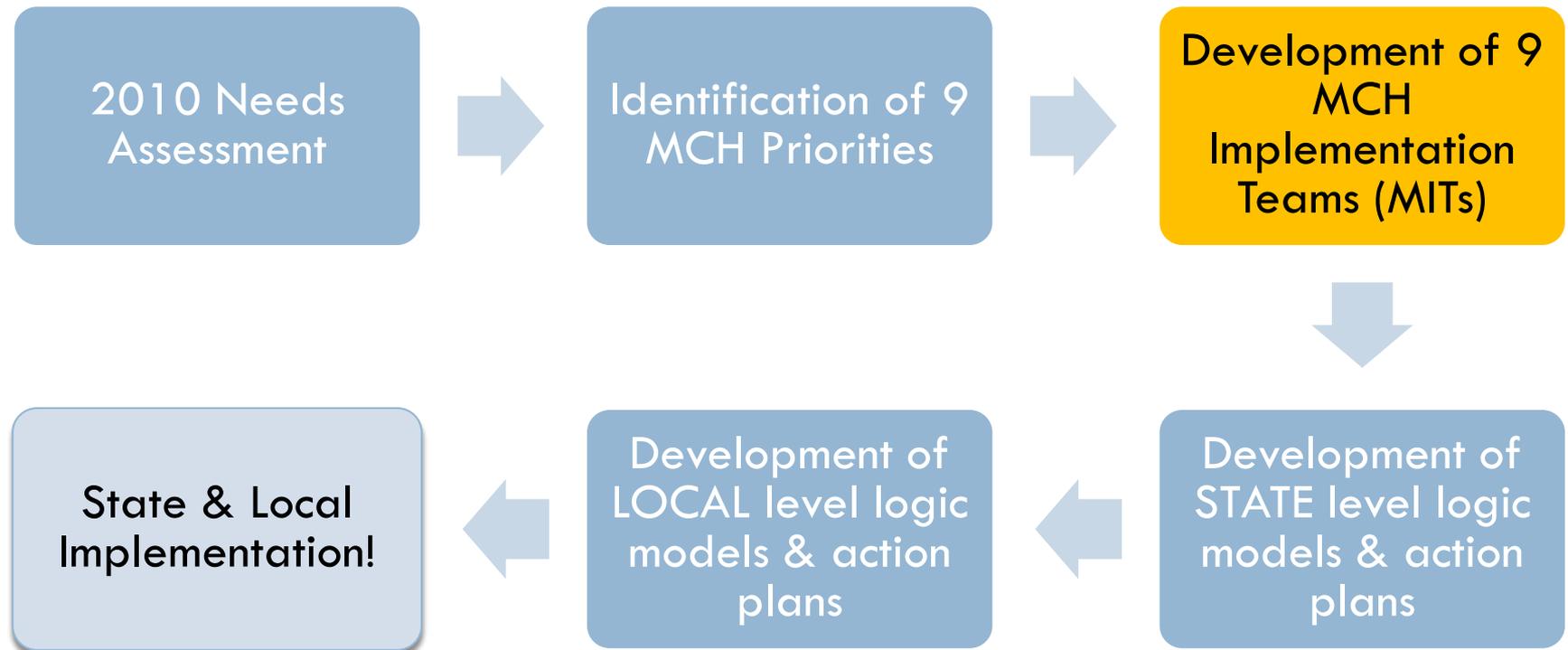
From the National Survey of Children's Health (2007)

# Colorado Medical Home Data

**The Colorado Medical Home Advisory helped provide qualitative data related to the identification of barriers to a medical home approach**

- ❑ Lack of adequate communication and collaboration amongst medical home efforts
- ❑ Policies that do not support a medical home approach and/or lack of policies that support a medical home approach
- ❑ Lack of consumer voice and influence on decision-making
- ❑ Lack of adequate support for providers
- ❑ Lack of adequate support for community-based systems

# MCH Priorities – Progress to Date



# Medical Home MIT

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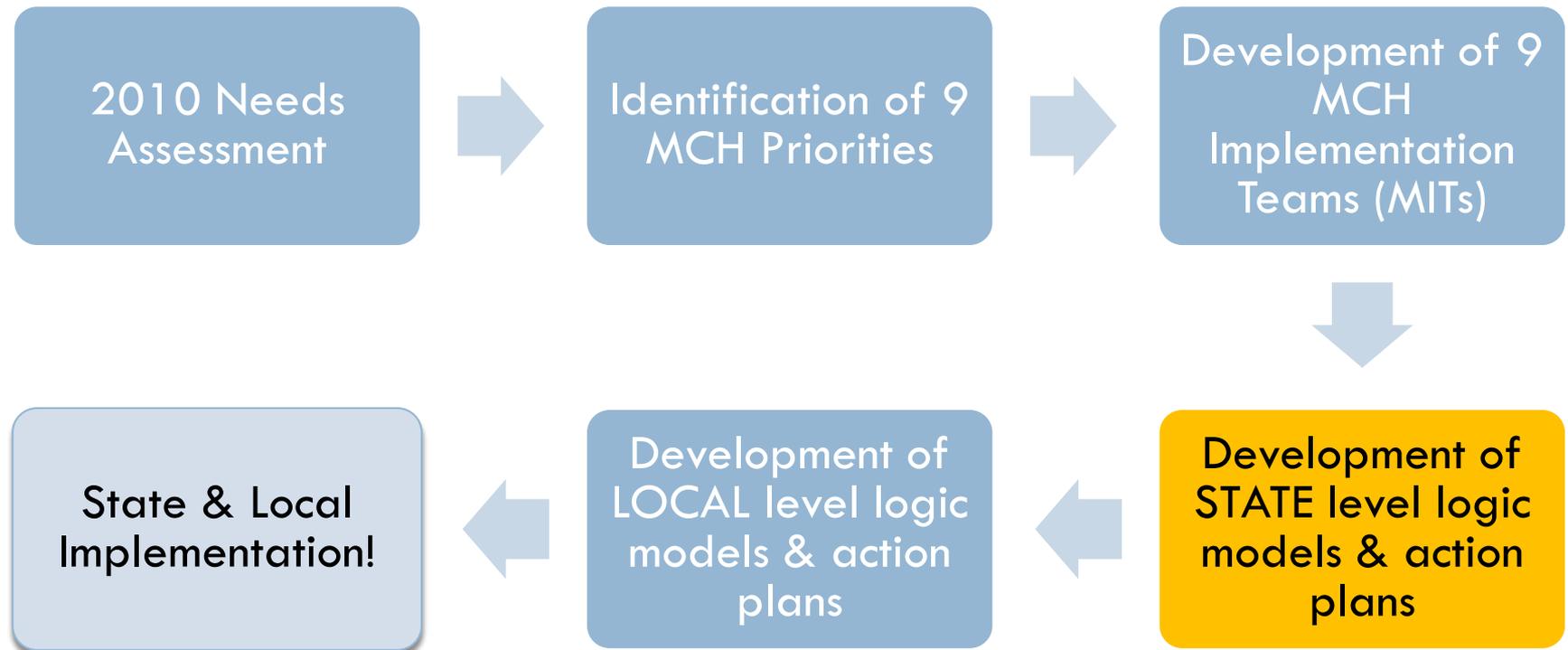
MIT Team Lead:

- Rachel Hutson

MIT participants include:

- Children and Youth Branch staff
- Other Prevention Services Division Staff who are focused on medical home
- External partners

# MCH Priorities – Progress to Date



# State Logic Model and Action Plan



- State and local logic models mirror one other
- State and local action plans contain the same strategies
- Action plan strategies are focused on the base of the pyramid

**Core Public Health  
Services Delivered by  
Maternal & Child Health  
Agencies**

**Direct Health  
Care Services**

(gap filling)

Basic health services and health services for children with Special Health Care Needs (CSHCN).

**Enabling Services**

Classroom health education, CYSHCN care coordination, motivational interviewing and client education.

**Population-based Services**

Statewide newborn screening, school district-wide health education, child care and health care provider training and outreach, public education/messaging.

**Infrastructure-building Services**

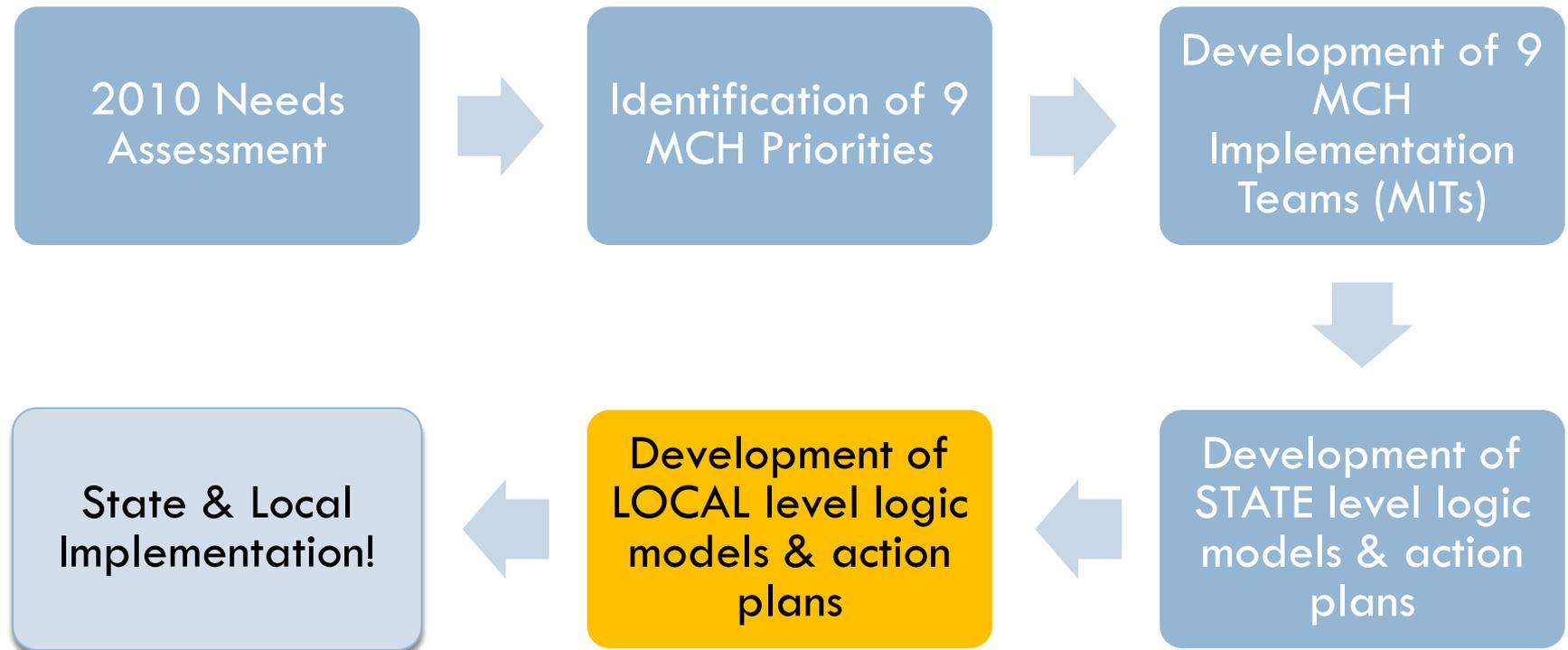
Needs assessment, evaluation, program planning, policy development, coalition development and management, standards development, workforce development, systems-building initiatives, and information systems.

# State Logic Model and Action Plan

Designated CDPHE staff serve as leads for each of the strategies:

- Mobilizing partnerships: Rachel Hutson and Medical Home Policy Coordinator
- Policy: Medical Home Policy Coordinator
- Consumer voice: Eileen Forlenza and Anne-Marie Braga
- Provider support: Zula Solomon
- Community support: Jane Gerberding

# MCH Priorities – Progress to Date



# LOCAL LOGIC MODEL



# Local logic model

## Long term impact:

- All children and youth, including those with special health care needs, receive comprehensive coordinated care within a medical home

## Four strategies:

- Mobilizing partnerships
- Policy
- Consumer voice
- Provider support

# LOCAL ACTION PLAN



# Local Action Plan



The action plan has been shaped and informed by the experiences of several key groups who have been working on medical home issues at the community level:

- local HCP systems building efforts;
- local Early Childhood Health Integration grantees; and
- local pilot communities from the Medical Home HRSA grant (Boulder, Summit, Mesa and Larimer)

# Local Action Plan



Early childhood focus:

The medical home action plans must include at least one objective focused on the early childhood population

- Importance of early identification of and support related to special needs
- Opportunity to align and leverage resources with existing early childhood efforts

# Local Action Plan



## **Components of the Action Plan Template**

- **Context**
- **Goals**
- **Objectives**
- **Target population**
- **Criteria for success/as measured by**
- **Strategies**
- **Milestones/Key activities**
- **Monitoring plan**

# Using the Action Plan Template



## **Objective A: Mobilize partnerships**

- ❑ **A.1.1: Identify key stakeholder group**
- ❑ **A.1.2: Creating a team charter**
- ❑ **A.1.3: Identifying barriers**
- ❑ **A.1.4: Identifying collaborative action steps**
- ❑ **A.1.5: Identifying roles**
- ❑ **A.1.6: Strategic learning**
- ❑ **A.1.7-9: Evaluating collaboration**
- ❑ **A.1.10: Medical home technical assistance**

# Using the Action Plan Template



## **Objective A: Mobilize partnerships**

- Discuss some examples of what a local action plan might include**
- Three groups of 10**
- 40 minutes**

# Wrap Up



- **Highlights from small group discussions**
- **Additional questions and/or technical assistance needs**
- **Upcoming technical assistance opportunities**



THANK YOU