Shriners Hospitals for Children™

MEDICAL HOME INITIATIVES

In Cooperation with the American Academy of Pediatrics

Medical Home Quarterly December 2008

A quarterly newsletter of the Medical Home Learning Collaborative, a joint project of Shriners Hospitals for Children and the American Academy of Pediatrics

Message from the Medical Home Doc

Happy Holidays! I hope that you're getting a chance to relax and celebrate a bit, despite the usual craziness of the season combined with all the recent work stresses. Though there have not been a lot of new Medical Home project activities lately, the work you've been doing to consolidate the gains you've made is extremely valuable, and will help ensure that they don't go away as we expand the focus into co-management in the upcoming year. I am especially excited about your work on education about Medical Home for patients and families!

From a "big picture" standpoint, the past few months on the national Medical Home front have been increasingly busy, with more and more interest in the Medical Home concept from adult providers, policymakers, insurer and employer groups, and even the government. Much of the new focus has been on enhancing primary care practices and exploring ways to pay for those enhancements. While this might not appear to have a direct impact on our activities, as you know, many of our patients do not have well-functioning Medical Homes to go to. I am hopeful that these new efforts will eventually increase Medical Home capacity for our patients, though it will likely take a while.

One concern I have is that despite the increase in talk about Medical Home among adult providers and policymakers, partnerships with specialists and community resources have not been emphasized as strongly as they have in pediatrics, where the Medical Home concept has been around for over 30 years. Your leadership in this area is breaking ground that isn't yet recognized by those who are newer to the concept. However, with our help and loud voices, I believe this will re-emerge as strongly as ever as discussions progress! Stay tuned.

As you probably know, we are gearing up to launch a co-management pilot project in the Tampa and Shreveport hospitals in the next couple of months. In preparation for eventually launching the Stage 2 Medical Home intervention in all U.S. hospitals, we want to design and test a model of co-management of selected patient problems with referring primary care providers (PCPs). We want to develop an intervention that is easy to implement but also one that improves the quality of care for our complex patients, avoids duplication of lab tests, x-rays and outside consults, and promotes the idea of PCPs partnering with us in care whenever appropriate.

During 2009, we will develop, pilot test and study a co-management strategy with PCPs and families of 40-50 kids with cerebral palsy and osteogenesis imperfecta, evaluating the strategy's feasibility and usefulness and getting preliminary information about its impact on patient and financial outcomes. It will involve early contact with PCPs, negotiation of what tasks might be shared and what testing or consults might be done better through the child's Medical Home, and education of PCPs and families about this team approach. The hospital teams will work with local PCPs to design the best strategies. We are in the process of finalizing procedures and measurement strategies with the teams, and will obtain IRB approval, since the pilot phase is a research study that we eventually hope to publish. We plan to begin enrolling patients during the winter.

Best wishes.

Chris Stille

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Editor and Newsletter Designer: *Jennifer Frantz, MPH*

Medical Home Learning Collaborative

Update from the Steering Committee

As Aretha put it…CHANGE, CHANGE, CHANGE!!! Okay so maybe it wasn't "change" that she sang about in that particular song but it sure sounded like it….right!? Oh come now, how many of you thought the words to Elton John's Tiny Dancer was "Hold me closer Tony Danza"!? Perhaps I should just focus on what has happened since our summer regional meetings and leave the song lyrics to the pros.

HIPAA, now there's a good conversation starter and one that has been a hot topic on many of our collaborative calls as well at the regional meetings. All concerns discussed in our meetings were taken to the Headquarters' HIPAA Administrator who has addressed most of them in the updates that can be found on the Shriners Hospitals for Children (SHC) intranet site. Additionally, the HIPAA annual online training for 2008-2009 contains all updated information and links to the SHC Headquarters' HIPAA policies. This training was opened up to all hospitals for use so if you have not seen this information please contact your onsite HIPAA Administrator. Also, the process of updating HIPAA information for our system is an ongoing initiative so periodically check the SHC intranet site to ensure that the most accurate information is being utilized at your hospitals.

The request for Medical Home education in the hospitals via SHINE has been completed and uploaded to SHINE. The "Medical Home 101" module will be made available for hospital use following the release of the Headquarters' Leadership communications to hospital leadership and the hospital Medical Home teams. We anticipate the end of December for release of the module.

With HIPAA and the Medical Home education tasks completed, that's two down and five to go which means that I have more good news! Though we were unable to push through the request for remote access for consulting physicians at this time (key words here: "at this time"), we were able to get the Medical Home Program information on the SHC internet site. That's right, soon everyone outside of our system will have access to the work that all of you have been doing with the Medical Home Program throughout the system. The Healthcare Quality team is currently working with the SHC internet/website administrators on the Medical Home content for the website with the projected 'go-live' date of January 2, 2009. Additionally, the PCP survey questions will be made available on the website via a link to Survey Monkey. The survey will contain ten questions and will be made available by January 15, 2009 for outside primary care providers (PCP) use. All hospitals will be receiving a business size card to be included in outgoing hospital PCP communications which contains the SHC website address, simple instructions and the direct survey address.

Now that all of our hospitals (except Mexico and Canada) are on board with the Medical Home Program, the self report indicators are targeted to end in May 2009. This information is necessary to assist us with the gauging of success of the Medical Home process at the hospital level. This data has helped us and each of the hospital teams in identifying process breaks and areas in need of improvement so your continued entry of this data is important until all hospitals have reached their target.

The last and final task from the regional meetings is the Co Management Pilot that Tampa and Shreveport have volunteered to assist with. The pilot which will focus on two specific diagnosis modalities and the shared management of patient care between SHC and the PCP is scheduled to begin January 2009. This pilot will run for six months with the possibility of extension based on hospital input. Updates on the pilot's progress will be done on the 2009 collaborative calls which Roger will be setting up within the next couple of weeks.

Well folks that does for the Medical Home updates. If you have questions on this article's information please contact me at djenkins@shrinenet.org or 813.632.1559.

Happy Holidays!

Diane

Medical Home Toolkit to be Launched in 2009

Medical Home is the model for 21st century primary care, with the goal of addressing and integrating high quality health promotion, acute care and chronic condition management in a planned, coordinated and family-centered manner. Patient care associated with the Medical Home improves outcomes, such as health status, timeliness of care, family centeredness, and family functioning.

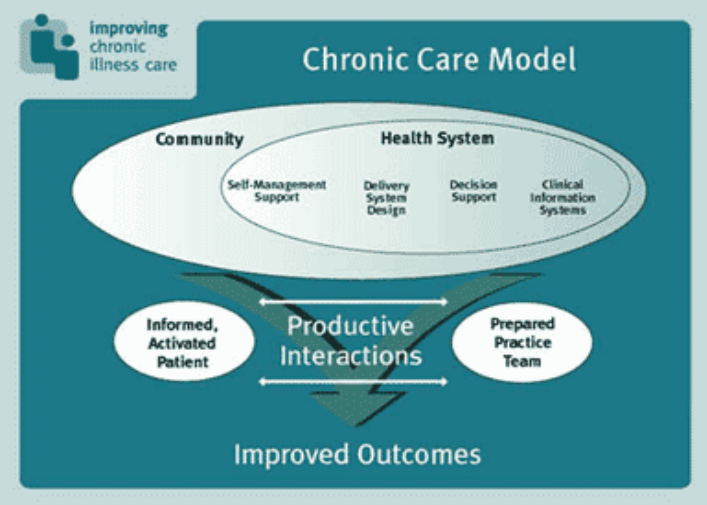
The National Center for Medical Home Implementation is in the process of creating a toolkit to help support health care professionals in the development and/or improvement of a Medical Home for all children and youth. The toolkit was designed based on the American Academy of Pediatrics' Medical Home policy statement, Wagner's Chronic Care Model (see figure 1) and the National Committee for Quality Assurance (NCQA) Physician Practice Connections®-Patient-Centered Medical Home (PPC-PCMH™) recognition program. The NCQA PPC-PCMH recognition program provides a way to qualify and quantify care in the Medical Home. In some practices, scoring at NCQA higher levels has resulted in enhanced payment to the practice. Each of the Toolkit building blocks is cross-walked with the NCQA PPC-PCMH recognition 'must pass' elements, so by using the toolkit a practice will be able to prepare for the NCQA PPC-PCMH

The Toolkit is organized into six building blocks that provide guidance for implementation:

- Care Partnership Support
- Clinical Care Information & Organization
- Care Delivery Management
- Resources & Linkages
- Practice Performance Measurement
- Payment & Finance

The toolkit contains improvement guides and ready to use tools for the practice. The toolkit will be available free to users on-line in March 2009. Stay tuned!

Figure 1:
There are six fundamental areas identified by the Chronic Care Model making up a system that encourages high-quality chronic disease management. Organizations must focus on these six areas, as well as, develop productive interactions between patients who take an active part in their care and providers backed up by resources and expertise.



[Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1(1):2-4.]

*The Chronic Care Model was developed by Ed Wagner, MD, MPH, Director of the MacColl Institute for Healthcare Innovation, Group Health Cooperative of Puget Sound, and colleagues of the Improving Care program with support from The Robert Wood Johnson Foundation.

Start the New Year Right by Learning More about Medical Home!

A Medical Home conference call series is scheduled to begin in March of 2009. This monthly Medical Home Implementation conference call series will provide education and information to health care professionals that will (1) Improve the quality of patient care and family satisfaction; (2) Describe the value of family-centered primary care; (3) Identify practical tools for Medical Home implementation; and, (4) Increase provider satisfaction.

The calls scheduled include:
Call 1: ***March 3rd***—Implementing Medical Home for All Children and Youth
Call 2: ***March 25th***—Improving Communication and Co-management Between Specialty Providers and the Medical Home
Call 3: ***April 20th***—Implementing Developmental Screening in the Medical Home
Call 4: ***May 21st***—Role of the Medical Home in Family-Centered Early Intervention Services
Call 5: ***June 24th***— Incorporating Family Participation Practices into Your Project and Practice

Registration will open one month before each call—mark your calendars. More information will be made available in January—stay tuned!

TIPS & TECHNIQUES

Color Your Patient with Safety: A 6S Exercise

By: Roger Noble

6S has many implementation possibilities. Color-coding is a form of 6S. Color-coding patients through the use of wrist bands is one such method. Use Safety as your focus by emphasizing color coding use in areas that impact patient safety. Sort patients by diagnosis, treatments, or alerts. Shine on areas of key importance by using colors that carry meaning such as red for allergies denoting a "danger". Straighten or organize your patients by color coding by assigning them to treatment rooms that are equipped with the tools needed to treat patients coded the same way. Standardize use across units. Sustain the process so it is consistently used, minimizing the opportunity for interpretative error.

Adams County Regional Medical Center is joining other hospitals, nursing homes, ambulatory facilities and emergency medical services across the state in standardizing wristbands used to identify certain patient conditions, such as allergies or the risk for falls, as recommended by the Ohio Patient Safety Institute (OPSI).

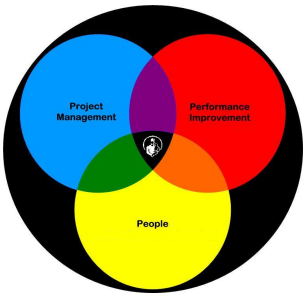
Hospitals and health care providers have worked diligently to standardize the practice of wristband identifiers, due, in part, to the fact that many doctors, nurses and other practitioners work in more than one facility, each with their own set of wristband colors, thus creating a higher potential for error.

According to a survey of Ohio hospitals, home health agencies, nursing homes and ambulatory surgical centers conducted in November 2006 by an OPSI-created task force, health care providers have been using 19 different colors with 28 different meanings.

The staff at Adams County Regional Medical Center is committed to protecting the safety of the patients who seek care from them each year, so they are joining OPSI in implementing the colored wristbands initiative for Ohio health care providers. OPSI recommends that all Ohio health care providers adopt the four following standard wristbands:

Band Color Communicates: white/clear - patient identification; red - allergy; yellow - fall risk; and green - blood product.

SP^3 Continues to Evolve and Improve



By: Roger Noble

Since the last newsletter update, we have rounded out our White, Yellow, and Green Belt curriculum with the addition of FIVE courses to our SHINE curriculum for Lean Six Sigma.

Yellow Belt Curriculum
Theorists. Introduction to the quality gurus who form the basis behind the SP^3 trilogy to performance excellence.

Green Belt Curriculum DOE. Introduction to the Design of Experiments (DOE) approach to developing project scope with quantifiable measures and specifications for outcomes.

Black Belt Curriculum

- **Spaghetti Analysis**. Discussion on physical (ergonomic) environment efficiency as it relates to increasing patient throughput and FTE requirements.
- **TAKT Analysis**. Discussion on how to assess the required process capacity within constraints (Theory of Constraints).

FMEA. Discussion of the formal, calculated approach to Failure Mode and Effects Analysis in order to prioritize your improvement focus on the area with the potential of causing a failure.

Black Belt level CBLs are assigned by invitation only based upon completion and issuance of your Green Belt certification.

In August, we closed our first Master Black Belt level initiative on Outpatient Wait Times and presented the findings at the October Annual PI Director's Meeting in Montreal. In January, we hope to launch at least three of the ten identified Black Belt level improvement projects from the initial Master Black Belt initiative study. We have been accepted to present our design and execution of this study at the Annual American Society for Quality's Lean Six Sigma Conference in Phoenix March 2009.

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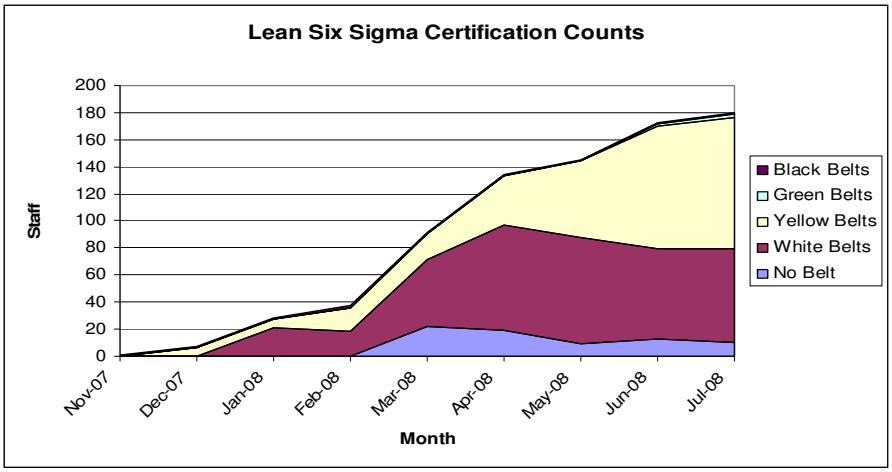
SP3 Update continued

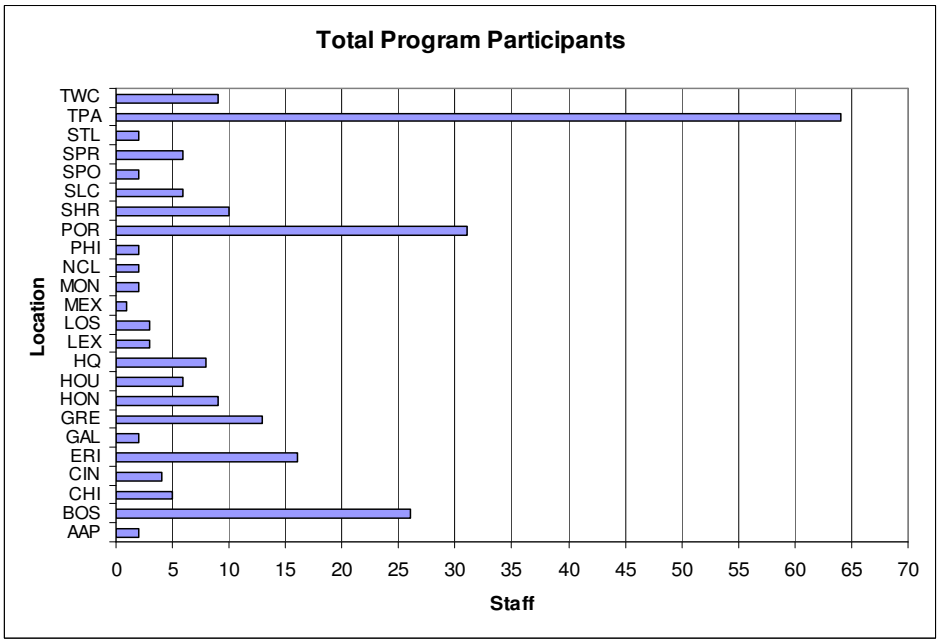
We now have White, Yellow, and Green Belt Scope of Knowledge (SOK) references posted on our Lean Six Sigma collaborative for everyone's ease of reference. These SOKs expand on the SHINE CBL material with further discussions and examples.

As of the end of October:

- 234 people have taken at least one SHINE Lean Six Sigma CBL
- 1791 courses have been taken in total
- 53% of our program enrollees are in a clinical role at SHC
- 19 Green Belts have been awarded
- 9 Green Belts have accepted the challenge to work towards their Black Belt

Check out our Lean Six Sigma collaborative site for more information, latest updates, and project info. http://hdqshrpt/ma/HealthcareQuality/sixsigma/default.aspx (for Shriners Hospitals for Children staff only)





Spotlight On: Title V and the Medical Home

By Phyllis Sloyer PhD, President of Association of Maternal Child Health Programs and Division Director, Children's Medical Services, Florida Department of Health

Title V of the Social Security Act is the primary piece of federal legislation that addresses the health, safety, and well-being of women and children, including children with special health care needs.

Although each state and territory is organized differently, there is a designated maternal and child health section and children with special health care needs section. States and territories carry out essential functions such as determining the need for quality maternal and child health services and programs based on the collection and analysis of data and information. In fact, the Title V Maternal and Child Health (MCH) Services Block Grant received the highest possible rating and is among the 19% of federal programs that earned the highest rating of "effective."

A cornerstone of the legislation and the block grant funding focuses on providing family-centered, community-based, coordinated care for children. Title V programs play a key leadership role in promoting such systems of services. Perhaps one of the most significant initiatives has been the promotion of medical homes for all children. The development of medical homes requires collaboration among child health providers, state Title V leaders, and families to assure universal access to medical homes, as well as to support quality improvement toward medical home implementation for child health professionals.

There are several strategies that a Title V Program can use to facilitate the development of medical homes. Florida uses strategic planning, data analysis and reporting, quality improvement activities, resource incentives, and partnerships to expand medical homes throughout the state.

The Children's Medical Services strategic plan (Florida's Title V CSHCN Program) describes a primary goal of assuring that all children have medical homes, including children with special health care needs. Specific principles, elements, and performance measures have been developed for the medical home goal. The 2008 Florida legislature enacted a bill that requires a strategic plan be developed that addresses healthcare transition of youth. A key feature of the plan includes development of medical home models that facilitate transition from pediatric to adult care.

Florida measures the concept of medical home in its annual evaluation of the Kidcare program (Florida's state children's health insurance program and the Medicaid program) and a report is produced for policymakers that addresses barriers and potential solutions for improved medical home outcomes.

CMS has participated with the Florida Chapter of the American Academy of Pediatrics in several national learning collaboratives that use planned activities and quality improvement strategies to implement medical homes. The learning collaboratives have focused on medical homes in general and on medical homes involving newborns with hearing loss and children with epilepsy. The quality improvement techniques used in physician practices have had positive effects on family access to care and satisfaction with care.

Additional funds were appropriated to CMS as incentives for its 12 primary care networks to develop the building blocks for medical homes. Through mini-grants the networks focused on at least two elements of a medical home (e.g., creating disaster plans for all cshcn, establishing identification processes for cshcn in the practice). The 12 primary care networks located throughout the state include over 200 pediatricians and family physicians and nurse care coordinators. These networks are ideally positioned to adopt medical home principles. The networks are established in state law and were developed through a partnership between the Florida Chapter of the American Academy of Pediatrics and CMS. A few examples of their efforts are described below.

Jacksonville's Managed Access to Health Care, Inc. was one of the original medical home sites that employed nurse care coordinators in three practices. A survey was conducted of physicians about their awareness of medical home concepts with subsequent training and technical support physicians concerning medical home. The network bills Medicaid for targeted case management services which helps to support the activities of the nurse care coordinators. An article has been published about the successes of practice-bound care coordination.

Miami Children's Hospital is implementing medical homes through CMS and has also provided care coordinators to practices. Miami Children's Hospital is uniquely positioned to improve linkages and communication between the primary care provider and the specialists. This site is also exploring the use of telemedicine to better connect the specialist with primary care physicians and is involved with a national learning collaborative together with the Epilepsy foundation focused on children with epilepsy.

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Sarasota's Westcoast Access to Children's Health, Inc. was a pilot site for a newborn hearing screening medical home initiative and routinely uses the approach of care coordinator's as part of the physician's practice. The medical home physicians are "huge" advocates of the medical home concept. They are involved in writing letters of support for medical home grants and speak to other community physicians about the benefits of medical home. Sarasota is working towards a grant to start up a transition team and is developing a program to supply flash drives to families for their children's medical records.

Ft. Myers's Island Coast Primary Care Project, Inc. focuses on family health centers (federally qualified health centers) as medical homes for children with special health care needs. The federally qualified health centers have been involved with CMS telemedicine demonstrations in order to improve access to services.

In collaboration with the Healthy Start Program, CMS piloted a developmental and maternal depression screening initiative in a large group practice as one of the components of a medical home. Additionally, mental health screening and linkages with the mental health system have been created in this same area.

One of the most challenging issues is supporting the resources required to fully implement medical home concepts. Fortunately, CMS received funds to develop the primary care networks beginning in 1984 and is approved as a group provider for Medicaid targeted case management. We have also used some of our funds to support care planning and management for the physician and are researching the possibility of funding care planning and oversight for medical homes.

None of the strategies described in Florida could have been possible without the partnership of the Florida Chapter of the American Academy of Pediatrics and its advocacy for children.

The best way to find out about the title V program in your state is to search on the following webpage: http://www.mchb.hrsa.gov/programs/default.htm and click on the link: State Directors of Maternal and Child Health and Children with Special Health Care Needs Directors to find your State Director

Connecting with Primary Care Pediatricians—Tampa's Outreach Role

By Jeanine Fuentes

This year the Tampa hospital celebrated their twelfth year utilizing the role of "outreach coordinator" and witnessed a greater expansion of open doors for the position thanks to the changes in communication that the medical home pilot has helped produce.

The role was first created in 1996 and at that time was a shared position held by two Registered Nurses including now Public Relations Director Beth Demas RN. The position was formed to meet the needs of the referring medical community. "Up until then the Shriners were going into the patient homes to complete new patient applications." "We wanted to develop a more direct relationship with physicians" explained Demas.

Though pediatricians were identified as a key public, the outreach role at that time faced barriers in building strong relationships with community providers because of the lack of a solid communication infrastructure within the hospital. "They always had a positive impression of SHC but expected to be involved in receiving information on their patients specialty care" said Demas.

The focus of efforts over the next 10 years was turned towards reaching community agencies and the school health system where larger inroads could be made. Through the outreach role the Tampa hospital integrated itself into agencies such as the Student Health Advisory Committee (SHAC) and the Early Childhood Council (ECC). The hospital became an integral part in the outreach initiatives pursued by these agencies and continues to play a key leadership role in their membership. Currently the present outreach coordinator Jeanine Fuentes serves on the Board of Directors for ECC.

Relationships were established with school nurses throughout the County and the Tampa hospital became positioned as a reliable educational partner for the school health system to turn to in identification of scoliosis through screenings and other important pediatric orthopaedic education.

The Tampa hospital began and maintained a regular presence at multiple community health-fairs and medical conferences throughout the area which are maintained today and continue to expand as new opportunities arise. Currently on a yearly basis the hospital participates on average in over 20 community events a year.

Through the development of the outreach role Shriners were sought out and encouraged to attend these events along side the outreach coordinator. "This allowed us to effectively communicate our services while also educating the community on how we work with our fraternal side" explained Demas.

Through the outreach role several presentations were conducted with agencies serving similar patient populations such as the Spina Bifida Association and the United Cerebral Palsy Association. Relationships were formed to co-educate patients on services available to them in the community.

In the past two years significant progress has been made in establishing relationships with pediatricians now that the medical home program has ushered in key system changes in the way the hospital communicates with these providers.

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Fuentes began reaching out to pediatricians at the same time that the medical home pilot commenced. She was able to receive feedback first hand from pediatricians in the community as well as bring that information back to the hospital for needed process changes. “It was key in my relationship building to provide a resolution to their requested need which was the desire to receive regular communication on their patients.” explained Fuentes. “At the hospital level we created and marketed a physician referral line based on feedback I received from providers on their preferred referring process.”

Demas says she thinks the link to AAP will be a gateway for the future in terms of pursuing additional outreach relationships. “When we are in touch with health trends across our system and the State we can ensure that we make the needed process changes to be a universally user-friendly provider of care amongst all varying systems.”

Establishing relationships with pediatricians has allowed Fuentes to clear up common misconceptions regarding services available, and eligibility in the medical community. Over 380 providers across several counties have been reached with education and materials on the services provided by the Tampa hospital. Many providers said they felt they were under-utilizing the hospital or not utilizing the services at all prior to receiving these educational updates on outreach visits.

Through the efforts of the outreach role two events that jointly addressed pediatrician education and hospital awareness have been held over the past year. In February a Continuing Medical Education event was organized and hosted at the Tampa hospital for the pediatric provider community called “The Role of the Primary Care Physician in the Treatment of the Pediatric Orthopaedic Patient.” The education provided garnered great feed-back and multiple community providers received exposure on the services provided by the hospital.

A second event was held in June targeted at the pediatrician’s support staff (practice managers and referral coordinators) “The 2008 Referrals Update Breakfast.” Various resource agencies in the community were invited to participate in this morning event. The event provided a wide array of educational resource tables from the community and helped the hospital to further relationships with pediatric practices and fellow community agencies.

Future outreach initiatives for the Tampa hospital include reaching out to providers on a more wide-scale level. The possibility of administering and advertising regularly scheduled webinar presentations on hospital services for providers is actively being researched.

The Tampa hospital continues to stand behind the value and the philosophy of the outreach role which is to “know no bounds!” “We place a high level of importance on the role and value it as an integral role in hospital communication” stated Demas. In regards to the future of the outreach role and its benefits Demas says; “This is just the beginning!”

Be Part of the Future! Future of Pediatrics Conference: Quality Care for All Children

Anaheim Marriott | Anaheim, CA

Feb 27, 2009 - Mar 01, 2009

With the overall goal of improving child and adolescent health, this AAP/ACOP conference provides current information on clinical and practice management topics. The conference focuses on strategies to advance medical homes and build partnerships within communities. Opportunities are provided to present and discuss successful projects and strategies. Through a variety of educational formats, the conference addresses basic issues and recent advances in pediatric medicine, and participants learn in small group settings, through interaction with faculty, through online experiences, and by networking with peers.

For more conference information, visit http://www.pedialink.org/cme/FOP/

Just Released: *Family-Centered Care Tools!*

These newly-published Family-Centered Care Self-Assessment Tools are designed as an opportunity for health care practices and families to assess current areas of strength and identify areas for growth, plan future efforts, and track progress toward family-centered care. These tools include a Family Tool, a Provider Tool, and a Users Guide. An online feedback survey will soon be available on the Family Voices web site. For more information visit: http://www.familyvoices.org/

Call for Newsletter Content:

We are now collecting articles for the March Medical Home Quarterly newsletter. Please e-mail Jennifer Frantz (jfrantz@aap.org) any items of interest by April 15th.