

Enhancing the quality of care coordination for children with special needs: Results from the Jacksonville Medical Home Project

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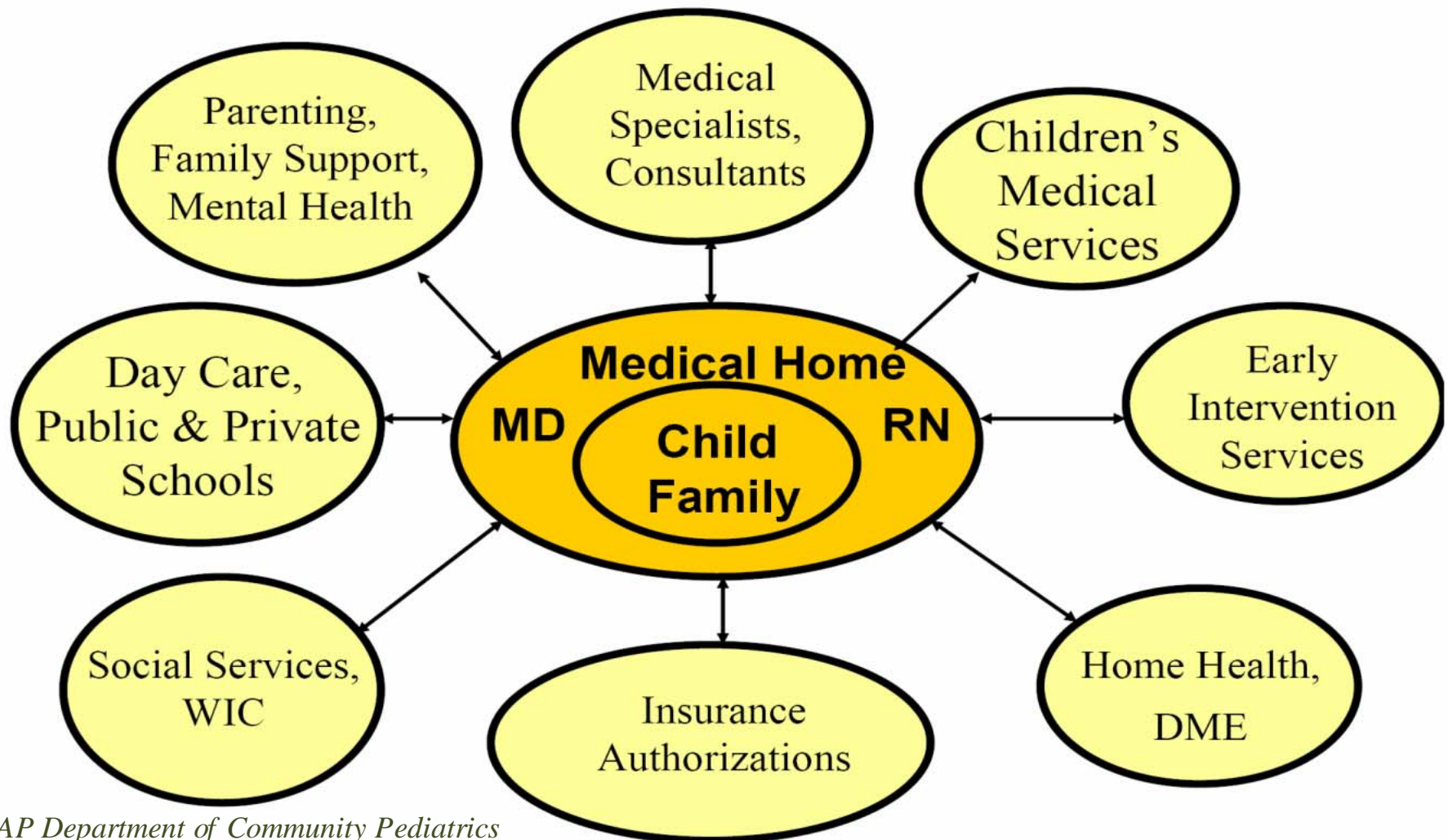
American Public Health Association,
November 7, 2007

Overview



- Background on Medical Home
- Mixed-method Study Overview
- Benefits of Practice-based Nurse Care Coordination
- Policy and Practice Implications

The Medical Home Model



AAP Department of Community Pediatrics

Study Overview



Jacksonville Medical Home Project

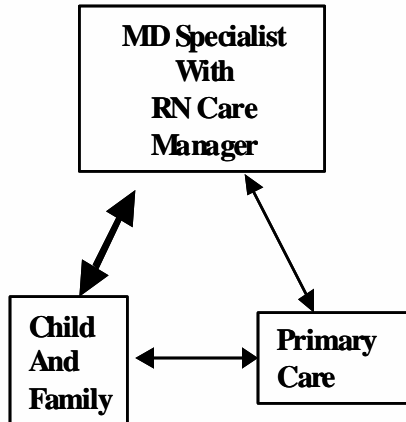
- Intervention - Title V program in Jacksonville, FL
 - Nurse care coordinator co-located with pediatrician in primary care practice
 - Care plans developed by nurse-doctor-parent teams
 - Quality improvement process
 - Parent leader teams in practices
- Evaluation
 - Mixed Method Prospective Cohort Study Design
 - 3 intervention practices, 3 control practices
 - Survey at baseline and at 18 months follow-up (n=144) (n=262)
 - (Pre-) In-depth, qualitative interviews with providers (n=11)
 - (Pre-) Focus groups with parents/caregivers (n=30)
 - (Post-) In-depth, qualitative interviews with Intervention providers/NCCs (n=6)
 - (Post-) In-depth interviews with parents (n=27)

Intervention Model

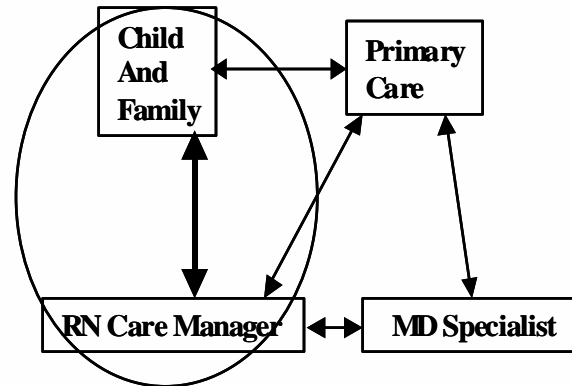


Florida Title V Care Coordination Model

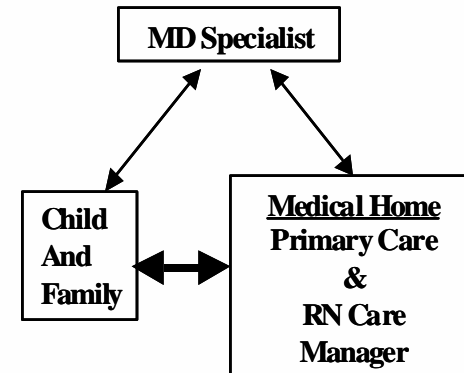
Old Model
Specialty-Focused
Care Management



Current Model
Of Care Management.



NEW Medical Home Model
Care Management



Logic Model For Evaluation of Medical Home



Intervention

On-Site Care Coordination

- Training
- MD-RN Teaming

Quality Improvement

- Medical Home Index
- QI teams
- Parent partners
- Project meeting

Provider Practice

Quality of Care Coordination

- Help w / Needed Service
- Experience w ith CC
- Satisfaction w ith CC
- Barriers to getting health services

Quality of Pediatric Services (Medical Home Services)

A. Parent Assessment

- Treatment by office staff
- Communication w ith the pediatrician
- Partner in decision-making
- Working on care plans
- Connecting to outside resources

B. Practice Self-Assessment

- Medical Home Index

System & Client Utilization Outcomes

Reduced Barriers to Care

Utilization of Health care services

- Specialty services
- Allied health
- ER/hospitalization

Cost of Care

- Total health care costs, primary care costs, ER/hospital costs

Financial Burden to the Family

- Out-of-pocket costs
- Reported burden
- Medicaid Coverage

Child/Family Health Related QOL Outcomes

Child Health Outcomes

- Sick/bed days
- Days missed from School
- Pain/discomfort

Family Care Giving Burden

- Caretaker personal need
- Caretaker worry
- Caretaker burden (hours of care /day)

Livingood, et. al, 2007

Family Survey



1) Child and Family Demographics

- Race, family composition, parental education, household income

2) Quality of Care Coordination

- Helpful with needed services
- Experience with care coordination*
- Overall satisfaction with care coordination*
- Impact of care coordination on barriers to receiving services*

3) Quality of Pediatric Services (Medical Home Services)

- Treatment by office staff*
- Communication with pediatrician
- Partner in decision making
- Working on care plans
- Connecting to outside resources

4) Utilization of Health Care Resources

5) Family Financial Burdens

6) Measures of Child Health Status

* P < 0.05



Results



Provider Practice Improved

- **Results of Family Survey – Care Coordination**
 - Experience with care coordination – improved 71% in intervention group vs. 52% in control group, $p = .02$
 - Satisfaction with care coordination services – improved 29% in intervention group vs. 14% in control group, $p = .03$
 - Barriers to getting health services – reduced 50% in intervention group vs. 26% in control group, $p = .003$
 - Help with needed services – improved 34% in intervention group vs. 29% in control group, $p = .60$
- **Results of Family Survey – Pediatric Services**
 - Treatment by Office Staff – improved 45% in intervention group vs. 29% in control group, $p = .04$

Results



On-site Care Coordination Improved Access

- “... Just her being available has been the most helpful. If something comes up and I need something just her being there...and I like that she’s in the pediatrician’s office cause if I do have a medical question, she can just run and ask the doctor and get back on the phone and it kind of works out really well. So I just think that her being in the office and being available has been the best help that I’ve gotten.” (Parent)

Results



On-site Care Coordination Improved Communication

- “They were feeding me the information. I wasn’t having to look for it anymore. They were doing what I was doing in the very beginning so that I think that it was excellent. ...it was a relief to know that I didn’t have to search for something that I didn’t even know where to search for in the first place.”
(Parent)

Results



On-site Care Coordination Improved Follow-up

- “...direct involvement in the coordination of referrals. I am there so when [the doctor] tells them that they need to go see the specialist and they leave the room saying, ‘okay I need to go see the specialist.’ I know from the doctor making the referral - to the referral becoming paper - to the referral coordinator getting it into the system - to getting it through insurance - to getting it through authorization - to getting an appointment - to the patient being at the appointment.” (NCC)

Results



On-site Care Coordination Humanizes the Process

- A parent said, “I didn’t feel like my kids were a number anymore. I felt like they knew my kids., they knew their file. They acted like they care, any time they called they were up on what my kids were going through.”

Results



Improved Treatment by Office Staff

- “...we did on one occasion make a special accommodation for a family...there we others but this one stands out. The child had not received preventative care in many many years. His mother was the sole caregiver and he was very difficult for her to manage. He was a large late adolescent and ... he was severely, mentally, and behaviorally challenged, but he was completely mobile so that made him very dangerous in some ways for her...”

Study Conclusions



- Demonstrated significant improvement in Care Coordination and Treatment by Office Staff
- Follows expectations described by logic model – Intervention: Provider Practice: System and Client Utilization Outcomes: Child/Family Health-related QOL Outcomes
- Improvements related to on-site NCC and concomitant enhancements in access, communication, follow-up, and family-centeredness
- Mixed-method design more informative than any method alone

Policy Implications



- The Nurse Care Coordinators (NCC) of Children's Medical Services (CMS) have long been a resource for communities
- Growing numbers of CMS-eligible children
- Implementing the co-location model will require substantial redefinition of CMS practices and policies
- Variability in distribution of CYSHCN in pediatric primary care practices
- Variability in knowledge/interest regarding the Medical Home expressed by pediatricians and NCCs
- The plan for diffusion should be flexible enough to meet varying degrees of interest.