Colorado’s Medical Home Initiative

José Esquibel
Director, Interagency Prevention Systems for Children and Youth
Prevention Services Division
Colorado Dept. of Public Health and Environment

www.ColoradoMedicalHome.com
Colorado’s Medical Home Initiative

A statewide systems building effort—

The Colorado Medical Home Initiative is a statewide effort to build systems of quality health care for all children in Colorado while increasing the capacity of providers to deliver care to kids in our state.
Colorado’s Medical Home Initiative

Partnership is paramount—

The Colorado Medical Home Initiative acknowledges that when we understand what goes on in the clinical setting, we can better address the gaps/barriers from a systems level.
Colorado Medical Home Initiative

Four Goals:

1. **Providers** will understand the concepts/components of the Medical Home approach and will implement them in their practices.

2. **Families** will understand the concepts/components of the Medical Home approach and will advocate for them.
Colorado Medical Home Initiative

3. **Outcomes** are evaluated and **systems** are monitored to assure **quality**.

4. **Consistent messaging** related to the Colorado Medical Home Initiative including trainings, values, research and outcomes are clearly communicated.
Health services are core while needed family supports are readily available.
Colorado Medical Home Initiative

Key Aspects of Colorado’s Successful Systems Work Toward a Common Medical Home Vision:

- Stakeholder Partnerships and Infrastructure
- Linking with Early Childhood Systems Efforts
- Linking with Early Childhood Mental Health and System of Care Collaborative Efforts
- Family and Medical Champions
- Medical Home Legislation
Colorado Medical Home Initiative

Stakeholder Partnership:

- Medical Home Advisory Board
- Family Leaders and Medical Champions
- State Health Department: Children & Youth with Special Health Care Needs
- Colorado Children’s Healthcare Access Program
- State Health Care Policy and Financing Department:
  - Medicaid
  - CHP+
- Piton Foundation
- JFK Partners: University of Colorado
# Colorado Medical Home Advisory Board

**Representation Demographic**

## 125 Stakeholders:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO Dept of Public Health &amp; Environment</td>
<td>20%</td>
</tr>
<tr>
<td>Family Leader/Organization</td>
<td>13%</td>
</tr>
<tr>
<td>Health Policy Group</td>
<td>8%</td>
</tr>
<tr>
<td>CO Dept of Health Care Policy &amp; Financing</td>
<td>7%</td>
</tr>
<tr>
<td>Behavioral Health Provider</td>
<td>6%</td>
</tr>
<tr>
<td>Provider Organization</td>
<td>6%</td>
</tr>
<tr>
<td>Academic</td>
<td>5%</td>
</tr>
<tr>
<td>Administrative Service Org.</td>
<td>5%</td>
</tr>
<tr>
<td>Adult Provider</td>
<td>5%</td>
</tr>
</tbody>
</table>

- Community Health Center                           | 5%         |
- HMO                                               | 5%         |
- Health Consortium                                  | 5%         |
- Health Policy Consultant                           | 1%         |
- Youth Representatives                              | 1%         |

Other combined categories with representation:

- Foundation, Local Medical Home Implementation Leader, Legislator, Managed Care Consultant, Oral Health | 8%         |
GOALS

Children have high quality early learning supports and environments and comprehensive health care.
Families have meaningful community and parenting supports.
Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

ALL CHILDREN ARE VALUED, HEALTHY, AND THRIVING

OUTCOMES

EARLY LEARNING
- Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
- Increased access to high quality early learning, birth through third grade.
- Increased number of children meeting developmental milestones to promote school readiness.
- Increased number of programs that are accredited and/or quality rated.
- Increased number of schools that have leadership and educational environments that support young children's success.
- Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.
- Increased number of children with special needs who receive consistent early learning services and supports.
- Decreased gaps in school readiness and academic achievement between populations of children.

FAMILY SUPPORT AND PARENT EDUCATION
- Increased availability and family use of high quality parenting/child development information, services, and supports.
- Increased parent engagement and leadership at program, community, and policy levels.
- Increased number of children who live in safe, stable, and supportive families.
- Improved family and community knowledge and skills to support children's health and development.
- Increased family ability to identify and select high quality early childhood services and supports.
- Increased availability and use of family literacy services and supports.
- Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency.
- Increased coordination of services and supports for families and children who are at-risk or have special needs.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH
- Increased availability and use of high quality social, emotional, and mental health training and support.
- Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.
- Increased number of environments, including early learning settings, providing early identification and mental health consultation.
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.
- Increased number of mental health services for children with persistent, serious challenging behaviors.
- Decreased number of out-of-home placements of children.

HEALTH
- Increased access to preventive oral and medical health care.
- Increased number of children covered by consistent health insurance.
- Increased number of children who receive a Medical Home approach.
- Increased number of children who are fully immunized.
- Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).
- Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
- Increased percentage of women giving birth with timely, appropriate prenatal care.
- Decreased number of uninsured children.

STRATEGIES FOR ACTION

- Develop and support use of early learning standards by families, programs, and professionals.
- Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
- Develop, promote, and support high quality professional development and formal education for adults who work with young children.
- Monitor children's learning and development through screening and on-going assessments.
- Improve financial sustainability and governing efficiency of early learning programs and infrastructure.
- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support family leadership through effective training models.
- Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
- Provide information to families to facilitate connection to services and supports.
- Promote caregivers' knowledge of the social, emotional, and mental health of young children.
- Provide early childhood professionals with effective practices that promote children's social-emotional development and mental health.
- Strengthen and support community-based mental health services that identify and serve young children.
- Enroll more children in health insurance programs.
- Promote and support use of standards for a Medical Home approach (including medical, oral, and mental health, as well as developmental, vision, and hearing screening and services).
- Strengthen coordinated efforts of public and private stakeholders to support health and wellness.

FOUNDBASIS

Build and Support Partnerships
Fund and Invest
Change Policy
Build Public Engagement
Share Accountability
Generate Education and Leadership Opportunities
Colorado Children’s Healthcare Access Program

- Non-profit Organization
- Encouraging pediatricians to devote 10% of their practice to using a medical home approach for Medicaid and CHP+ eligible children
- Conducted a medical home pilot project with 28 pediatric primary care practices from July 2007-July 2008.
Colorado Children’s Healthcare Access Program

- Participating pediatric practices:
  - Agreed to provide quality medical home services
  - Were reimbursed a fee for preventative care
  - Received support services
Colorado Children’s Healthcare Access Program

- Preliminary pilot results:
  - CCHAP children more likely to have a well child visit
  - Less likely to be seen in the emergency room or require hospitalization
  - State reimbursed cost per child were significantly lower across all ages
  - Model for replication in State Medicaid and CHP+ programs
Colorado’s Medical Home Legislation

Concerning Medical Homes for Children (Senate Bill 07-130)

- Integration of efforts
- Served as a spring board
- Shared leadership – Colorado Department of Public Health and Environment and Colorado Department of Health Care Policy and Financing:
  - Increasing access to Medicaid providers
  - Developing Medical Home Standards
Colorado’s Medical Home Definition per Legislation (2007)

“An appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to and coordination of community-based medical care, mental health care, oral health care and related services for a child. ..If a child’s medical home is not a primary medical care provider, the child MUST have a primary medical care provider to ensure that a child’s primary medical care needs are appropriately addressed.”
Colorado Medical Home Standards

Legislation called for development of medical home standards:

- Address issues related to children and families
- Crosswalked with NCQA standards
- Based on quality components
- Developed by broad group of key stakeholders
- Statewide consciousness
- Not regulatory
What we learned...

- Providers articulated technical assistance needs
- Families were eager for partnerships
- Providers had a format to express fears and concerns
Colorado Medical Home Assurances

1. The Colorado Medical Home Initiative will continue to provide a platform whereby stakeholders’ input is encouraged, valued and incorporated.

2. Providers who choose to be acknowledged as providing a medical home approach will be offered resources and support.

3. The term ‘provider’ is intended to be inclusive of behavioral, oral and physical health care providers and specialists.

4. Development and refinement of these standards is only the first step in the process of implementation.

5. Medicaid providers can choose to be acknowledged as medical home providers on a voluntary basis.
Colorado Medical Home Principles

1. The standards are a framework for continuous quality improvement.

2. The standards are meant to describe Colorado’s goals for quality health care for all children, they are not meant to be punitive or prescriptive.

3. The standards, based on the national components of a medical home, were developed in collaboration with multiple Colorado stakeholders, including: physical and behavioral health care providers & physicians, family members, community advocates and evaluators, and are aligned with established national standards.

4. The standards are a way to acknowledge good practice while providing a shared vision and common language for a quality system of care for all children in Colorado.

5. The standards provide a means for evaluation to establish state, payer, family, and practice accountability.
Medical Home standards are now part of the requirements for all providers in the public health insurance programs.

- Pay for performance:
  - $10 for well-child visit for children under age 4
  - $40 for well-child visit for children age 4 and older
State Medical Home Finance Structure

Medicaid and CHP+

Governor Bill Ritter, Jr.’s Building Blocks to Health Care Reform

- State funding received for active recruitment program:
  - Increase the number of providers
  - Training on medical home regulations, billing and coding

- State funding received for technical assistance and training:
  - Matching providers and families to local community services and programs
  - Contracting with existing vendor/contractors for TA and trainings
How Can We Move From Concepts to Reality?
Medical Home Advisory
Steering Committee

Key Stakeholders

Families
- Family Voices
- Family Resource Centers
- El Grupo Vida

Youth
- HRTW

RN Local PH
- HCP
- WIC
- Vaccines
- Smoking Cessation
- Data Collection

MDs
- Mental Health
- 1 Care Specialists
- Systems like DH

Insurance
- Medicaid
- Kaiser
- Private

Social Services
- Foster Care

Dental
- Healthy Smiles

Current State Infrastructure
Future Local Infrastructure

State Key Stakeholders
- Evaluation
- Task Force

Local Key Stakeholders

Proposed Improvement
- Data

Technical Assistance

Patient & Family
- Mental Health
- Community Resources
- Educational Services
- Vocational Services
- Oral Health
- Educational Services
- Social Services
- Recreational Services
- Primary Care
- Specialty Care
NCQA National Medical Home Standards (Related to a Change in Reimbursement)

- Access and Communication
- Patient tracking and registries
- Care management
- Patient self management
- Electronic prescribing
- Test tracking
- Referral tracking
- Performance reporting and improving
- Enhanced electronic communications
Core Medical Home Components

- **Accessible** – support of primary and specialty care capacity, insurance eligibility, advocacy (NCQA #1)
- **Family/Patient Centered** – support of families/patients as advocates, participants in community planning (NCQA #4)
- **Continuous** – linking community resources, support of medical information transfer (NCQA #2,6,7)
- **Comprehensive** – linking medical, mental health and dental providers to ensure global thinking about the total health care (NCQA #3)
Core Medical Home Components

- **Coordinated** – working with medical components (inpatient and outpatient), educational and community resources to ensure efficiency (NCQA # 3)

- **Compassionate** – community resources include provision for respite care, linking to faith communities, and behavioral/mental health *(Not Covered by NCQA)*

- **Culturally Responsive** – culturally sensitive partners are recognized and linked to families *(Not Covered by NCQA)*
Contact Info:

Eileen.Forlenza@state.co.us
303-692-2794
Director
Colorado Medical Home Initiative
Children and Youth with Special Health Care Needs Unit
Colorado Department of Public Health and Environment

j.esquibel@state.co.us
303-692-2274
Director
Interagency Prevention Systems for Children and Youth
Prevention Services Division
Colorado Department of Public Health and Environment

www.ColoradoMedicalHome.com