States building medical homes for children with special needs

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One of the Academy’s goals is for every child with special health care needs to have a medical home. The Academy is working to achieve this goal by encouraging states to build supportive structures for community pediatricians to make the medical home concept a reality.

Last year, the Academy put out a call for proposals from state teams interested in making medical homes an actuality for children with special health care needs. Although 32 proposals were submitted, funding was allowed for only five model teams plus the host state of the National Medical Home Conference.

In addition to Hawaii, California, Illinois, Louisiana, Massachusetts, Minnesota, New Mexico, Oregon, South Carolina, Utah, and Washington, the states represented at the meeting.

State teams received assistance and guidance toward the development of strategic plans that focus on integrated systems of care, financial support for medical home and rural health services for children with special health care needs.

Each plan includes an overview of what state Medicaid access to medical homes for children with special health care needs to be by 2010 and how states will achieve those goals within the next 10 years.

For example, if Illinois’ medical home platform is enacted, its pediatricians who treat children with special health care needs will receive reimbursement for time spent coordinating and monitoring their medical and health care and will be using a results-driven model that links outcomes for children with special health care needs or for services denied by the children’s insurance companies.

However, the goal is for DSCC to, instead, directly reimburse pediatricians so that they can provide comprehensive care to children with special health care needs or for services denied by the children’s insurance companies.

Dr. Onufre

Island pediatrician to train DSCC staff on the medical home concept — with a primary care provider as the medical home provider, then make continuing medical education for physicians and modifications for the telephones.

The state also is investigating the possibility of establishing a network of primary care providers who can offer medical care for children with special health care needs, and establishing a speakers’ bureau to educate providers, families, policymakers, and the general community on the medical home concept.

Massachusetts, which recently received a Maternal and Child Health Bureau (MCHB) medical home development project grant, also created a plan to implement a medical home plan by 2010. The plan is proportioning to receive the Title V—funded, regionally based case managers as care coordinators, who will work with families and providers at the community-based level to provide a medical home for children with special health care needs.

Care coordinators will help practices conduct needs assessments on children with special health care needs and facilitate families’ access to services at the pri-
With the proposed medical home plan, Massachusetts children with special health care needs would receive ongoing comprehensive care within a medical home, adequate access to V or public insurance, early and continuous screening, organized and easy-to-use services, and assistance with transition into adult life. In addition, families will be involved in making decisions about services their children receive. These services will be coordinated through a child's medical home with the development of a care plan for each child with special health care needs.

To implement its plan, the Massachusetts team has proposed seeking endorsement from key state agencies and organizations, including the AAP state chapter, the state's Title V Children with Special Health Care Needs program and its Consortium for Children with Special Health Care Needs.

In addition, practices will receive training in the principles of medical home provision. They will participate in evaluation studies assessing local and systemic barriers that limit access to coordinated care services. They also will be involved in satisfaction outcome studies, according to Richard Antonelli, M.D., FAAP, the Massachusetts team leader and member of the project advisory committee for the AAP National Center for Medical Home Initiatives.

"We are committed to giving all children with special health care needs access to a medical home," Dr. Antonelli said. "We also feel strongly that all practices in Massachusetts have the ability to receive the information and support necessary to be able to serve as medical homes for all of their patients."

The National Medical Home Conference was a collaborative effort of the AAP Community Access to Child Health (CATCH) program, Healthy Child Care America (HCCA) campaign, National Center of Medical Home Initiatives for Children with Special Needs, Hawaii Medical Association: Malama Pono, and MCHB Division of Services for Children with Special Health Care Needs.

All state plans can be viewed at www.aap.org/advocacy/medhome/techmedearly.htm. Additional information and contacts for state plans are available via e-mail, medical_home@aap.org, or phone, (800) 433-9016, ext. 4989.