



Update on children and Youth with Special
Health Care Needs [CYSHCN] – Regional
Medical home Collaborative System of Care

Presentation by:

Martha Okafor

State Maternal and Child Health Director

Department of Public Health

Branch of Public Health Initiatives

Phone #: (860) 509-8066



Goals of this Presentation

- Discuss the Content and Context of Medical Home System for CYSHCN
- Present the Mandates for Medical Home Community system of Care for CYSHCN
- Describe Clientele and Care Profile
- Present Status on CT System of Care

Content and Context of Medical Home Community Based System for CYSHCN

- We are Building on a 20-year history

The development of the medical home community based system of care for CYSHCN is driven by *Legislation and Policy*

- National Agenda and Surgeon General Koop's Call to Action for CSHCN -1987/88
- Legislative Changes in Title V- OBRA 89
- Healthy People 2000 and 2010
- Nine agency report—3/25/02 (HHS, Education, Labor, Justice, HUD, SSA, Transportation, VA, OPM)

Content and Context [contd.]

1992 AAP published first policy statement—medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, coordinated, and compassionate

1993 AAP Division of Community Pediatrics

- ▣ CATCH grants (Community Access To Child Health)
- ▣ Medical Home Training Project (1994-1999)

1999 National Center for Medical Home Initiatives

2000 Task Force on the Future of Pediatric Education

- ▣ All children should receive primary care through a consistent medical home
- ▣ Pediatric medical education at all levels must be based on the health needs of children in the context of the family and community

Mandates for the System

- Amended Legislation for Title V of the Social Security Act OBRA (1989):
 - “Provide and promote family-centered, community-based, coordinated care
 - Facilitate the development of community-based systems of services”
- Healthy People 2010 Objective 16-23
 - “Increase the proportion of States and territories that have service systems for children with special health care needs.”
- The President’s New Freedom Initiative (2001)
 - Nine federal Agency involved and Responsibility given to HRSA for developing and implementing a community-based service system

Mandates for the System [contd.]

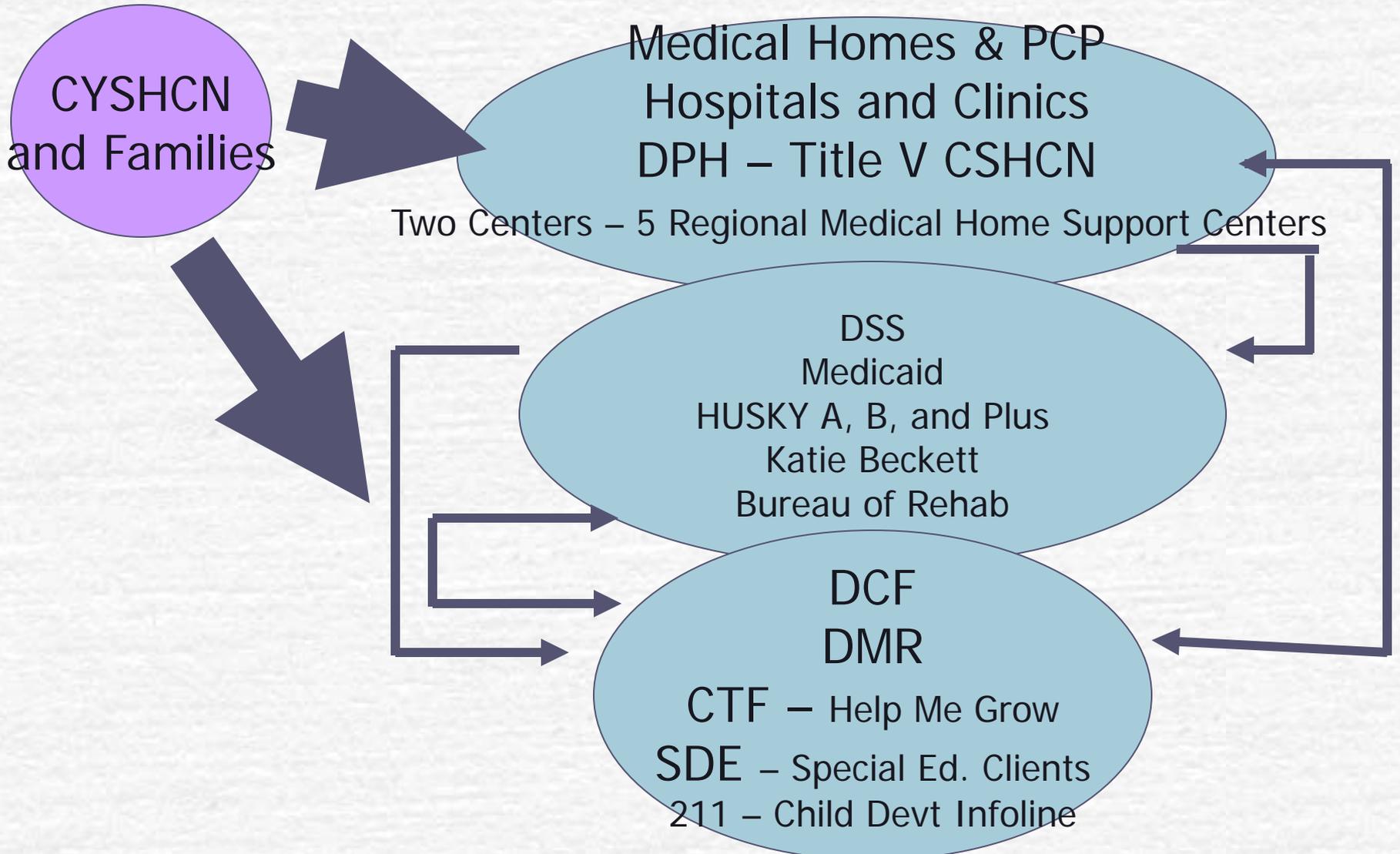
2002 Delivering on the Promise—MCHB takes the lead in developing and implementing community-based service systems for CYSHCN and their families, including:

- Community-based systems of services that are inclusive with decision making at the state and community level**
- Families as ultimate decision makers**
- Standard elements of medical home, provide training and models**
- Review of reimbursement mechanisms**
- Early and continuous screening**
- Youth transitions to all aspects of adult life**

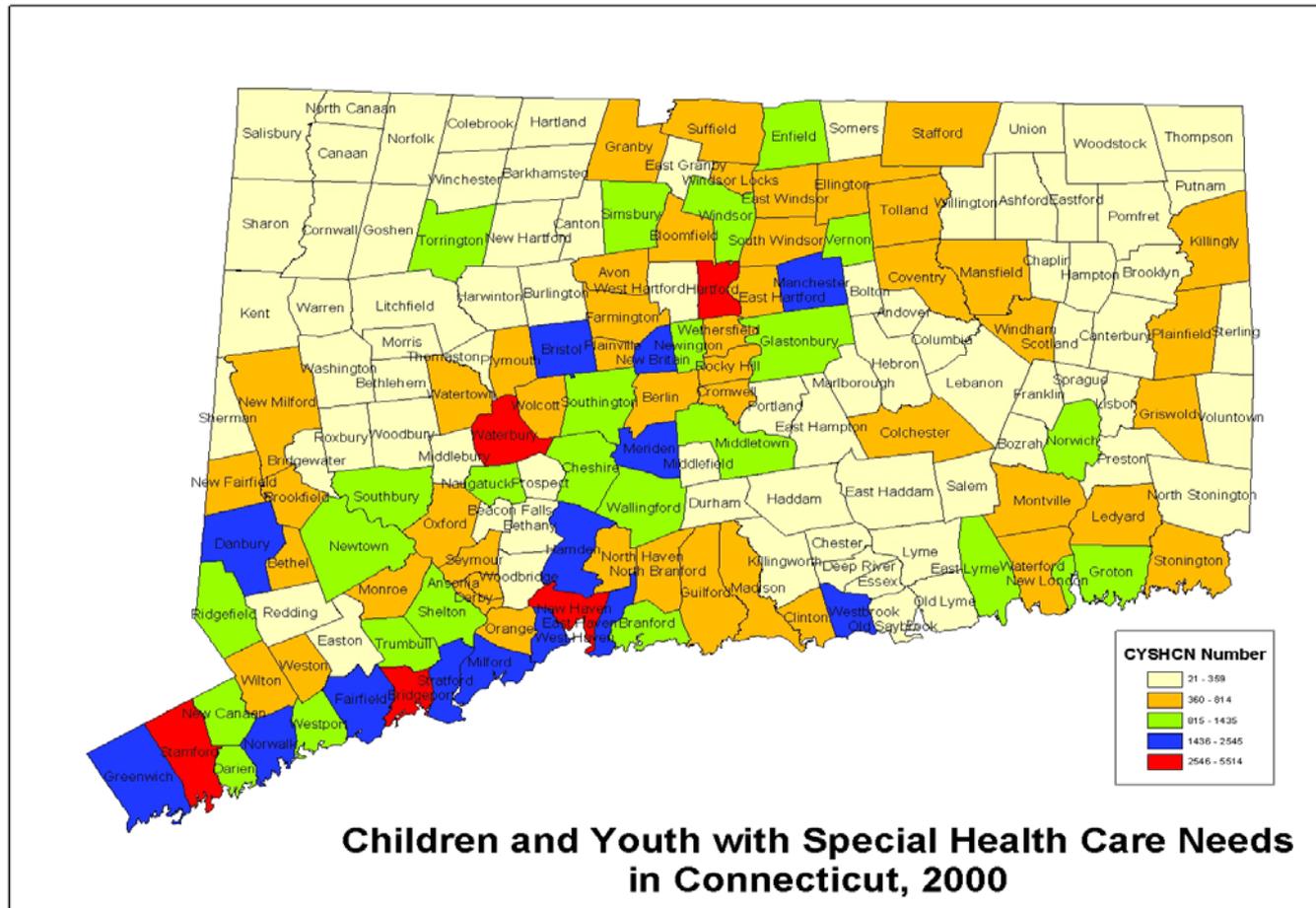
Who are the Children and Youth with Special Health Care Needs?

- ☛ Those who are at increased risk for a chronic physical, developmental, behavioral or emotional condition
- ☛ Who have chronic health condition beyond 12 months
- ☛ Who also require health and related services of a type or amount beyond that required by children generally. (Maternal and Child Health, 95')

Who Serves the CYSHCN



what do we know about the distribution of CYSHCN in CT



The State and Local Area Integrated Telephone Survey

SLAITS – CSHCN Data

- It is estimated 13.9% of Children 0-17 years old are CSHCN
– 120,000 CSHCN in CT.

	CSHCN Total	CSHCN Low+Med Severity Level	CSHCN High Severity Level
%	13.9%	82.5%	17.5%
Number	120,000	99,000	21,000

Comparison of CSHCN Served by Title V and SLAITS by Severity Level

		Low+Med Severity Level	High Severity Level
Title V*	%	80%	20%
	Number	411	103
SLAITS	%	82.5%	17.5%
	Number	609	129
P-value		0.71	0.34

Clinical Risk Groups

- **Developed by the National Association of Children's Hospitals and Related Institutions (NACHRI) and 3M.**
- **Reads ICD-9-CM codes and assigned to one of 9 diagnostic categories (acute or chronic) and body system.**
- **3 components of a chronic health condition**
 - **physical, mental, emotional, behavioral or developmental disorder**
 - **expected to last at least 12 months or longer or having sequelae that last at least 12 months or longer**
 - **requires ongoing treatment and/or monitoring**

CRG Severity Levels

- CSHCN Minor Conditions – CRG health status categories #3 and #4
- CSHCN Moderate Conditions - CRG health status categories #5
- CSHCN Major Conditions – CRG health status categories #6, #7, #8, and #9.

CSHCN Cost Profile

Table. Distribution of Pediatric Enrollees by Expanded CRG Category

	CSHCN- Minor	CSHCN- Moderate	CSHCN- Major
Medicaid	2.8-4.7%	5.4-7.7%	0.7-0.9%
SCHIP	3.6-4.4%	4.8-5.4%	0.4-0.5%

CSHCN Expenditures by CRG Expanded Categories

	CSHCN- Minor	CSHCN- Moderate	CSHCN- Major
Medicaid	\$328-333	\$333-470	\$1,856-2,426
SCHIP	\$171-184	\$330-358	\$1,741-1,823

* Per Member Per Month (PMPM)

** Source: Chart Book of Institute for Child Health Policy

System of Care

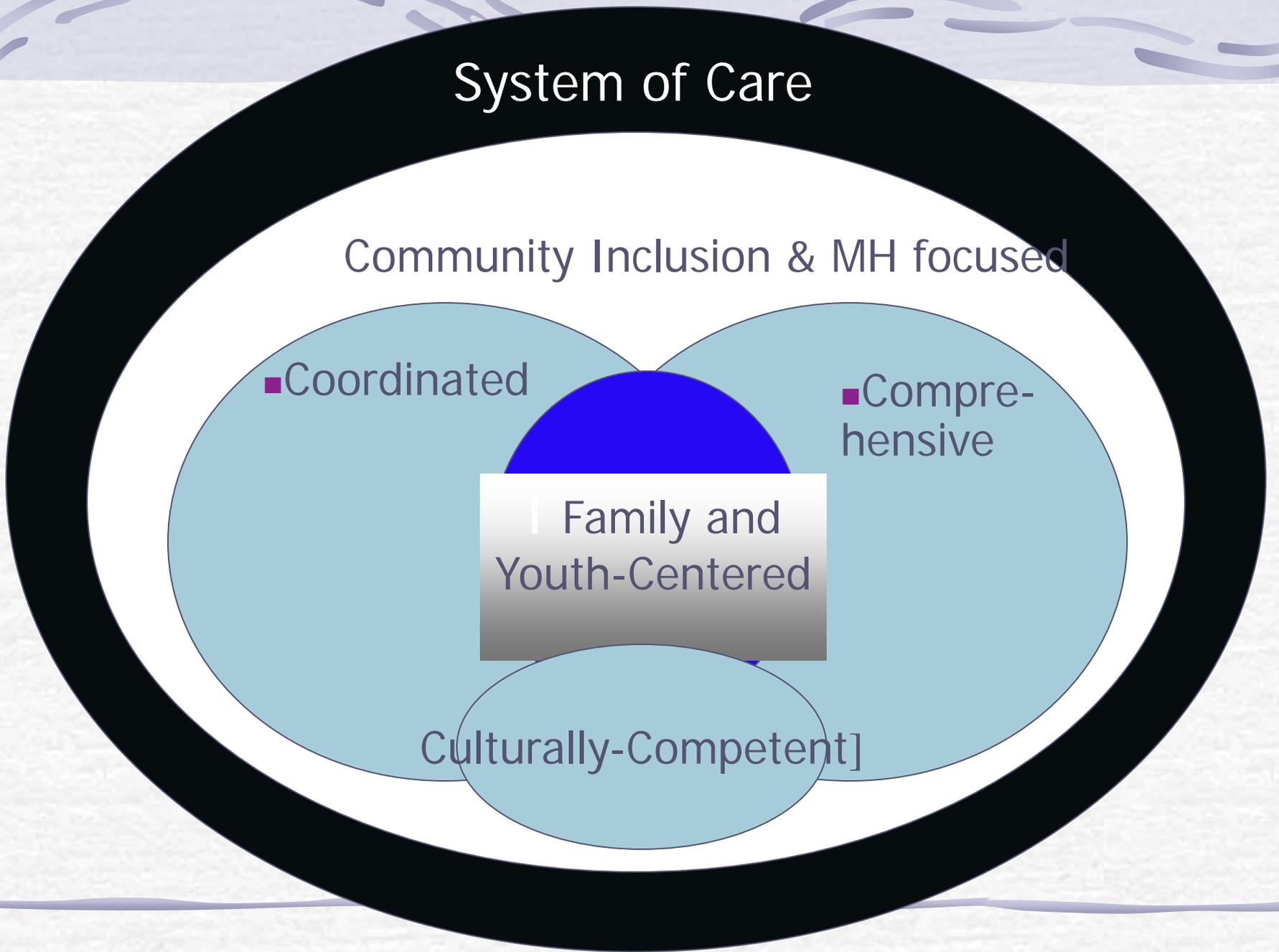
Community Inclusion & MH focused

■ Coordinated

■ Compre-
hensive

| Family and
Youth-Centered

Culturally-Competent]



Six Components of the system

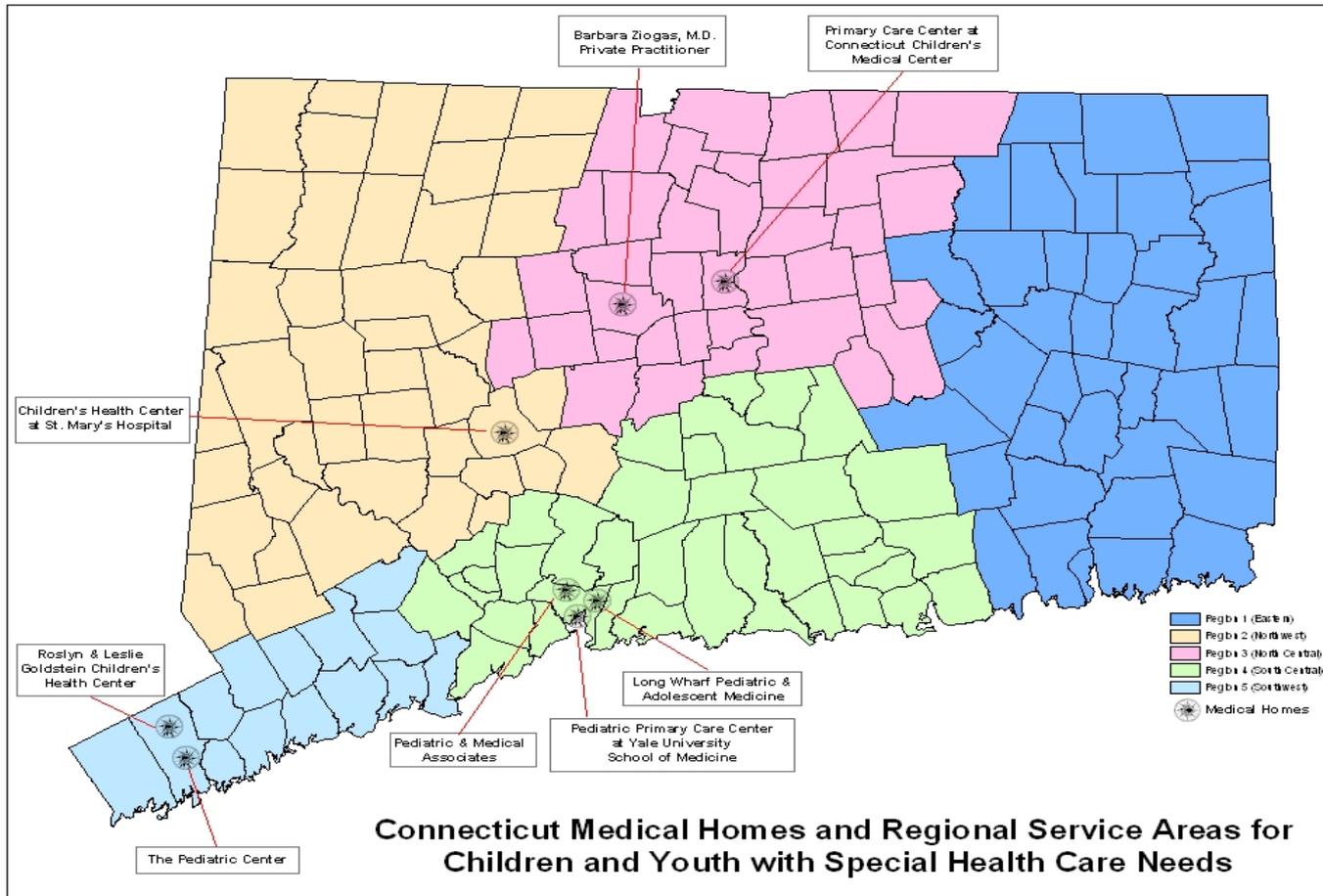
- ☞ Family participation and satisfaction
- ☞ **Access to a Medical home**
- ☞ Access to Affordable Insurance
- ☞ Early and Continuous Screening
- ☞ Easy-to Access Community-based Service Systems
- ☞ Services Necessary to Transition to Adulthood

What is a Medical Home?

- An approach and process to providing care
- Partnership with the child, family, and practice staff
- Involves a provider that is familiar with the family
- Emphasizes the primary care practice as the “home” where family and child
 - Feel recognized and supported
 - Find a centralized base for medical care
 - Find a connection to other medical and non-medical community resources

(American Academy of Pediatrics, 2002)

Medical Homes in CT Collaborative



Status Report on the Medical Home Collaborative in CT

- Medical Home Training Academy has been established that are inclusive with decision making at the state and community level
- Families as ultimate decision makers
- Standard elements of medical home, provide training and models
- Review of reimbursement mechanisms
- Early and continuous screening
- Youth transitions to all aspects of adult life

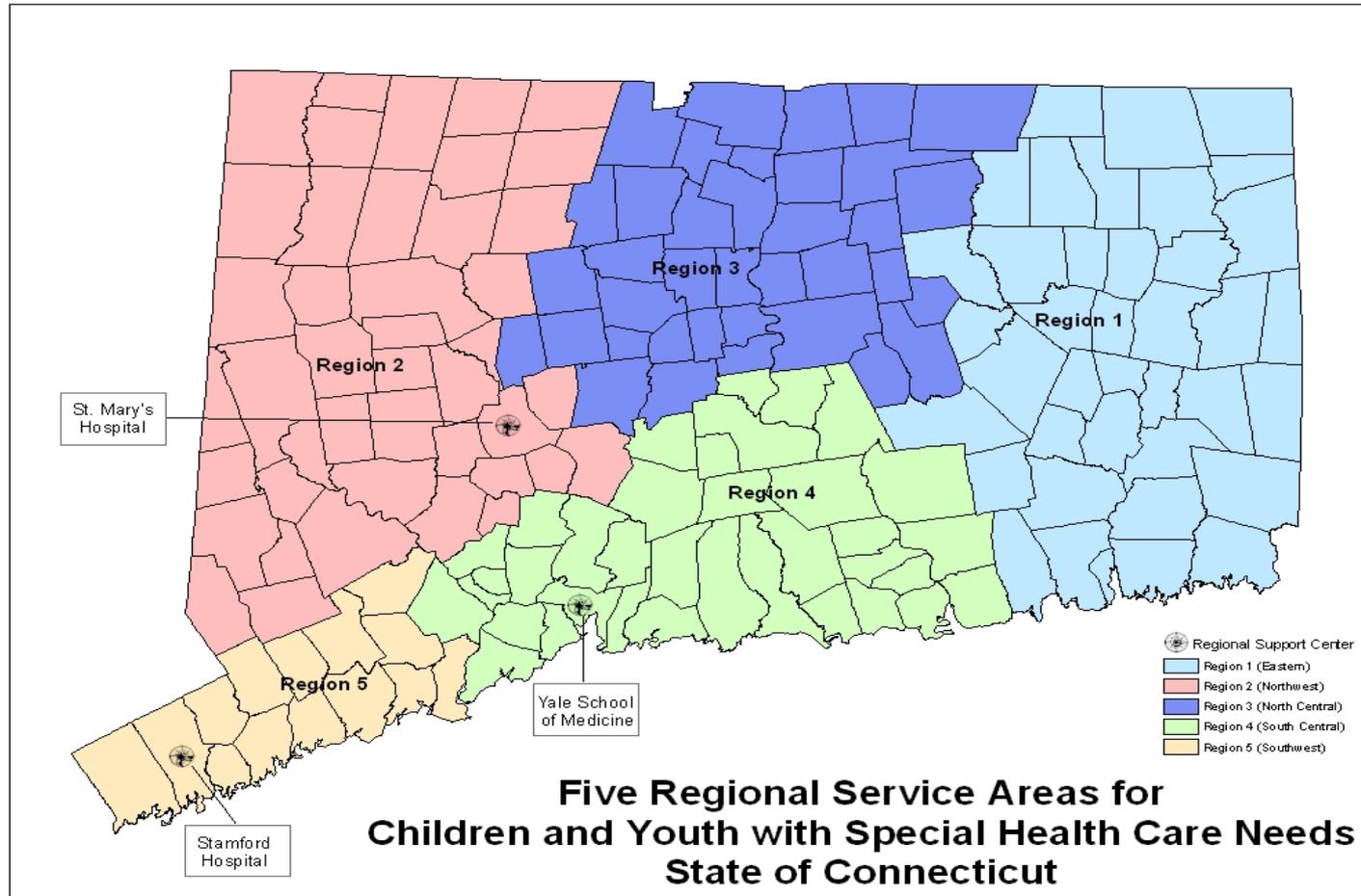
Status Report on the Medical Home

- CT Medical home Training Academy was established on 3/12/05 [More than 100 Practitioners, HRSA director of Medical Initiative & CYSHCN, Dr, Roberts of Utah attended]

Connecticut-specific curriculum utilizing national & statewide modules Practice Improvement that are comprised of: Family-Professional Partnerships; Developmental Health; Behavioral Health; CYSHCN and Transitioning Children & Youth to Adulthood

- Training will be sustained through webcasts, practice in-service trainings, CD's, & audio & cassette tapes
- MHLC Consultation – 9/1/05; Medical Home Town News and Postcard e-blast/mailings

Status of the Title V – CSHCN Regional Medical home support Centers



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- Negotiating Contract with 3 selected RMHSC
- All 5 RMHSC will be in place on 7/1/05 to provide: care coordination; family support service – parent partner in decision making, empowerment, mentorship, Respite care, coverage for extended services and medical home capacity building to include:
 - Recruiting more medical homes into local and statewide collaborative; strengthening family support networks, provide care coordination support to the Medical Homes for high severity needs clients; engage and promote the use of DocSite, maintain local collaborative, implement quality improvements activities for parents of CYSHCN and Medical Homes...

Status of the Title V – CSHCN Regional Medical home support Centers [contd.]

- Public Awareness Activities include: CYSHCN/Medical Home Website; Articles in major daily newspaper, Speakers Bureau, Press Release and Partnership with COC Parent Leadership Training Institute and CHDI investment on Medical Home Initiative
- A two-thronged Evaluation of the Community Based System of Care for CYSHCN to assess capacity and performance of the system to be conducted by University of Connecticut

Quote of the Day

Progress lies not in enhancing what is, but in advancing toward what will be."

Kahlil Gibran, "A Handful of Sand on the Shore"





THANK YOU
&
PEACE !