

Implications for Equity in Health Care Reform: Role of Family- and Patient-Centered Medical Home

***MATERNAL AND CHILD HEALTH FEDERAL/STATE PARTNERSHIP MEETING
TITLE V OF THE SOCIAL SECURITY ACT:***

HONORING OUR PAST, CELEBRATING OUR FUTURE

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Don't Forget...

... It started with MCH!!



Medical Homes will not be successful unless...

...there is integration of care across the continuum, from patient/ family perspective



What Does this Look Like?



Children's Hospital Boston Integrated Care Organization

Integrated Care Infrastructure Enables Interaction

MEDICAL HOME

(Typically, PCP;
may be sub-specialist)

- Accessibility
- Care Coordination
- Tracking & Registry
- Linkage to Community Based Organizations
- EMR

- Clinical Communications
 - Care Plans
 - Structured Referrals
- Optimal Models of Care
 - Disease Specific Care Pathways
 - Collaborative Care Models
- Interoperable IT Infrastructure for IP and OP settings:
 - E-prescribing
 - Test & Referral Tracking
 - Personal Health Record (PHR)
- Utilization Management
- Performance Reporting
 - Quality/Outcomes
 - Finance



The Medical Director's Dilemma

Children's Hospital Boston Community Asthma Initiative

- **Patient Identified as “at risk” due to Asthma Admission of Emergency Department Utilization**
- **Nurse case management and home visits**
 - **Individualized asthma plan (English/Spanish), family centered**
 - **Asthma education, medication management**
 - **Connect to Medical Home, Allergy evaluation, insurance, housing**
 - **HEPA vacuum**
 - **Integrated Pest Management (IPM)**
- **Community education for families about asthma**
- **Advocacy local, regional, national**
 - **Family Advisory Board and collaborators**
 - **Team: Elizabeth Woods, MD; Shari Nethersole, MD; many others**



Doing the Right Thing!

- **Community Asthma Initiative significantly**
 - decreased emergency room visits 60%
 - Admissions 80%
 - Reduced missed school days
 - Reduced missed work days
- **Successful model of enhanced asthma care and education can be replicated nationally**
- **BARRIER: financing!!**
- **Policy changes are essential to support enhanced asthma care, home visiting, and affordable medications**

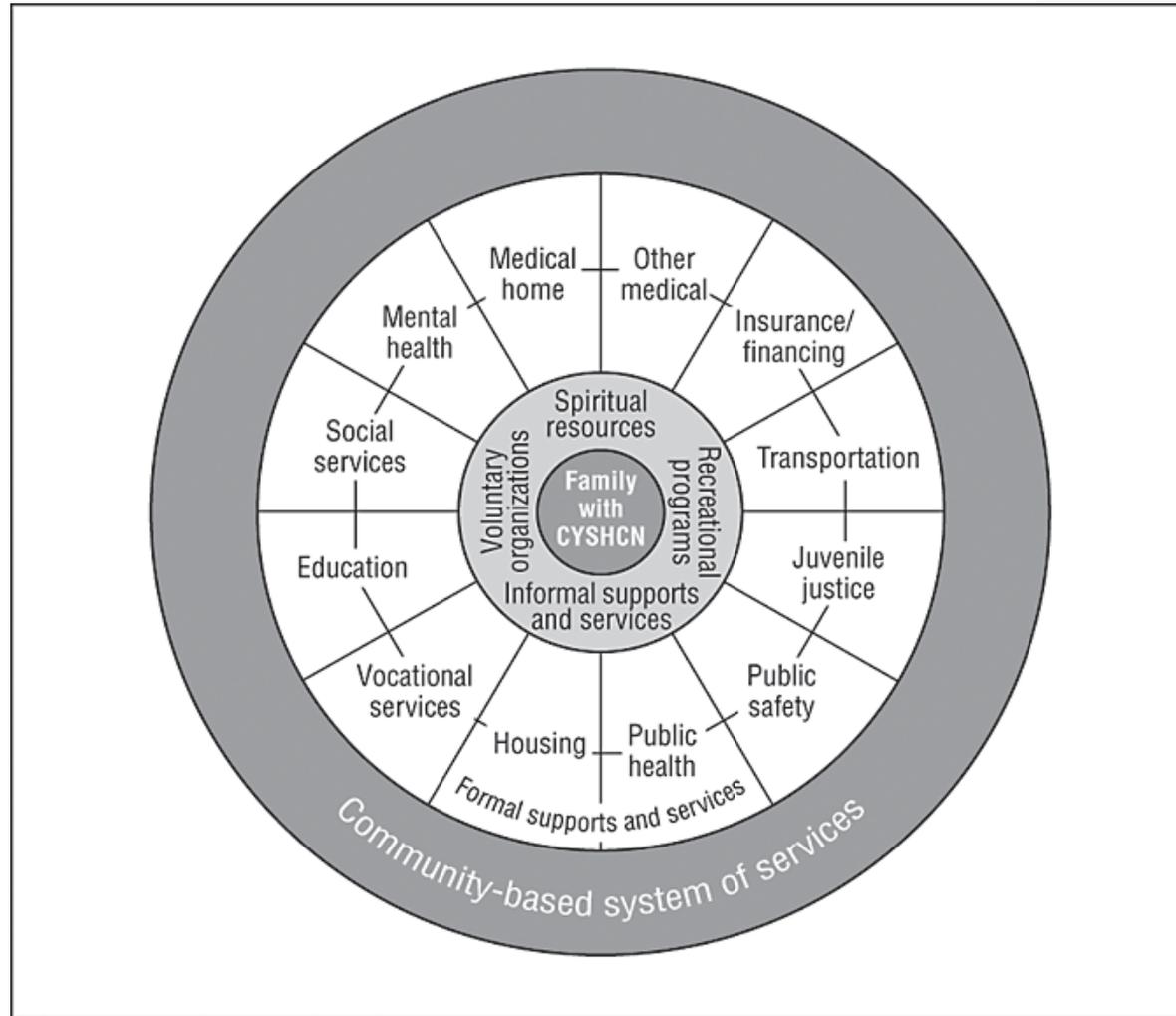


Equity Issues for Child Health in Health Care Reform: ACO's and the PCMH

- **Vulnerable populations could be at increased risk as systems evolve**
 - **With focus on adult care, children generally could become “vulnerable”**
- **Lack of pediatric quality measures in general**
- **Poor risk adjustment methodologies for pediatrics**
- **Strong emphasis in ACO pilots on in-patient and adult care**
- **Determinants of “health” are often not simply medical (relevant to geriatrics)**
 - **Poverty**
 - **Linguistic, literacy, educational barriers**
 - **Housing**
 - **Food Security**
 - **Mental and Dental Health**



Family-Centered Community-Based System of Services for Children and Youth



Perrin, J. M. et al. Arch Pediatr Adolesc Med 2007;161:933-936.



Implications for Program and Policy of the FCMH APA Policy Statement 2010- The 5 D's

Development

- **Evaluation FCMH must include functional and developmental outcomes, including domains of health, current functioning and potential**
- **Care coordination needs change as children and adolescents grow and develop**
- **Special issues of adolescents and their transition to adulthood, including confidentiality, must be addressed**

Dependency

- **Services and evaluation must include health, functioning, and partnership with families**
- **Community collaboration and coordination must include parents, other caretakers, day care and schools as key partners**

Differential Epidemiology

- **For children, prevention is critical especially for more common conditions such as obesity, asthma, and mental health conditions**
- **Frequent co-management of conditions with subspecialists requires considerable physician time**
- **Programs should address chronic conditions in general (non-categorical) rather than disease-specific approach**



Implications for Program and Policy

APA Policy Statement 2010

Demographic Patterns

- Substantial investment needed to understand and address social determinants of child and adolescent health
- Evidence-based interventions (e.g., home visiting, Head Start, community-based programs) and coordination with these interventions must be supported

Dollars: Financing

- Financing proposals must consider child financing mechanisms, child benefits, and support of families as partners
- Care coordination needs to be funded as a service separate from physician activities
- Return on investment (ROI) evaluation must consider benefits outside the health care system
- Longer time horizon and broader scope are needed when measuring ROI
- EPSDT must recognize care coordination
- Support of programs addressing transition to adult oriented systems which facilitates co-management is needed



Thanks, MCH and Title V!!

We have so much more to do together!

