

## **AMCHP 2007 ANNUAL CONFERENCE**

### **HEALTHY COMMUNITIES**

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#### **Medical Home: The Bridge Across the Quality Chasm**

BONNIE STRICKLAND: Welcome. This is the session on Medical Home: The Bridge Across the Quality Chasm. I'm Bonnie Strickland. I'm the acting director for the Program for Children with Special Health Care Needs at the Maternal and Child Health Bureau. And with me are our two presenters, Dr. Charlie Homer, he's the CEO for the National Initiative for Children's Health Care Quality and Dr. Jeff Lobas, the director of the Child Health Specialty Clinics at the University of Iowa and the outgoing president of AMCHP.

So I should also actually thank, I don't know if Sharon—oh, there she is. Sharon. I need to thank Sharon, I knew I'd catch her. I should thank Sharon because this title actually came from the Wisconsin Medical Home statewide initiative. Very successful and we just love the title so we sort of with Sharon's permission sort of snatched it. But all that to say, there's a lot going on around this country around Medical Home and quality improvement and we've got two really good examples here to close this meeting.

As the title implies this is a session about Medical Home and using quality improvement methodology to implement and spread the concept. I'm going to

give you just a little bit of background on where this came from. Charlie's then going to pick up with a description of the model and the implementation of the Medical Home Quality Improvement Initiative and then Jeff is going to take over for the last half hour and talk about one state's approach, the approach in Iowa. As many of you know Dr. Merle McPherson retired recently and so it becomes my job to remind us all that all of the work we do really happens in the context of the community system. Our legislation tells us to facilitate the development of community based systems of services. And that's what this is all about. It's been very planful over the last 20 years. We've changed the legislation at Oprah 89 to include an emphasis on systems and infrastructure development.

We have national objectives both in 2000 and we still have a systems objective in 2010. And most recently the President's New Freedom Initiative which requires that we implement strategies to break down barriers to community inclusion for children and adults, indeed all people with special health care needs and disabilities.

In the President's New Freedom Initiative the Maternal and Child Health Bureau is charged with facilitating the development of community based systems of services using these six indicators. And these should come to no surprise to you. You report on these every year if you're a state (inaudible) from us you have to address these. It's family participation and satisfaction, access to care thru the Medical Home and that's what we're going to be focusing on today. Affordable

health insurance, early and continuous screening, easy access to community based services and ultimately successful transition to adulthood.

As I said, we built on a 20 year history of development early on, then demonstration and now we find ourselves at a place of implementation. And I'm happy to say we do have partial implementation of the system according to those six constructs in every single state. I'd just like to see a show of hands of people here who are working on Medical Home in your state whether you've got a grant or not. Turn around and look. Everybody here is working on this and we do have partial implementation and that's the great news.

We also launched in 2003 a national survey to help us determine our progress as we move forward and all of you are familiar with that survey and I'm going to just share with you if you haven't already seen it sort of baseline for Medical Home. All of you know that Medical Home isn't just a usual source of care. As you can see here about 91% of kids have a place to go for care although I wonder about the other 9%. But the problem comes or the issue comes as we get into the context of care around the ability to get referrals, around family centered care. Around effective care coordination and that's really where a lot of the Medical Home quality improvement work has happened.

So I'm going to go back a little bit for just a moment to 2002 and tell you sort of how this whole notion came up. At that time in 2002 as I've already said we had

a systems framework in place in every state with the Medical Home at the core. All of you do this and you have been focusing on this for a few years. We had a national survey that gave us base line for Medical Home and at that time we had the validation of the Medical Home Index which many of you are familiar with that had been developed by the Center for Medical Home Improvement to guide change at the practice level using quality improvement methodology. And that was Carl Cooley and Jeanie McCalster's tool that many of you are familiar with at this point.

At that time and partly because of the merging quality improvement, the recognition quality improvement in our own community it became pretty clear that we were not going to be able to implement and spread and achieve Medical Home unless we had a systematic way of going about it. We thought fortuitously at the time we did have the Medical Home Index and Charlie Homer and Carl Cooley were already working together and so we began an early discussion both with the Center for Medical Home Improvement and the National Initiative for Children's Health Care Quality, Charlie and as a result of that we launched the first Medical Home learning collaborative. And Charlie's going to talk a lot more about that but I do want to say that it was a real leap of faith for us because we had seen a lot of quality improvement methodology around specific conditions, around specific populations but we really hadn't taken the concept and tried to implement Medical Home quality improvement. It just seemed so broad but everybody was willing to take the chance and I think that it really paid off.

Charlie's going to fill in the time between 2002 and 2005 in the next presentation but I want to tell you why we've continued to be committed to implementing quality improvement methodology. In 2005 we asked John Snow, our contractor for us to do a form of evaluation of Medical Home collaborative phase one. And these aren't all of the information that came from that evaluation but it is the— these are the findings that led us to decide to continue with the quality improvement application to Medical Home.

What they found in interviews with all of the participants enhanced relationships between the practices, staff and  
Title V. New ideas were generated and existing ideas refined and I think that's very important. It wasn't all about doing things completely differently. It was about taking good ideas and using a planful way of doing them more efficiently, doing them for everyone, not just a few and so it was a very—in some ways very economical strategy. There was increased understanding of Medical Home and strategies for improvement. And this idea of small tests of change and some of you are familiar with plan, do, study, act. Some of you love it, some of you hate it. None the less, everyone said they had a new realization for how small tests of change really could reap very large rewards and benefits which was good.

In addition there seemed to be a culture of self-evaluation to identify challenges or problems, to explore solutions and develop new systems and procedures to

address identified issues. And this is exactly what we wanted to do, create a culture of self-evaluation and change. And I think one of the things that really made us pay attention to this is that a year later and this is when the evaluation took place a year later, practices in Title V were still actively engaged in quality improvement and learning collaborative. A year later and that's very unusual especially in the discretionary grant arena when things tend to end when the grant ends. The culture seemed to be established.

And then finally the states and practices appear to have adapted the culture of quality improvement thru the notion of working on small incremental change which I had mentioned before. This was sort of a summary statement of the evaluation. Also out of the collaborative there was a very clear role for Title V and none of these roles are foreign to any of you. Title V has a long and successful history of helping to finance state level work. In fact in these learning collaboratives and I don't know if Charlie will talk about this or not. The Title V agency paid for and financed practices to participate in the learning collaboratives. I think in Illinois, Chuck I don't know if you're here but there's—I think it is ongoing in terms of providing care coordination in practices throughout the state. Education and information and advocacy so there's a clear role for Title V in this quality improvement effort.

So where are we now and where are we going? We intend to continue using quality improvement to spread Medical Home. We think it is successful. I think its

met our expectations and will continue to. We have begun using the learning collaborative and quality improvement methodology in some condition specific programs including newborn hearing screening directed by Irene Foresman and thru our Access to Care for Children and Youth with Epilepsy. It is directed by Linda Honberg and we might have some opportunity in our sickle cell community as well. So we plan to continue to implement it broadly from a systems perspective and we want to implement it with the condition specific programs putting them in the context of the broader system using quality improvement methodology. And then we're going to be using quality improvement as the core activity for what we've termed The State Leadership Initiative. We don't have funding for that right now. We're hoping to get it or to integrate it into our ongoing program but the State Leadership Initiative right now is seven states who have committed to working with us on quality improvement and moving the system forward thru Medical Home. We plan to work with that cohort of seven states, establish them as mentors, move on to another cohort of six or seven states. They will then join the mentor network and at some point hopefully in the not to distant future we will have a nation of mentors working together, all of whom will be trained in quality improvement methodology.

So the final goal is to teach states and our partners to use quality improvement methodology. We'll use experts such as the National Initiative for Children's Health Quality. The mentorship network as it evolves to launch initiatives and to provide technical assistance to do the ongoing work and we want to establish as

I said a mentorship network in which states would mentor one another. That's where we're headed and so at this point I'm going to turn it over to Charlie to talk about the model that we've used and the Medical Home Learning Collaborative Initiative. And then we'll move on to Jeff for the state example. Thank you very much.