



High-Performing Medical Homes: Then and Now

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CHAMP Learning Session
October 13, 2020*



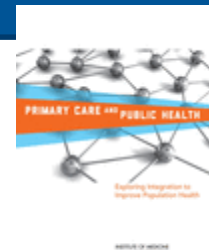
Objectives

- Review a brief history of **primary care and public health integration** as a foundational strategy to improve maternal and child health care delivery and population health outcomes
- Understand previous efforts to improve preventive service delivery and decision to revisit this topic (in the midst of a global pandemic!)
- Get set to reach **new heights** as a high-performing medical home!



Why integration?

Institute of Medicine (IOM) 2012 Report



- **Primary Care and Public Health: Exploring Integration to Improve Population Health**
- Primary care & public health infrastructure at the time deemed inadequate to attain this goal
- Integration of primary care and public health could enhance the capacity of both sectors to carry out their missions and link with other stakeholders to catalyze a collaborative, movement toward improved population health

<http://www.iom.edu/~media/Files/Activity%20Files/PublicHealth/PrimCarePublicHealth/PCPH-Report-Release-Presentation-03-28-12.pdf>

In the beginning . . .

Vermont: Child/Family Health & Integration

- Collaboration among VCHIP, Maternal & Child Health (MCH) at the Vermont Department of Health (VDH) and Vermont Chapter, American Academy of Pediatrics (AAP-VT)
- Annual grant funding from VDH to VCHIP (also AAP-VT, VAFP)
 - VCHIP grant supports work throughout multiple departments at Larner College of Medicine & campus-wide
- Supports attainment of mutual goals: child health care delivery & population health outcomes
 - Improve the **system** of care; provide tools to support care delivery & improve communication among key parties

State Government Perspective

- Collaboration increases delivery system efficiency & effectiveness and decreases cost
- Accountability – value for public funds
- Focus on **underserved populations**
- **Coordination** of services
- Improved outcomes for citizens – link to state results and priorities

Priorities: Division of Maternal & Child Health, Vermont Department of Health

women's / maternal health	well-women care
perinatal / infant health	breastfeeding
child health	developmental screening
child health	injury prevention
children & youth with special health care needs	medical home
adolescent health	adolescent well-care
adolescent health	youth empowerment
life course	oral health
life course	tobacco use
life course	childhood resiliency
life course	family well-being
workforce	engagement & communication

Vermont Child Health Integration

Public Health – Primary Care Integration Work Group

- Collaboration among VCHIP, VDH/MCH, AAP-VT, VAFP, and partners
- Monthly meetings
 - Develop common agenda
 - Define objectives, activities, deliverables
- Forum to rapidly address emerging issues, funding opportunities
- **Implementation infrastructure**



VCHIP's inaugural project

Vermont Preventive Services Initiative

- **Objective:** test the effectiveness of a statewide pediatric quality improvement outreach program in improving preventive services for children < 5 years of age
- **Methods:** all pediatric practices in Vermont ($n = 35$) invited – 91% agreed to participate (serve 80% of all VT children <5 y.o.)
- **Outcomes:** change in 9 preventive services areas – IZ up to date; anemia screening; TB risk assessment/screening; **lead screening**; infant sleep position counseling; ETS exposure risk assessment; BP screening; **vision screening**; and **oral health risk assessment**.
- **Results:** all practices demonstrated improvement in ≥ 1 service areas. Mean # of areas chosen = 5 (range: 1–9). Practices that selected specific svc. area as QI goal more likely to improve than those that did not select that area.

PEDIATRICS Volume 118, Number 4, October 2006

2020 CHAMP Practice Network

Northwestern Vermont

Community Health Centers of Burlington, Riverside Health Center
Essex Pediatrics, Essex
Lakeside Pediatrics, Burlington
Northwestern Pediatrics, Enosburg Falls
Northwestern Pediatrics / Georgia Health Center, Georgia
Northwestern Pediatrics, St. Albans
Rebecca Collman, MD, Colchester
Richmond Pediatric & Adolescent Medicine, Richmond
Shelburne Pediatrics, Shelburne
Timber Lane Pediatrics, Burlington
Timber Lane Pediatrics, Milton
Timber Lane Pediatrics, South Burlington
Thomas Chittenden Health Center, Williston
UVM Children's Hospital Pediatric Primary Care, Burlington
UVM Children's Hospital Pediatric Primary Care, Williston
UVMCM Family Medicine, Colchester
UVMCM Family Medicine, Hinesburg
UVMCM Family Medicine, Milton
UVMCM Family Medicine, South Burlington
Vermont Naturopathic Clinic

Southern Vermont

Brattleboro Primary Care, Brattleboro
Community Health Centers of the Rutland Region, Rutland
Green Mountain Pediatrics, Bennington
Hogenkamp & Hogenkamp, Rutland
Mountain Valley Medical Clinic, Londonderry
Springfield Health Center, Springfield
SVMC Northshire Campus, Manchester
SVMC Pediatrics, Bennington



Northeastern Vermont

Appleseed Pediatrics, Morrisville
Border Pediatrics, Derby Line
Concord Health Center, Concord
Danville Health Center, Danville
Hardwick Area Health Center, Hardwick
Island Pond Health and Dental Center
North Country Pediatrics, Newport
North Country Primary Care, Barton Orleans
North Country Primary Care Newport, Newport
St. Johnsbury Community Health Center, St. Johnsbury
St. Johnsbury Pediatrics, St. Johnsbury

Central Vermont

CVMC Pediatric Primary Care, Berlin
Little Rivers Health Care, Bradford
Little Rivers Health Care, Wells River
Mt. Ascutney Hospital & Health Center, Windsor
Ottawaquechee Health Center, Woodstock
Porter Pediatric Primary Care, Middlebury
Rainbow Pediatrics, Middlebury
South Royalton Health Center, South Royalton
The Health Center, Plainfield
UVMCM Family Medicine, Berlin
White River Family Practice, White River Junction



VCHIP

Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

VCHIP: COVID-19 Pandemic Response

- VCHIP/AAP/AAFP/VDH COVID-19 calls: leveraging the **CHAMP network** by creating a forum in which to address:
 - Situation updates (focus on the impact on Vermont's most vulnerable children & families)
 - Sharing of real-time scientific information/clinical guidance (with local adaptation as needed); identify strategies to adjust service delivery our patients and families
- To date (since March 18, 2020) we have conducted:
 - 93 calls
 - 7,068 total attendees on calls (includes repeat attendees)
 - Approximately 650 unique attendees joined \geq one call

2019 Chart Review Highlights

- **Developmental Screening:** (2012) 33% of children rec'd. three recommended screens; (2019) increased to 62%.
- **Food Security Screening:** (2016) 36% of practices were screening children in our targeted age groups; (2019) increased to 70%.
- **Oral Health:** In the 2019 chart review, only 65% of 30 month olds and 68% of 3 year olds had documentation of a dental home. Of those without a dental home, 83% 30 month olds and 88% of 3 year olds received oral health assessments at their medical home.
- **Flu Vaccination:** highest among early childhood patients at 69% in 2019, but only 50% for early school age patients and 46% for early adolescent patients.

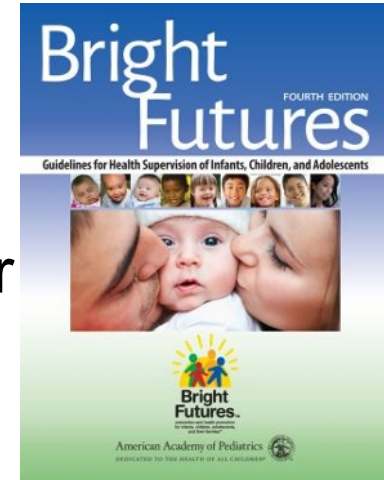
2019 Chart Review Highlights

- **Social Determinants of Health (SDoH):** (2019) SDoH assessments were highest among 30 month olds (65%) and lowest among 13 year olds (37%). Of those assessed, social-emotional health, housing, and food are the top domains of concern.
- **Lead Screening:** (2019) early childhood patients – 9% had elevated blood lead levels at their 12 month visit and 7% had elevated levels at their 24 month visit. Of those with elevated levels, 25% had no documented follow-up plan at 12 months and 24% had no documented follow up plan at 24 months.
- **Vision Assessments at 3 years old:** Less than half of three year olds had a visual acuity screening (47%) and/or had a strabismus screening (49%) at their health supervision visit.

Tools: *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents (4th edition)*

- (VT) Editors: P. Duncan, J. Hagan, J. Shaw
- Statewide promotion:
 - Common language for providers, families
 - Framework for high-quality preventive care for Vermont children and families
- Affordable Care Act, Sec. 2713:

“ . . . health insurance issuer . . . must provide coverage for all of the following items and services, and may not impose any cost-sharing requirements . . . with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources & Svcs. Administration...”



Health Promotion Themes

Our Common Ground: Bright Futures

- Promoting Lifelong Health for Families and Communities*
- Promoting Family Support
- Promoting Health for Children and Youth With Special Health Care Needs*
- Promoting Healthy Development
- Promoting Mental Health
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity
- Promoting Oral Health
- Promoting Healthy Sexual Development and Sexuality
- Promoting the Healthy and Safe Use of Social Media*
- Promoting Safety and Injury Prevention

*New health promotion theme

Back to the Future- Preventive Services

Improving Delivery of Bright Futures Preventive Services at the 9- and 24-Month Well Child Visit

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abstract

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Dr Duncan helped in all aspects of the design, practice recruitment, and selection, learning session and follow-up call content, and recruitment of other learning session faculty. She reviewed data for improvement, wrote the first draft of the manuscript with Ms Pirretti, and did the 2 revisions with input from the other authors; Ms Pirretti had a leadership role in the project conceptualization, design, and implementation. She worked with Ms Healy to support the implementation, practice recruitment and selection, design and implementation of the learning sessions, and follow-up calls. Ms Pirretti performed the data analysis and worked with Dr Duncan to write and revise the manuscript; Dr Earls participated in the concept and design, helped design the details of

OBJECTIVES: To determine if clinicians and staff from 21 diverse primary care practice settings could implement the 2008 Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd edition recommendations, at the 9- and 24-month preventive services visits.

METHODS: Twenty-two practice settings from 15 states were selected from 51 applicants to participate in the Preventive Services Improvement Project (PreSIP). Practices participated in a 9-month modified Breakthrough Series Collaborative from January to November 2011. Outcome measures reflect whether the 17 components of Bright Futures recommendations were performed at the 9- and 24-month visits for at least 85% of visits. Additional measures identified which office systems were in place before and after the collaborative.

RESULTS: There was a statistically significant increase for all 17 measures. Overall participating practices achieved an 85% completion rate for the preventive services measures except for discussion of parental strengths, which was reported in 70% of the charts. The preventive services score, a summary score for all the chart audit measures, increased significantly for both the 9-month (7 measures) and 24-month visits (8 measures).

CONCLUSIONS: Clinicians and staff from various practice settings were able to implement the majority of the Bright Futures recommended preventive services at the 9- and 24-month visits at a high level after participation in a 9-month modified Breakthrough Series collaborative.



Opportunities for Medicaid to Transform Pediatric Care for Young Children to Promote Health, Development, and Health Equity

- Ascend at the Aspen Institute
- BrunerChildEquity, LLC
- Center for Health Care Strategies
- Center for the Study of Social Policy (CSSP)
- Georgetown University Center for Children and Families
- Johnson Group Consulting, Inc.
- National Institute for Children's Health Quality (NICHQ)
- ZERO TO THREE

Design for High Performing Pediatric Medicaid Homes in Medicaid

Well-Child Visits

- Comprehensive well-child visits as required under EPSDT.
- Adherence to AAP Bright Futures scope and schedule.
- Screening for physical, developmental, social-emotional-behavioral health, maternal depression and other social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family engagement, focused on two-generation approaches to ensuring child health
- Other primary care practice augmentations (e.g., Reach Out and Read).

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all as part of medical home.
- Intensive care coordination/case management for those with higher needs identified.
- Structured, family-focused approach to assess and respond to medical and non-medical health-related needs.
- Linkages to community resources, with active identification and engagement of those resources.

Other Services

- Child/family support programs, including those designed to be colocated in primary care (e.g., Healthy Steps, Project DULCE).
- Integrated behavioral health in primary care setting.
- Referrals to and integration with other services such as home visiting, family support, early intervention, early childhood mental health, and other programs.

Suggested citation: Johnson K and Bruner C. *A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health*. Child and Family Policy Center. October, 2018.

Back to the Future- VCHIP

Comprehensive Well Care- Ongoing alignment with *Bright Futures Guidance*

- The healthcare setting offers three key advantages in providing parenting support:
 1. Reach virtually all families in early years (> 95% of Vermont infants receive routine health care with a child health provider in the first month of life)
 2. Lack of social stigma attached to using medical care
 3. High level of trust that families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services

Care Coordination

- Ongoing Vermont approach (Blueprint, OneCare, DULCE, CSHN)
- Connection to public health, team based care including schools
 - Highlighted by COVID
- SDOH and connecting families to concrete and other family supports

Integration with other services

- Integration of mental health-medical homes
- Parent Child Centers
- Early childhood systems
 - Help Me Grow
 - Home Visiting
 - WIC

Today In Context of Pandemic

- Maintain a high-functioning Medical Home for patients and families: accessible, family-centered, continuous, comprehensive, coordinated, compassionate, culturally effective
- Assure completion of 4 goals of well-child visit: health promotion, disease prevention, disease detection, anticipatory guidance
- Access tools and resources to help clinicians:
 - Organize office systems to support high quality well-child care
 - Structure visits and create practice processes to better address patient needs