



Winter 2011

Medical Home News

by Bob Nickel, M.D.

This is my first newsletter on Oregon medical home activities. The overall focus of the newsletter will be on medical home or patient-centered primary care home activities in general; but I will specifically highlight activities related to children and youth with special health needs, particularly those with developmental disabilities such as autism spectrum disorder. I plan to mention state planning and policy activities as well as pilot projects in local communities and practices. I will provide a limited amount of information about each project, give a link or contact person for those of you who would like more information, and also mention if this is a project in which you could get involved where appropriate.

The goal of this newsletter is to keep primary care providers informed and to provide you with the information you need to get more involved with quality improvement projects in your practice and in your community. My objective for the first newsletter is to acquaint you with some of the activities and players.

Medical home standards (guidelines for measurement and reimbursement). The Oregon Health Fund Board (OHFB) was formed in 2007 and charged with developing a comprehensive plan for reforming Oregon's health care system. The OHFB identified the patient centered primary care home (PCPCH, AKA medical home) as the primary strategy to improve health care delivery and achieve the "triple aim" of a healthy population, extraordinary patient care and reasonable costs. HB 2009 and HB 3418 were enacted by the 2009 legislature. HB 2009 created the Oregon Health Authority (OHA) and the Office of Health Policy and Research (OHPR). The OHPR convened adult and pediatric standards advisory committees to develop standards for the PCPCH and thus methods to measure and reimburse medical home activities. HB 3418 directed the OHA to study alternative payment models for PCPCH within the Medicaid program. Medical home activities such as care coordination, self-management education, team meetings and communication with other providers are critical to improve quality but are largely non-reimbursable at present. For medical home transformation to be sustainable, there also must be payment reform.



Further information on the work of the OHPR and the OHFB is available on OHPR's website: www.oregon.gov/OHPR. The PCPCH Standards committee is one of several committees supported by the OHPR. Its final report is available at www.oregon.gov/OHPPR/HEALTHREFORM/PCPCH/docs/FinalReport_PCPCH_Updated.pdf

The National Committee for Quality Assurance (NCQA) has developed the Physician Practice Connections-Patient Centered Medical Home (PPC-PCMH) tool which is a commonly used to identify and measure medical home attributes. The NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Further information on medical home recognition, measurement and reimbursement is available at www.ncqa.org

National information on medical home initiatives for children is available through the American Academy of Pediatrics' National Center for Medical Home Implementation at www.medicalhomeinfo.org and their newsletter, and through the Center for Medical Home Improvement (CMHI) at www.medicalhomeimprovement.org. The CMHI is associated with the Crotched Mountain Foundation and Rehabilitation Center and has developed family and provider medical home measurement tools as well as a care coordination workbook.

Safety Net Medical Home Initiative. The Safety Net Medical Home Initiative (SNMHI) is funded by the Commonwealth Fund and local funders in states that received the grant. Qualis Health and the MacColl Institute for Healthcare Innovation at the Group Health Research Institute are managing the project and providing technical assistance and training for the five states that received the award (Oregon, Colorado, Pennsylvania, Massachusetts, and Idaho). The goal of the initiative is to develop a replicable and sustainable implementation model for medical home transformation. Five Regional Coordinating Centers (RCCs) in five different states were selected to participate, and each partnered with 12-15 safety net clinics in their state. The Oregon Primary Care Association and CareOregon formed the RCC in Oregon and partnered with the Oregon Rural Practice-based Research Network (see description below). The vision for the Oregon RCC is to "use the resources and goals of this Initiative to pilot and build a statewide PCMH collaborative for sustained transformation of safety net clinics." Funding continues through April 2013.

See www.qhmedicalhome.org/safety-net/rcc/oregon.cfm, for a description of the Oregon RRC (including participating clinics), and www.qhmedicalhome.org/safety-net/index.cfm for a description of the Initiative.

Oregon Pediatric Improvement Partnership. The Oregon Pediatric Improvement Partnership (OPIP) is a collaboration between public and private sector agencies that are interested in improving the quality of health care for all children in Oregon. OPIP follows in the footsteps of similar organizations across the country, all modeled after the Vermont Child Health Improvement Partnership (VCHIP). The major partners

are Department of Medical Assistance Programs (Medicaid), Office of Family Health, Oregon Pediatric Society, Children's Health Foundation, Child and Adolescent Health Measurement Initiative (CAHMI), Oregon Health and Sciences University, Family Voices, and Oregon Center for Children and Youth with Special Health Needs. In July of 2009 the Department of Pediatrics at OHSU agreed to provide start-up funding for the IP, along with in-kind support from CAHMI in the form of infrastructure and staff support. R.J. Gillespie, M.D. is Medical Director, and Colleen Reuland is the Executive Director. The primary focus of the OPIP in 2011 is on two major initiatives, ABCD III and CHIPRA. I will discuss CHIPRA in the next newsletter.

ABCD III. The Assuring Better Child Development (ABCD) III project follows in a series of initiatives focused on improving screening and services for children at risk for developmental delays. DMAP leads the project and is the recipient of funding. The focus of ABCD III is on care coordination between the primary care provider and the community agencies that provide services for these children. The unique approach of this project will be to anchor quality improvement goals to parent perceptions of needed improvements in care coordination, particularly between primary care and early intervention providers. Parent input will be gathered through a series of community cafes held in three regions around the state, (Lane and Douglas counties and the Portland metropolitan area). Eight health plans will implement improvement projects and the OPIP will facilitate a learning collaborative with these organizations.

For more information about the OPIP or ABCD III, contact R.J. Gillespie at gillesrj@ohsu.edu.

Oregon Rural Practice-based Research Network. The Oregon Rural Practice-based Research Network (ORPRN) is a statewide network of rural primary care clinicians and their practices dedicated to improving the health of rural Oregonians through community and practice-based clinical research. ORPRN is housed at OHSU and is directed by L.J. Fagnan, M.D. ORPRN is currently conducting a number of projects related to medical home activities. Here are some examples:

- **Clemente, Task Order 21:** Linking primary care clinicians with community-based resources for obesity management. This is a study occurring in 4 Oregon counties and 8 rural clinics, funded by the Agency for Healthcare Research and Quality (AHRQ) under ORPRN's Master Contract.
- **The ORPRN Shared Decision Making Study:** Study, funded by the Foundation for Informed Medical Decision Making, that uses evidence-based DVD Decision Aids to implement shared decision making between the physician and patient for preference sensitive conditions and preventive health services. ORPRN, one of 11 funded sites nationally, is working with six rural clinics.
- **The Safety Net Medical Home Initiative** (see above). ORPRN collaborates with OPCA and CareOregon to transform two Rural Health Clinics in northeastern Oregon into PCMHs.

A complete list of ORPRN's current projects is available at www.ohsu.edu/orprn. In addition, ORPRN is actively recruiting new members and is looking to increase the number of pediatricians and pediatric clinics in the network. Contact L.J. Fagnan, M.D. at fagnanl@ohsu.edu for more information about ORPRN and their projects.

Screening Tool and Referral Training (START). The Screening Tool and Referral Training project of the Oregon Pediatric Society (OPS) is entering its third year of providing training to primary care pediatric providers. Its focus to date has been on conducting standardized developmental screening in primary care and linking the medical home (primary care practice) to community providers. The second year of this highly successful developmental screening project brought statewide expansion with new trainers in five regions around the state. Over a thousand health care professionals have participated in the training. This year START plans to create new shorter "lunch and learn" modules around maternal depression (completed), adolescent depression and anxiety, ASD management, and early childhood social emotional development.

The manager of the START project is Anne Stone. She can be contacted at anne.stone@oraap.org for more information. The START project is currently looking for new trainers and new communities in which to present trainings. You can participate in the following ways:

- If you are a Family Medicine Physician interested in child development, you can become a local trainer and earn a stipend.
- You can invite START to present in your community clinic and/or FQHC.

The Data Resource Center for Child and Adolescent Health website includes national and state-based data from the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN). You can learn about the surveys and search and compare national, state, and regional survey results. If you're interested in exploring their resources, go to www.childhealthdata.org. You can access data on how children and youth in Oregon experience receiving care within a medical home at www.medicalhomedata.org.

The next medical home newsletter will come out in May. My plan is to provide quarterly updates. If you have information about projects in your region that address medical home issues, please send me the information, including a contact for the project. Thanks.

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