
Building the model for Medical Home

The process of building legislation, implementation & measurement of Medical Homes for children on public insurance in Colorado

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Medical Home Efforts in Colorado

- Legislation
 - Infrastructure
 - Implementation process
 - Roll-out
 - Next Steps
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Senate Bill 07-130 & Senate Bill 07-211

- Senate Bill 07-130: the “Medical Home bill”
 - Defines a Medical Home as “an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, & comprehensive access to and coordination of community-based medical care, mental health care, oral health care, and related services for a child.”
 - Senate Bill 07-211: the “kitchen sink bill”
 - Establishes an Advisory to improve access to care
 - Presumptive eligibility for kids and pregnant women
 - 12-month continuous enrollment for SCHIP kids
 - Requires Department to measure the quality of care and cost-effectiveness of care delivered to children on public insurance
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Elements Unique to Colorado

- ALL children, not just children with special health care needs
 - Specialist providers too
 - Mandates the Department to work with the Colorado Department of Public Health and Environment (CDPHE) to implement
 - Includes performance measures
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Our Implementation Process

- Medical Home Advisory Board – approx. 70 members; providers, payers, family leaders, community advocates
- Standards to identify medical homes
- Provider/practice recruitment
- IT system identification
- Evaluation of quality and cost-effectiveness



Building Standards

- Guiding Principles
 - Started with Carl Cooley’s model endorsed by AAP, AAFP, IOM, Family Voices, United States Maternal & Child Health Bureau, & other national organizations
 - Accessible, Family-Centered, Continuous, Comprehensive, Coordinated, Compassionate, Culturally Effective
- Standards Development
 - Aligned with established standards representing industry best practice
 - The standards are a way to acknowledge good practice while building a vision for better care for children in Colorado



Standards vs. Measures

- Standards
 - Used to define Medical Home practices so that we may identify Medical Homes and the children on Medicaid and CHP+
- Performance Measures
 - Measures to determine the quality of care delivered to children in Medical Homes
 - Meant to hold HCPF accountable; not provider level data, but aggregated patient-level data



Keys to Success

- Use your existing infrastructure
 - EPSDT, HCP, public health programs, local foundation \$, advocates
- Work with your stakeholders
 - Family leaders, providers, payers, advocates
- Remember your internal partners
 - Contracts, rates, QI
- Supportive leadership



Challenges

- Timelines
- Potential to alienate providers
- Marketing to consumers
- “Darn good” evaluation vs. randomized control - accountability
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- Two words? Or a paradigm shift?



How can the PCPCC help?

- Looking for increased buy-in from providers
 - Developing appropriate enhanced reimbursement models
 - Building and funding a rigorous evaluation
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Next Steps

- Recruitment
 - Improving access for eligible children
 - Budget requests
 - Evaluation
 - Participation in PCMH pilot
 - Participation in national efforts
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