

The Role of Colorado Public Health Agencies in Building a Medical Home *Team* System

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Colorado is going beyond established definitions of a Medical Home and identifying it as a teaming approach to health care. Colorado is also building a Medical Home System, which is the infrastructure to support a Medical Home Team Approach for all families.

Families and Providers Use a Medical Home *Team* Approach

The Colorado Medical Home Initiative (CMHI) of the Colorado Department of Public Health and Environment (CDPHE) asserts that a Medical Home is a *team approach* to health care, guided by quality standards. A Medical Home *Team* Approach requires all professionals involved in a child's care to operate as a team; families to be critical members of that team through education and mentoring; and that all team members understand the importance of quality, coordinated medical, mental and oral health care.

A Medical Home *Team* Approach Requires Infrastructure

A Medical Home System is the state and local infrastructure (personnel, processes, procedures and materials) that supports providers and families to implement the practice-level Medical Home standards for a Medical Home Approach. Often there are local and state systemic issues, such as lack of specialists, access to insurance and uncertainty of local resources that prohibit providers from offering a Medical Home Approach. A Medical Home System overcomes these barriers.

What is the Public Health Role in Building a Medical Home *Team* System?

CDPHE and local public health agencies have the role of providing the "Core Public Health Functions" of assessment, policy development and assurance through the "Ten Essential Services of Public Health". These services can be applied to building a Medical Home *Team* System. The ten essential services of public health are:

1. Develop policies and plans that support individual and community health efforts
2. Inform, educate and empower people about health issues
3. Mobilize community partnerships to identify and solve health problems
4. Enforce laws and regulations that protect health and ensure safety
5. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
6. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
7. Assure a competent public health and personal health care work force
8. Research for new insights and innovative solutions to health problems
9. Diagnose and investigate health problems and health hazards in the community
10. Monitor health status to identify community health problems

Title V programs in CDPHE have applied some of the essential services to building a Medical Home System for children. The Title V Children with Special Health Care Needs Unit established the Colorado Medical Home Initiative (CMHI) by convening key stakeholders to build the state level infrastructure of

a Medical Home System including Medical Home practice standards, web site development and tools for technical assistance.

The CMHI has the following objectives to develop a medical home system:

1. Develop a strategic plan for the CMHI state level structure and infrastructure of the Advisory Board, Steering Committee and Task Forces to support local implementation of a Medical Home System in 2008 and 2009.
2. Join with Colorado Statute 194 implementation and the Public Health Alliance of Colorado to apply the core public health functions and the essential public health services to the development of a local pediatric Medical Home System in collaboration with local public health agencies in two to three select communities in 2008 and 2009.
3. Garner state and federal grant funding to assist public health agencies to develop a pediatric Medical Home System and measure its impact on the quality and cost effectiveness of health care services in 2008 and 2009.

Local public health agencies are already providing the essential services to support a Medical Home System in many ways by identifying local systems barriers and providing direct consultation/technical assistance to personal health care providers. For example, local agencies have reported procedural difficulties with access to public insurance through the electronic enrollment system and have provided gap-filling services to families to resolve these issues. Local public health agencies identify shortages of health care providers and the need for coordination of health care between behavioral, medical and oral health care. Local public health agencies often offer consultation to providers regarding new insurance policies or legislation; technical assistance to providers for the provision of immunizations; tool kits for programs, such as Women Infant Children (WIC); and information on smoking cessation techniques and resources.

The public health system in Colorado is well positioned for a more comprehensive application of the essential services to building a Medical Home System for children. The recent passage of the Public Health Statute will standardize the delivery of these essential services across all public health agencies in the state. The creation of the Public Health Alliance of Colorado, which is a collaborative assemblage of ten public health organizations, has helped to strengthen public health in Colorado by building capacity within participating organizations as well as connecting its members. Through the Alliance and the annual Colorado Public Health Association conference, education, networking and inter-community Medical Home System mentorship can evolve. Mobilizing community partnerships is an area of expertise for public health and can be leveraged in many ways to address health care barriers. Extracting the consumer voice through family leaders has also proven to be an effective tool within the Title V CDPHE programs to build effective systems.

Appendix 1

Medical Home Definitions

The American Academy of Pediatrics (AAP) defines a Medical Home as *not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician (pediatric health care professional) whom they trust. The pediatric health care professionals and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.*

The American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) published Joint Principles of the “Patient-Centered Medical Home” in February, 2007. *The Patient-Centered Medical Home (PC-MH) is an approach to providing comprehensive primary care for children, youth and adults. The PC-MH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.*

Colorado Senate Bill –130, “Concerning Medical Homes for Children”, defines Medical Home as an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to coordination of community-based medical care, mental health care, oral health care, and related services for a child. A medical home may also be referred to as a “health care home”. If a child’s medical home is not a primary medical care provider, the child must have a primary medical care provider to ensure that a child’s primary medical care needs are appropriately addressed.

All of these definitions incorporate the eight quality components of a medical home:

1. accessible
2. family centered
3. comprehensive
4. coordinated
5. compassionate
6. continuous
7. culturally competent
8. community based.