



Children's Healthcare Improvement Collaboration

Utah Pediatric Medical Home Demonstration

Medical Home is an approach to providing patient care that aims to continually improve

- Access
- Continuity
- Comprehensiveness
- Coordination

Accomplishing this requires concerted effort and the development of systems within practices to effectively implement and sustain needed changes. Studies of medical home in adult-care settings have demonstrated substantial potential for reducing the overall costs of care.

The **Demonstration** is supported by a 5-year Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstrations grant awarded to the Utah and Idaho Medicaid and CHIP programs. Led by the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ), based in the University of Utah Department of Pediatrics. It began in March 2001 and will end in the fall of 2014.

- Involves 12 pediatric practices
 - 3 Intermountain Healthcare primary care practices (16 clinicians, 20,000 patients)
 - 6 Independent pediatric practices (30 clinicians, 60,000 patients)
 - 3 Subspecialty practices with University faculty based at Primary Children's
- "Embedded" Medical Home Coordinators to build teams and lead support for care coordination, quality improvement, and systems development (each shared across 2-3 practices)
- Quality improvement practice coaching, providing consultation, site visits, conference calls, and guidance in measuring processes to guide ongoing improvement
- Training and coordinating Family Partners in each practice, parents who serve to advise the practice and assist other families in accessing resources and navigating the health care system
- Using 'learning collaboratives' – 8-10 month sub-projects involving teams from all participating practices, focused on specific topics, such as referral processes and collaboration between primary care and subspecialty care; 1st collaborative is focused on referral and collaboration between primary care and subspecialty care practices

Robust analysis will be assisted through the Utah All-Payer Claims Database (APCD) to evaluate and compare utilization patterns and costs before and after the demonstration and with "control" practices.

We have proposed adding a **Multi-Payer Demonstration** for the next 3 years to support a demonstration of alternative approaches to compensation for services, providing incentives for value over volume. Current fee for service compensation rewards face-to-face care, simple visits, and more visits/procedures and does not reward care coordination, managing complex/chronic problems, or caring for patients' issues by phone or electronic methods (often preferred by patients/families and may prevent lost work/school). Involving most of the payers, including both Utah Medicaid and commercial payers, will optimize engagement of the practices by providing sufficient funding and involvement of the vast majority of the practices' patients. Evaluation will focus on:

- Utilization and cost measures
- Quality of care measures
- Clinical outcome measures
- Service quality and patient/parent satisfaction measures