Colorado Medical Home Initiative
and its Impact on School-Based Health Centers

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Keeping children healthy, in school,
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COLORADO ASSOCIATION FOR
SCHOOL-BASED HEALTH CARE

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Background

A medical home is an approach to providing quality comprehensive health services through a partnership between the patient, family, and providers and with a focus on wellness and prevention. The term "medical home" was first coined by the American Academy of Pediatrics (AAP) in 1967. It defined medical home as "one central source" of a child's medical record and emphasized its importance, particularly in caring for children with special health care needs. In 1992, AAP published its first medical home policy statement and defined the essential components of a medical home as accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. In 2002, AAP updated the medical home policy with an expanded interpretation of the concept and a detailed operational definition of each component. This policy was reaffirmed in 2008.

Research has demonstrated that having a medical home is associated with better health outcomes, lower costs, and reductions in health disparities. For children with chronic conditions, a strong primary care medical home was found to reduce hospitalizations and emergency department visits.

In Colorado, preliminary data from a pilot study supports these findings of better outcomes and cost savings. The study found that children enrolled in Medicaid and Child Health Plan Plus (CHP+) who had a medical home were more likely to have had a well-child visit (72% compared to 27%). They also had lower annual median medical costs ($785 compared to $1000) than children without a medical home. Even greater cost savings were demonstrated for children with chronic medical conditions, such as asthma and diabetes, with annual median costs of $2,275 per child with a chronic condition in a medical home compared to $3,404 per child not in a medical home.

Recognizing the benefits of the medical home approach, Senate Bill 07-130 (CRS 25.5-1-123), Medical Homes for Children, was passed by the Colorado General Assembly and signed into law by Governor Bill Ritter in May 2007. The goal of this legislation was to maximize the number of publically insured children and adolescents in a medical home.

In Colorado Revised Statute (C.R.S.) 25.5-1-103, medical home is defined as "an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to and 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." C.R.S. 25.5-1-103 states that all medical homes must ensure, at a minimum, the following:

- Health maintenance and preventative care
- Anticipatory guidance and health education
- Acute and chronic illness care
- Coordination of medications, specialists, and therapies
- Provider participation in hospital care
- Twenty-four hour telephone care

Senate Bill 07-130 directs the Colorado Department of Health Care Policy and Financing (HCPF), in conjunction with the Medical Home Initiative that had earlier been established in the Colorado Department of Public Health and Environment (CDPHE), to develop standards and systems to increase the number of children and adolescents who have a medical home.

Colorado Medical Home Standards

There are eleven Colorado medical home standards. According to CDPHE, the standards are not meant to be prescriptive but rather serve as guidelines to assist providers in taking a medical home approach to care. The standards are as follows:

1. Provides 24 hour 7 day access to a provider or trained triage service.
2. Child/family has a personal provider or team familiar with their child's health history.
3. Appointments are based on condition (acute, chronic, well or diagnostic) and provider can accommodate same day scheduling when needed.
4. A system is in place for children and families to obtain information and referrals about insurance, community resources, non-medical services, education and transition to adult providers.
5. Provider and office staff communicates in a way that is family centered and encourages the family to be a partner in health care decision making.
6. Provider and office staff demonstrate cultural competency.
7. The designated medical home takes the primary responsibility of care coordination.
8. Age appropriate preventive care and screening are provided or coordinated by the provider on a timely basis.
9. The designated medical home adopts and implements evidence-based diagnosis and treatment guidelines.
10. The child's medical records are up to date and comprehensive, and upon the family's authorization, records may be shared with other providers or agencies.
11. The medical home has a continuous quality improvement plan that references medical home standards and elements.

CPT-4 Codes that are Paid for Performance

Preventive Medicine Services

99381	New Patient under one year
99382	New Patient (ages 1-4 years)
99383	New Patient (ages 5-11 years)
99384	New Patient (ages 12-17 years)
99385	New Patient (for ages 18-20 years only)
99391	Established Patient under one year
99392	Established Patient (ages 1-4 years)
99393	Established Patient (ages 5-11 years)
99394	Established Patient (ages 12-17 years)
99395	Established Patient (for ages 18-20 years only)
99460	Initial hospital or birthing center care for normal newborn infant
99461	Initial care in other than a hospital or birthing center for normal newborn infant
99463	Initial hospital or birthing center care of normal newborn infant (admitted/discharged same day)

Evaluation and Management Codes

99202-99205	New Patient
99212-99215	Established Patient

Who Can Become a Certified Medical Home Provider?

Being a medical home provider is not limited to physicians. By Colorado law the term provider is inclusive of behavioral, oral, and physical health care providers and specialists. Primary care physicians and medical specialists, nurse practitioners, physician assistants, mental health providers, and dentists can all be a medical home provider if they are the consistent source of care for the patient, willing to assure that the child is seen by a primary care physician as needed, a participating provider in Medicaid and CHP+, and meet the certification process.

Compensation for Being a Medical Home

Certified medical home providers in Colorado are paid a performance bonus for preventive care provided within their scope of practice to children enrolled in Medicaid and CHP+. For any well-child visit (see box) provided to children ages 0–4 years, an additional $10/visit is received and for children/adolescents ages 5-20 years, an additional $40/visit is received.

Federally qualified health centers (FQHC) and rural health clinics (RHC) that already receive enhanced reimbursement do not receive additional payment for being a certified medical home. However, they do receive access to the additional resources offered to all certified medical homes and

are listed on the medical home provider locator. Likewise, Medicaid managed care plan providers also do not receive the enhanced reimbursement but do benefit from the additional resources available to them.

Colorado Medical Home Certification Process

Becoming a certified medical home in Colorado is a three step process.

Step One – Initial Screening

To begin the process, interested providers, including school-based health centers (SBHCs), should contact the program administrator in the Office of Client and Community Relations at HCPF. The office will conduct a preliminary screening to determine if the SBHC qualifies. Specifically, HCPF will ask if there are established relationships to provide 24 hour/7 day-a-week coverage outside of the school day or school year, including holidays. What level of care is provided at the SBHC? What level of care coordination is supplied at the SBHC? What community relationships are built around the SBHC, including non-medical referrals?

If the SBHC passes the initial screening, HCPF will then refer the SBHC to Family Voices to schedule a day and time for Family Voices to visit the practice site (see step two). Private practice providers are referred to Colorado Children's Healthcare Access Program(CCHAP).

Step Two – Medical Home Index

A representative from Family Voices will schedule a group meeting with all the providers and office staff at the SBHC. This includes front desk and billing staff. Family Voices schedules a time when at least 80% of the staff and providers are available. Input from all staff is important for quality improvement. The meeting can be scheduled early in the morning or during lunch time to avoid clinic disruption and lasts about one hour. During the meeting, the Family Voices representative asks the staff ten probing questions in order to complete the Medical Home Index (MHI).

The MHI is a nationally validated self-assessment survey and serves both as the measurement tool for certification as well as a quality improvement (QI) tool. The 10-item pediatric MHI (short version) that is used can be found at: http://www.medicalhomeimprovement.org/knowledge/practices.html. The MHI quantifies the "medical homeness" of a primary care clinic, assessing such things as family centeredness, cultural competency, care continuity, cooperative management with specialists, and quality standards.

In addition to interviewing clinic staff, the Family Voices facilitator will conduct informal interviews with parents coming to the practice, again, to get a sense of "medical home-ness." These interviews can be conducted in both English and Spanish. This information is also used to complete the MHI. For large clinics, 50 or more parents are interviewed. For smaller clinics, such as a SBHC, 10-15 parents are interviewed. When parents do not accompany students seen at the SBHC, a parent group meeting can be organized or parents will be called individually by the facilitator. The plan for interviewing parents should be decided with the Family Voices representative when scheduling the practice site visit. Family Voices will then take the information gathered and analyze it, determining strengths and areas for improvement.

Step Three –Quality Improvement Project

A follow-up meeting to discuss the results will be scheduled. If the practice is in a rural area, this meeting will usually occur the day after step two is completed. The survey results are reviewed. Family Voices will advise the practice on any "quick fixes" that can be implemented to enhance reimbursement immediately. For example, if the practice is experiencing a large number of denied claims, Family Voices will assess for potential coding errors and other typical billing issues.

In addition, the practice selects an aspect of "medical home-ness" to work on over the coming year using a QI process. QI projects that have been undertaken by providers include: age appropriate preventive care and screening, improving practice family-centeredness, evidence-based diagnosis and treatment, care coordination, and cultural competence.

The clinic can design its own QI project. It may also use the same QI project being utilized for other accreditations, such as Accreditation Association for Ambulatory Health Care (AAAHC) or National Committee for Qual-

ity Assurance (NCQA), to meet the state's requirement . Alternatively, Colorado Children's Health Access Project (CCHAP) and Family Voices have several existing QI projects available for the practice to use. These "plug and plays" include the steps necessary to implement the plan and evaluate its effectiveness. Family Voices is available to assist with the QI process throughout the year.

Recertification

Medical home providers are recertified annually with completion of the MHI and the development and implementation of a new quality improvement project.

Defining "Hospital Care" and "Twenty-Four Hour Telephone Care"

Many SBHCs are already ensuring the following:

1. Health maintenance and preventative care;
2. Anticipatory guidance and health education;
3. Acute and chronic illness care; and
4. Coordination of medications, specialists, and therapies.

It is the state's requirement of participation in hospital care and twenty-four hour/seven day a week care that leads many SBHCs to think they cannot become a certified medical home. Participation in hospital care does not mean that the SBHC provider needs to have hospital admitting privileges. Rather, the state is looking for the SBHC to build a relationship with the local hospital(s). HCPF wants to be assured that processes are in place whereby the SBHC nurse practitioner, physician assistant, and/or physician will be notified when a student is admitted to the hospital and have the opportunity to participate in his/her care. In addition, the SBHC should be involved in follow-up care of the patient upon discharge.

The family is also responsible for ensuring coordinated and continuous care for its child and should be educated regarding its importance. The family can assist by identifying the SBHC as the child's medical home and requesting that hospital medical records be sent to the SBHC.

Twenty-four hour/seven day-a-week care does not mean the SBHC practitioner is available 24/7. Rather, the SBHC should arrange for 24/7 care through its medical affiliation (hospital, FQHC, RHC), through partnerships with other providers or through a trained triage service. Students should have access to an after-hours trained triage line or provider who will assess the concern and determine the appropriate action, i.e., home treatment, next day clinic appointment, urgent care visit, or, in cases of true emergency, emergency department referral.

If the SBHC is not open during the summer and/or holidays, an alternative practice site should be available to students that can attend to their needs. Again, this can be arranged through the SBHC's medical affiliation or through community partnerships with other providers.

Resources Available to Certified Medical Home Providers

Once certified, medical home providers are listed in a provider locater system that can be found at www.medicalhomecolorado.org. There are many resources available to medical home providers to improve the quality of services and to make the job of care coordination easier.

Colorado Provider Resource Helpline

The provider resource helpline is available to answer questions and to provide information on available medical and community resources to pediatric practices. The provider can access the helpline by calling 1-877-731-6017, emailing providerhelpline@familyvoicesco.org, or faxing a completed information sheet to 303-691-0846. The helpline can identify care coordination services for children with special health care needs, including disabilities and chronic illness. It can answer questions and provide support in transitioning adolescents with special health care needs from pediatric to adult care. It also can help uninsured families obtain needed medical equipment for a child. Lastly, the helpline identifies gaps in services through data collection. For questions that cannot be answered immediately, helpline staff will research the issue and call the provider back or call the family directly, if requested by the provider.

Trainings

Workshops and other trainings are available to medical home providers. Family Voices conducts trainings that can assist providers in maximizing their relationship with Medicaid. For example, Family Voices provides workshops on billing and coding to improve reimbursement. They also can instruct providers on determining medical necessity and writing effective letters for prior authorization requests (PARS). Medicaid requires prior authorization for certain services, including certain surgical procedures, certain durable medical equipment, physical and occupational therapy, substance abuse and mental health treatment services, non-emergency transportation services, some Early Periodic Screening, Diagnosis, and Treatment (EPSDT) home health services, and out-of-state elective hospitalizations.

CDPHE also has trainings available for any provider interested in taking a medical home approach. The website, http://www.coloradomedicalhome.com/, has useful resources for providers and families, including a quarterly e-newsletter.

Technical Assistance

Family Voices has resources for the entire practice staff, from the receptionist to the providers. The organization also has resources for families. As already mentioned, Family Voices will provide a QI coach to practices requesting assistance with the QI process.

HCPF's Family Health Coordinators

HCPF has family health coordinators or navigators in every region of the state who support both providers and families with issues concerning Medicaid and CHP+. In addition to Medicaid and CHP+ outreach and enrollment, the coordinators can assist providers in a number of ways, including verification of Medicaid eligibility, follow-up on missed appointments, trouble shoot billing issues, and provision of information on resources available to families .

The coordinators help families locate Medicaid providers in the community, educate on the medical home approach, assist with accessing insurance benefits, help with transportation to avoid missed appointments, and provide information on medial and non-medical community resources.

PAR Hotline

The PAR hotline is available to providers and families to track down PARS that have been entered into the Medicaid system. The hotline can be accessed by dialing 866-956-9409.

Colorado School-Based Health Centers and the Medical Home Initiative

School-based health centers have long subscribed to high quality, integrated primary and preventive care that is coordinated, culturally competent, and patient and family-centered—all essential components of the medical home approach. Some SBHCs serve as the primary care provider for a student while others work in close partnership with a student's primary care provider to ensure high quality, coordinated care. Now with increasing health costs and limited resources, the medical home approach to care takes on even greater importance.

As of late 2010, none of the SBHCs in Colorado has become state certified as a medical home. There are likely many reasons for this. Becoming certified takes time and requires an onsite visit to be scheduled. In some cases, there is a lack of knowledge about the state's process and benefits. There may be confusion regarding the multitude concurrent medical home initiatives in the state and nationally. Some centers are still weighing the pros and cons of becoming state certified, versus becoming recognized as a medical home through a national accreditation process. Some Colorado SBHCs may not qualify if they do not have the necessary community partnerships in place. Providing integrated medical, mental health and dental care requires a SBHC to build a strong network of collaborators. And lastly, SBHCs that might qualify assume they would not because of misunderstandings, particularly regarding the state's requirement of participation in hospital care and 24/7 care.

Pros to Becoming a Certified Medical Home

There are many benefits to becoming a certified medical home for SBHCs. First, fee for service Medicaid providers receive enhanced reimbursement (supplemental payments) for preventive services if they obtain the designation. The enhanced

reimbursement "approach minimizes the changes providers and payers need to make to their existing fee-for-service billing and payment systems."…"Communities do not need to put up funds for their local practices to access supplemental medical home payments." In addition, communities may save dollars in emergency room care (e.g., from hospital districts) and these funds can then be used for other purposes.

Second, certified medical home providers are given access to many resources to assist them, both in terms of care coordination and quality improvement. In addition to the resources already mentioned, Family Voices can also assist with practice specific needs. For example, Family Voices is putting together a list of syndrome specific resources. Providers will be able to access available resources for children with cerebral palsy, autism, Down syndrome, and other conditions. The resources available help practices improve quality, operational efficiencies, and patient and provider satisfaction.

The medical home approach is widely recognized and endorsed by many governmental and professional organizations, including CDPHE, HCPF, AAP, American Academy of Family Physicians, American College of Physicians, and the American Medical Association. It was endorsed in the recently authorized federal Patient Protection and Affordable Care Act. Being designated a certified medical home would likely strengthen an application when applying for grant funding because being a certified medical home provides accountability for state, federal, and foundation dollars. On a more global scale, having SBHCs certified as medical homes reinforces the important role of SBHCs in the health care system.

Cons to Becoming a Certified Medical Home

On the down side, taking a medical home approach involves additional time, energy, and resources, particularly at first when practices are less familiar with available resources for care coordination. The additional time could negatively impact productivity. For many SBHCs, it will also require the establishment of formal arrangements with the local hospital and with other community providers to meet the care coordination, hospital care and 24/7 care requirements. Developing this network of partners takes time and cooperation and in some communities, these resources are limited or nonexistent. Time is also needed to complete the certification process. SBHCs may have other competing priorities.

In addition, some SBHCs might find it difficult or be unwilling to complete a yearly quality improvement project. SBHCs might fear opposition from private physicians who already feel threatened by the presence of the SBHC in the community.

Recommendations

The following are recommendations for assisting SBHCs to become certified medical homes.

- Learn about what it takes to become a certified medical home and available resources to assist with this process.
- Ask for technical assistance to facilitate the creation and formalization of community partnerships to meet the requirements of the medical home.

Helpful Websites

Colorado Department of Public Health and Environment – Colorado Medical Home Initiative http://www.coloradomedicalhome.com/

Colorado Department of Health Care Policy and Financing – Colorado Medical Home http://www.medicalhomecolorado.org/

Colorado Family Voices http://www.familyvoicesco.org/

Colorado Children's Health Access Project www.cchap.org

Medical Home Index Tool http://www.medicalhomeimprovement.org/knowledge/practices.html

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