

## Information & Discussion Guide | Medical Home Availability and Usage

### Summary of Issue

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“A medical home is a family-centered, cost-effective, and coordinated approach to care that ensures a child receives preventive physical, mental, and oral health services.

The American Academy of Pediatrics (AAP) developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to *all* children and youth, including children and youth with special health care needs.

#### Benefits of a medical home include:

- Increased access to quality, preventive care;
- Better health for the child now and in the future; and
- Lower medical costs to taxpayers and the state”

-Colorado Children’s Healthcare Access Program

There is concern that children in Aurora have inadequate access to patient-centered medical homes (PCMHS) and lack of parent understanding surrounding use of medical homes compared to emergency departments (EDs). This may result in higher rates of unnecessary emergency department (ED) usage and deprive children of comprehensive, quality healthcare.

### Data\*

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Colorado Health Foundation: 2015 Health Report Card (<http://www.coloradohealth.org/yellow.aspx?id=7347>)

- 55.3% of Colorado children reported to have PCMH (35<sup>th</sup> in nation)

Children’s Hospital Colorado - Health Disparities & Opportunities in Old Aurora Presentation, Dr. James Todd & Dr. Carl Armon

- Children in Old Aurora (80010, 80011, 80012) have 76% more ED visits compared to children in the rest of Colorado for 19 of top 20 disease categories
- Children in Old Aurora significantly less likely to have weekend/weekday after hours visits to the ED (more likely to visit during the day on weekdays, suggesting lack of access to medical homes)
- If ED use in old Aurora matched the rest of Colorado, potential net annual charge savings of \$9.9 million
- Pregnant women in Old Aurora more likely to have poor prenatal care – if pregnant women in Old Aurora had same complication rates as women in the rest of the state, potential charge savings of \$13.5 million

Data resource Center for Child & Adolescent Health (2007)

- 59.3% of all Colorado children met all medical home criteria

Child Health Survey, 2013 (Children 1-14 years). May be able to get county-level data by aggregating years. Would need to request from CDPHE.

- 92.0% of parents report that Colorado children have a “personal doctor or nurse”
- 58.8% of parents report that someone helps to arrange or coordinate children’s health care; 36.8% report no help and 4.4% report that child didn’t need care (within past year)
- 21.5% of parents report that they could use extra help arranging or coordinating care for their children

*\*Lack of Aurora-specific data remains a challenge at this time and suggests an opportunity moving forward*

### Current initiatives that address issue

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#### Colorado Children’s Healthcare Access Program (CCHAP)

- Statewide organization focused on improving childrens’ access to healthcare, with a focus on promoting medical homes
- Since 2006, CCHAP has recruited, coached and supported pediatric and family practices to provide a medical home for hundreds of thousands of Colorado children on Medicaid and CHP+. (CCHAP website)

#### RCCO/Colorado Access

- Colorado Access manages the Medicaid Accountable Care Collaborative (ACC) program in three Colorado regions, including the Aurora area (Arapahoe and Adams Counties)
- At this time, 78 pediatric providers in Aurora (including adolescent medicine and family medicine) were listed on the Colorado Access website

Colorado Maternity Care Home (MCH) for Medicaid clients - already being implemented

<http://www.coloradohealth.org/HealthyBeginnings/>

North Carolina's Pregnancy medical home (PMH) model

<http://www.communitycarenc.com/population-management/pregnancy-home/>