

## SECTION 6

# Missouri Partnership for Enhanced Delivery of Services

Building Medical Homes for Children with Special Health Care Needs in Rural Settings

This booklet has described in detail the medical home model of the Pediatric Alliance for Coordinated Care project. There are other important programs around the country working on behalf of CSHCN. Below, we profile the Missouri Partnership for Enhanced Delivery of Services (MO-PEDS) initiative.

### Overview

The Missouri Partnership for Enhanced Delivery of Services (MO-PEDS) is a three-year demonstration project designed to develop medical homes for CSHCN in rural settings. Funded since 1998 by the Robert Wood Johnson Foundation and the Title V program in the Missouri Department of Health, the project will serve approximately 125 children and adolescents with complex chronic health conditions and disabilities ages 0-17.

The project has identified the following barriers to medical homes in rural areas:

- Limited professional resources due to a shortage of primary care providers, pediatric nurse practitioners, mental health services, special education supports, and therapy services
- A lack of community-based specialty care, which decreases the likelihood of family-centered, continuous, and culturally competent care
- Fewer opportunities for family-to-family supports

### Coalition Building

In partnership with the PACC program and with consultation from the Rural Medical Home Improvement Project (of New Hampshire, Vermont and Maine), MO-PEDS set out to develop its initiative in a nine-county region of central Missouri with extensive input from a broad-based consortium. Partners in the planning process included primary and specialty care physicians, families, a Medicaid managed care health plan, and public agency representatives, including the Title V program, the Division of Mental Retardation and Developmental Disabilities/Department of Mental Health, Missouri Medicaid/Department of Social Services, and the Missouri Division of Special Education.

### Proposed Solutions

These stakeholders proposed the following solutions to the challenge of building a rural medical home:

- Care coordination by a social worker or other designated non-medical professional

This person partners with the medical staff to create an IHP, problem solves with families about their medical and non-medical needs, facilitates communication across multiple systems of care (e.g., schools, agencies, health plans), teaches families self-advocacy skills, and identifies local resources for family support. The Title V agency funds this position in the demonstration project and has expressed a willingness to consider additional support if outcomes are positive.

- Use of advanced telecommunications systems (e.g., interactive telehealth services,

Internet links) to improve access to specialty care, enhance community providers' knowledge about chronic care management, and coordinate primary/specialty care

- An emphasis on the role of the parent consultant based in the practice, who can support families of CSHCN through direct contact, newsletter and Internet linkages, and family-oriented activities

## Objectives

The project will be implemented at 3 primary care practices in central Missouri to:

- Facilitate coordination of primary/secondary care
- Foster parent/professional partnerships
- Support family access to non-medical services

MO-PEDS is currently enrolling families from a large general pediatrics practice associated with an academic medical center and two smaller community family practice clinics. Physicians report interest in assistance with written health care plans for CSHCN, billing procedures, information on chronic care management, and parent-to-parent and family support services. They have also requested additional supports to improve primary/specialty care communication and access to mental health services.

MO-PEDS will examine outcomes such as changes in access to care, provider and family satisfaction, and health care expenditures of children enrolled, as well as processes such the determining the number of children that a social worker can follow. These data will be shared with Missouri state agency partners to help shape a "best practice" model of care for rural CSHCN and their families.

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Appendix B provides a brief summary of several other innovative programs for children with special health care needs.