



## **INTRODUCTION**

### **Medical Home Models Consist of Delivery of Health Care:**

- Continuous
- Comprehensive
- Coordinated
- Patient and Family Centered
- Compassionate
- Culturally Effective
- Accessible

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Medical Director SJCH, Medical Director BayCare Pediatric Hospitalist Group and Chronic Complex Pediatric Center,  
Medical Director Sub-Acute Pediatric Unit Sabal Palm, Largo, FL, Medical Director PICU level II, LRMC, Lakeland FL.,

## **DEFINITIONS**

**Chronic Disorder is a Serious Health Condition that Produce one or more of the Following:**

- Disability or limitation of function
- Disfigurement
- Dependency on medications
- Dependency of medical technology
- Need for specialized medical care not usually required for children the same age.
- Need for on going treatment at home.

## **MEDICAL HOME MODELS**

1. Cystic Fibrosis
2. Asthma
3. Diabetes
4. Sickle Cell
5. Cancer
6. Obesity
7. HIV
8. Chronic Complex Center
9. Others – JRA, Spinal Bifida, Epilepsy, etc.

## **CHRONIC COMPLEX PEDIATRIC CENTER / SJCH MODEL**

### **AAP Recommendation Entry Criteria:**

- Multiple medical conditions
- Congenital anomalies
- Severe Prematurity
- Complex Congenital Heart Disease
- Devastating Neurological Diseases
- Devastating Neuro-Muscular Disorders
- Moderate – Severe Spastic Quadriplegia
- Traumatic Brain Injury (TBI)
- Hypoxic Ischemic Encephalopathy (HIE)
- Others – (Mech Vent Patients, Trachs, GI-Tube, Short Gut, etc)



## **SJCH Model**

Opened May 1, 2001

Present number of patients = 760 active charts

Located: Medical Arts Building / St. Joseph's Hospital Campus

Proximity: Full Diagnostic Center, Multiple Medical-Surgical

Specialist, Rehabilitation Center, all located in the same building.

## **CCC MEDICAL HOME / RESPONSIBILITY**

1. Provision of preventive care, immunizations, growth and development assessments, appropriate screening, health care supervision, and patient and parental counseling about health and psychosocial issues.
2. Assurance of ambulatory and inpatient care for acute illnesses, 24 hours a day, 7 days a week.
3. Provision of care over an extended period of time to enhance continuity.
4. Identification of the need for subspecialty consultation.
5. Interaction with school and community agencies.
6. Maintenance of a central record and data base / Ideally – E-MR.



## **SJCH MODEL / ORGANIZATION TEAM**

General Pediatricians (10 Physicians) / 24 hour coverage

2.5 FTE Pediatric Nurses

Receptionist

Social Service

Child Life Specialist

Available: Pediatric Nutritionist, Pediatric Pharmacy Dept.

1.5 FTE CMS / Case Coordinator Pediatric Nurses



## SJCH MODEL

2002 - 2004 Cost Effectiveness Study (S. Freedman PhD, FAAP / R. Olsen PhD – 2004)

Independent Consultant Evaluator / USF

Goals: # ED Visits	>	24 month before and after
# Hospital Admissions	>	“ “
Length of Stay	>	“ “
Patient's Family Satisfaction Scores	>	“ “



## **Table 1 – SJCH MODEL** Patient Satisfaction Questionary

### **Sample of indicators rated as A or A+**

• Medical office: Open when you need care	83.5%
• Reach provider by phone when needed	88.6%
• Able to see provider same day when sick	92.4%
• Able to see specialist when needed	84.8%
• Able to see provider after hours	82.3%
• Able to avoid ER by phone consultation	82.3%
• Access to interpreter when needed	96.2%
• Dr./ARNP: Respectful/Courteous	91.1%
• Dr./ARNP: Takes concerns seriously	86.1%
• Makes an extra effort to meet needs	88.6%
• Completely answers all questions	84.9%

## Table 2 - SJCH MODEL

### Pre and Post Enrollment Utilization Data (58 Children)

<b>Utilization Measure</b>	<b>Pre-Enrollment</b>	<b>Post-Enrollment</b>
Total ER Visits	107	67
Total Hospital Admissions	77	50
Total Hospital Days	528	352

## Table 3 – SJCH MODEL

### Descriptive Statistics for Normality of Data

	<b>Pre-Enrollment Emergency Room Visits</b>	<b>Post-Enrollment Emergency Room Visits</b>	<b>Pre-Enrollment Admissions</b>	<b>Post-Enrollment Admissions</b>	<b>Pre-Enrollment Length of Stay</b>	<b>Post-Enrollment Length of Stay</b>
<b>Descriptives</b>						
Mean	2.89	.69	2.37	.51	27	3.6
Standard Deviation	4.35	.756	4.17	.77	98.7	8.72
Kurtosis	13.02	3.64	15.84	4.24	40.94	21.57
Skewness	3.46	1.78	3.66	1.95	6.24	4.26

**Table 4 – SJCH MODEL**

<b>Utilization Analysis</b>		
<b>Utilization Measures</b>	<b>Pre-Enrollment</b>	<b>Post-Enrollment</b>
Total ER Visits	83.2	53
Average ER Visits	1.7	1.1
Rate of ER Visits Per Month	0.9	.04
Total Hospital Admissions	93	67
Average Hospital Admissions	1.9	1.4
Total Hospital Days	607	452
Average LOS	12.4	9.22
Average Hospital Days Per Month	.68	.31

CCC Study, S. Freedman PhD, FAAP / R. Olsen PhD., 2004

## **Table 5 – SJCH MODEL**

### **Cost Savings of Post Center Enrollment**

<b>Cost Savings Post Center Enrollment</b>	
Emergency Room Visits	\$45,141
Hospital Days	\$181,602
<b>Total Savings</b>	<b>\$226,743</b>



## **SJCH MODEL**

### **Reimbursement for Services CCC**

Fee for Service – MEDICAID (85% all clinic patients)

CPT Code 99214 (Med Complex) \$43.12

CPT Code 99215 (High Complex) \$62.68

Commercial Insurance (12% all clinic patients)

Self Pay (3% all clinic patients)

Number of patient to see in Clinic Day = 15-20 maximum.

## SJCH MODEL

### **Clinic Funding Support:**

1. 2002 Allegany Franciscan Foundation
2. Mid 2000's CMS Funding
3. Present Funding SJCH Administration and again Allegany Franciscan Foundation

## **Chronic Complex / Children with Special Health Care Needs (CSHCN)**

### **Source of Payment**

1. Commercial Insurance Usually have a cap and high deductibles
2. Family pay out of pocket (Self pay), or for medication and or therapy not fully covered by insurance.
3. MEDICAID
4. Children Health Insurance Program (CHIP / FL Kids Care)
5. Supplemental Security Income (SSI)
6. Title V of SS Act (cover Pediatric Specialist)
7. Manager Care (HMO). Has not been good assisting CHCN in our experience.





American Academy of Pediatric (AAP) February, 2007  
American Academy of Family Practice (ACFP)  
American College of Physicians (ACP)  
American Osteopathic Association (AOA)  
“Joint Principles of the Patient Centered Medical Home”

Payment must be value and based on:

1. Time expend outside Face – face visit
2. Coordinating Care/Consultant, Evaluating Therapies, etc.
3. Case mix differences (Complexity – time consumed)
4. Allow physicians to share on savings
5. Allow physicians to share on quality outcomes



## **Difficulty on Transitioning Patients** **Pediatric to Adult Services**

- Transition phase 18 to 20 years of age
- Plan should start by 14 years of age
- Private Practice IM/FP
- Community Health Centers
- University Medical/Pediatric Programs



## **Health Care Transition**

Pediatrics vol 115, January 2005, page 112-120

Dr. John G. Reiss

Review 9 Different Articles – Need for transition to Adult Service

Conclusion: All Support Appropriate Termination of Pediatric Relationship



## **Hillsborough Health and Transition Service Coalition (HATS)**

Janet Hess, MPH, CHES  
Project Director, FloridaHATS

- Multidisciplinary Team Group (Hospital, Government, Physician, RN, SS Teachers, etc.)
- Identify opportunities and barriers for the transition.
- Several meetings during January – May, 2010.
- Still Active
- Reimbursement is a significant issue.
- Families and patients attachment to Pediatric Care.
- Lack of adult interest wanting to take large number of patients chronic complex conditions.



## **CONCLUSION**

### **MEDICAL HOME / SJCH MODEL**

- Unique in state of Florida.
- Need 75% ongoing funding.
- Proven to decrease ED visits, Hospitalizations and LOS.
- Proven to improve patient and family satisfaction.
- Proven to decrease hospital cost.

## **CONCLUSION** *(con't)*

### **MEDICAL HOME / SJCH MODEL**

- Working with Federal and State Government officials for recognition and implementation of this particular model in other Metropolitan communities.
- Could be part of State or National Pilot Study.
- Clinic staff and physicians continue committed to provide the best care possible for our patients even at the risk of liability and poor financial benefits.
- Improve the transitioning phase from Pediatric to Adult services.