Medical Home Module Outline

Learning Objectives:

1. Define "a child with special health care needs".
2. Discuss the elements of a medical home as they apply to your continuity clinic.
3. Be able to apply the "Always Event" to a patient encounter in your continuity clinic. An "Always Event" is something that should happen at each patient encounter. The "Always Event" for the Medical Home is "at the end of each clinical encounter the physician and family agree on next steps and specific responsibilities".

1) Children with Special Health Care Needs

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2005–2 006.* Rockville, Maryland: U.S. Department of Health and Human Services, 2008.

2) Identifying Children with Special Health Care Needs in your practice.

CSHCN Screener: (www.cahmi.org/pages/Sections.aspx?section=10)

3) Families and Children with Special Health Care Needs

Building a Medical Home Partnership: a Wisconsin toolkit
(http://wimedicalhometoolkit.aap.org/toolkit/video3.cfm)

4) What is a Medical Home?

Joint Principles of the Patient Centered Medical Home
(www.medicalhomeinfo.org/Joint%20Statement.pdf)

National Center for Medical Home Implementation (http://www.medicalhomeinfo.org)

5) Ways to Build a Medical Home

The Medical Home Index-Pediatric (http://www.medicalhomeimprovement.org/)

National Committee for Quality Assurance (http://www.ncqa.org/tabid/631/default.aspx)

6) The Always Event

The Picker Institute has developed the concept Always Events". Our "Always Event" for caring for children with special health care needs is: **"At the close of each clinical encounter, the physician and patient/family agree on next steps and on the specific responsibilities of the physician and the patient/family."**

7) Assignment: This month's question for reflection: 1) In what ways is your clinical practice consistent with medical home principles? How could it be improved? (It may be helpful to think about a particular family or patient encounter for this blog.)

Complete Modules are on Course Sites - Contact Dale Coddington for more information
(dcodding@childrensnational.org)

Care Plan Module Outline

Learning Objectives:

1. Describe important elements of a care plan.
2. Identify specific family and patient needs that would enable the creation of an individualized care plan.
3. Apply the "Always Event" to a patient encounter in your continuity clinic. An "Always Event" is defined as the agreement of next steps and responsibilities between the physician and the family at the end of the patient encounter.

1) What is a Care Plan?
http://pediatrics.aappublications.org/content/122/4/e922.full.pdf+html
http://wimedicalhometoolkit.aap.org/careplans/video1.cfm

2) Four Types of Care Plans

Comprehensive Care Planning
(www.medicalhomeinfo.org/downloads/pdfs/ComprehensiveCarePlanning.pdf)

3) Medical Information (Summary) Plans

Build your own care notebook:
http://www.medicalhomeinfo.org/for_families/care_notebook/care_notebook.aspx

4) Emergency/Contingency Plans

AAP Emergency Information Form (http://www2.aap.org/advocacy/chfdataform.pdf)

5) Working (Action) Care Plans (http://www.medicalhomeinfo.org/how/care_delivery/#care**)**

6) Disease Specific Care Plans
(http://www.dcasthma.org/dc_asthmaactionplan_form_(English).pdf)

7) Barriers to Care Plan Completion

8) Developing and Using Care Plans

In developing a care plan, you should think about the following questions:

- Which of my patients would benefit from having a care plan?
- How will I discuss with the family and decide what type of care plan will be most helpful to them?
- Where will this care plan be kept so that it is useful to the family, physicians, and other care providers for this child? (family's copy, medical record copy)
- Logistically how will I develop a care plan collaboratively with the family?

9) Assignments: Blog and Patient Identification

1. Identify one child/family in your continuity panel for your CSHCN project (care plan development).
2. Respond to this module's prompt about the Always Event in "My Blog". (Please answer part a and part b). It will be helpful to think about a particular patient/family you have cared for.)
   a) What are your thoughts about how you currently use (or don't use) the Always Event? (Always Event: At the end of each clinical encounter, the physician and family agree on next steps and specific responsibilities.)
   b) What will you do to improve your use of the Always Event in the future?

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Community Resources Module Outline

Learning Objectives

1. Explain to families the insurance and school programs available for CSHCN.
2. Contribute new resources and commentary to the Resource Wiki.
3. Apply the "Always Event" to a patient encounter in your continuity clinic. An "Always Event" is defined as the agreement of next steps and responsibilities between the physician and the family at the end of the patient encounter.

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Below is an outline of topics covered in the module and key references or web links.

1) Collaborating with Families and the Community
"Advocacy on Call" (http://www.advocacyoncall.org/)
"Cincinnati Children's Special Needs Resource Directory"
(www.cincinnatichildrens.org/patients/child/special-needs/directory/default)

2) Payment and Insurance

Health Care Financing- A Shifting Landscape
Medicaid For more information on Medicaid (http://www.medicaid.gov/)
State Children's Health Insurance Program (SCHIP)
Medicaid Waiver Programs
SSI (Supplemental Security Income)
Private Insurance
Uninsured or Underinsured

3) Education Resources
Early Intervention (0-2 years)
Special Education
504 Plans

4) Medical supplies and Home Nursing
Durable Medical Equipment/ Nutritional Supplements
Home Nursing

5) Support for Families
Parent support
Sibling support (http://www.siblingsupport.org/sibshops)
Respite Care

7) Assignment and Blog Entry
You have two tasks to complete for this module.
1. Contribute to the "Resource Wiki".
2. Respond to this module's prompt about the Always Event in "My Blog".
After having reviewed the module on community resources, what will you do differently in your care of children with special health care needs?

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Developing Your Care Plan Outline

Welcome to Module 4, also known as the Home Stretch! Now you are ready to put your newfound knowledge, attitudes, and skills to good use, creating a real care plan for one of your CSHCN.

Learning Objectives

1. To develop a care plan for one of your patients collaboratively with the family. The care plan is an expanded version of the "Always Event". An "Always Event" is defined as the agreement of next steps and responsibilities between the physician and the family at the end of the patient encounter.

1) Steps in Creating a Care Plan

Now it's time to develop a care plan for one of your patients. Family collaboration is a key part of this process; families may have very different needs depending on their child's condition, how long the child has had the condition, the family's understanding of the condition, and the individual family's circumstances.

Step 1- Identify a patient/ family for a care plan
Step 2- Discuss with the family- What is a care plan and what are their goals for a care plan? What are their needs and what will be most helpful for this family?
a) What would they use a care plan for? (help keep track of conditions and appointments, communication tool with other specialists or school, emergency plan, or something else?)
b) What do they think should be in the care plan? Are they going to start creating the care plan or are you?
c) Who would they like to have a copy of the care plan?
d) What format would they like the care plan? (paper, electronic etc)
Step 3- Develop a care plan that will then be reviewed with the family.
Step 4- Provide the family with the care plan and put a copy in the patient record- it can be a document uploaded into an electronic medical record or a copy in a paper medical record.
Step 5- Follow-up with the family to see if the care plan has been helpful to them

2) Evaluating Your Care Plan

There can be many ways to evaluate a care plan. Is it medically accurate, containing all the relevant information? Does it improve medical outcomes or quality of life for this patient and family? Is it an effective communication tool between health professionals or other caregivers? We are asking you to self-assess the care plan in terms of meeting the needs of the family. We also want you to reflect on what you learned through doing the care plan and what you will do differently in the future.

Please answer the following questions in My Blog:
1) From the family's perspective, what was the purpose or purposes of the care plan?
2) How did the care plan address the family's needs?
3) What were the challenges and obstacles in developing a care plan for this patient?
4) What would you do differently in the next care plan you develop?