



Washington State Medical Home Newsletter

SUMMER 2011

News from the Washington State Medical Home Leadership Network



WA Communities Work Together to Strengthen Systems of Care for Children with Special Needs

Inside this issue:

Systems of Care	1
Community Asset Mapping (CAM)	2
Update– Local CAM Activities	3
Great MINDs Grant	4
Autism Diagnostic Teams	5
WA Medical Home Pilot	5
Resources: 24/7 Nurse Hotlines & Teen Websites	7
Developmental Screening Update	8
Medicaid Interpreters Unionize	8
WA Providers with NCQA Certification	9
Recent Journal Articles	9

Identifying developmental delays and other concerns in children and ensuring needed services and support for these children and their families are important components of the medical home.

The past six months have seen a blossoming of activity in Medical Home Leadership Network (MHLN) teams and communities across the state to figure out how to effectively screen and evaluate children for suspected autism or other developmental concerns. Through a process called Community Asset Mapping (CAM), communities are looking at how to make the process clearer and more organized for families and providers alike and discovering new allies as they do so (*story page 2*). Health care providers and schools are piloting new approaches to working together to evaluate children for possible autism and ongoing care. Pediatric leaders at state diagnostic centers and universities are supporting local efforts to build community capacity through site visits, presentations, and ongoing technical assistance. Mental health providers and behavioral interventionists were formally brought into the mix at the Third Annual Multidisciplinary Diagnostic Teams Summit in Yakima June 3.

A new federal grant received by the Children with Special Health Care Needs Program (“Great MINDS– Medical Homes Include Developmental Screening”) will build on these efforts and broaden the focus to all children and not primarily those with autism spectrum disorders. The grant includes funding for a statewide conference for MHLN teams in the second year of the grant (2012-13) and other activities to support and strengthen MHLN teams and other community efforts (*story page 4*).

State efforts to explore the feasibility of a universal developmental screening system for young children in WA continue to move forward as well. State workgroups are exploring issues and options and Yakima, through the leadership of MHLN team members Dr. Diane Liebe and Jackie McPhee have been busy learning more about primary care provider and child care provider views on screening (*story page 8*).

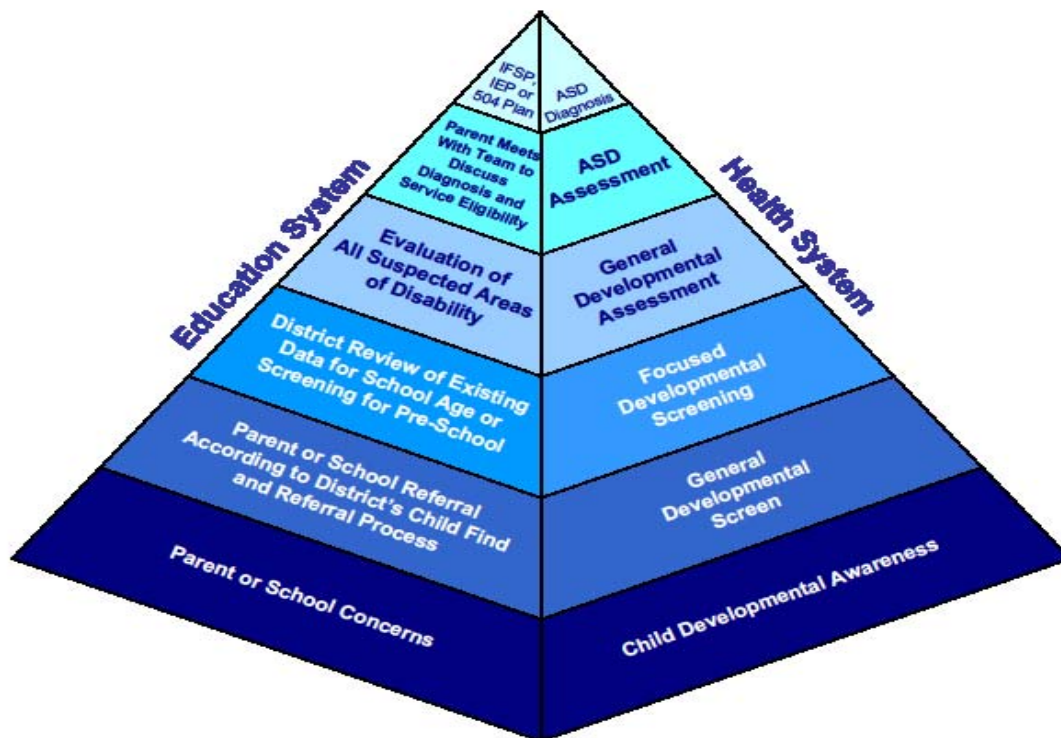
Read all about these exciting initiatives and other medical home activities and resources in WA in the Summer 2011 MHLN newsletter. We welcome your feedback!

Kate Orville, MPH, Kathy TeKolste, MD, Amy Carlsen, RN, and Rebecca Davis-Suskind, MPH

Community Asset Mapping

Community Asset Mapping (CAM) is a pilot project of the Combating Autism Advisory Council. CAM was envisioned at the June 2009 Multidisciplinary Diagnostic Summit held in Yakima. The goal of this project is to establish coordinated and accessible systems for families to receive developmental screening and help through a diagnostic process for autism spectrum disorders (ASDs) or other developmental concerns. This includes working with the multidisciplinary diagnostic centers across the state to provide a faster diagnosis for children as well as identifying the training and technical assistance needs of communities to improve the identification and diagnosis of ASDs.

During the 2009 Summit a model, called the Tiers to Autism Diagnosis Pyramid, was created. This Pyramid provided structure to the facilitated discussions that occurred in the communities and helped the communities to identify their strengths and challenges in providing diagnosis and services for children with autism. During the 2010 Summit, the education side was added to the initial 'medical side'. Our recent Summit in June 2011 focused on Mental Health and behavioral interventions and efforts were started to add a third side, mental health, to this pyramid. Below is the most recent version of the Pyramid.



Information from the 2011 and 2009 summits is available online at::

www.medicalhome.org/leadership/autism.cfm

MHLN teams are involved in most of the communities doing CAM activities. See page 3 for an update on activities in participating communities.

Update — Local Community Asset Mapping Activities

Lewis County

In February Sabrina Grant, a Centralia Special Education teacher, conducted an online survey of Centralia-Chehalis School District personnel and received a total of 109 responses. The results showed that there was a strong interest in autism training consisting of: recognizing early signs, communication with parents, and road-map/resources for the community. This training took place for school personnel on June 1st. Earlier this year the Lewis County Autism Coalition secured funding of \$8,000 from the Foundation of Early Learning to support training and road map development in Lewis County. Through this funding, they are conducting a survey of Lewis County parents and caregivers of children from birth to 8 years of age. The goal of this survey is to find ways to promote awareness and resources that help individuals make informed decisions that will improve the quality of life for people with autism, their families and their community. The coalition also secured a \$10,000 contract with the Lewis County Developmental Disabilities Program (Lewis Co Health Department) to support the coalition's 2011 work. Dr. Becky Turnbull, Director of Lewis County Special Education Cooperative in ESD 113, has developed and is piloting a protocol with local pediatric providers from NW Pediatric Center and Pope's Kids Place that will streamline the sharing of the school's child-specific information with the child's medical providers in order to facilitate a timely medical diagnosis. Dr Glenn Tripp is providing technical support for this pilot. The coalition is planning the Families Forward Conference on September 23, 2011 which is titled *Autism Awareness*. This annual conference attracts 200 professionals and parents from all sectors and corners of Lewis County. The keynote speaker will be Dr. Wendy Stone, Director of the University of Washington Autism Center. The community is working on the final draft of their road map for families which is to be distributed in the next month. Stay tuned!

Walla Walla County

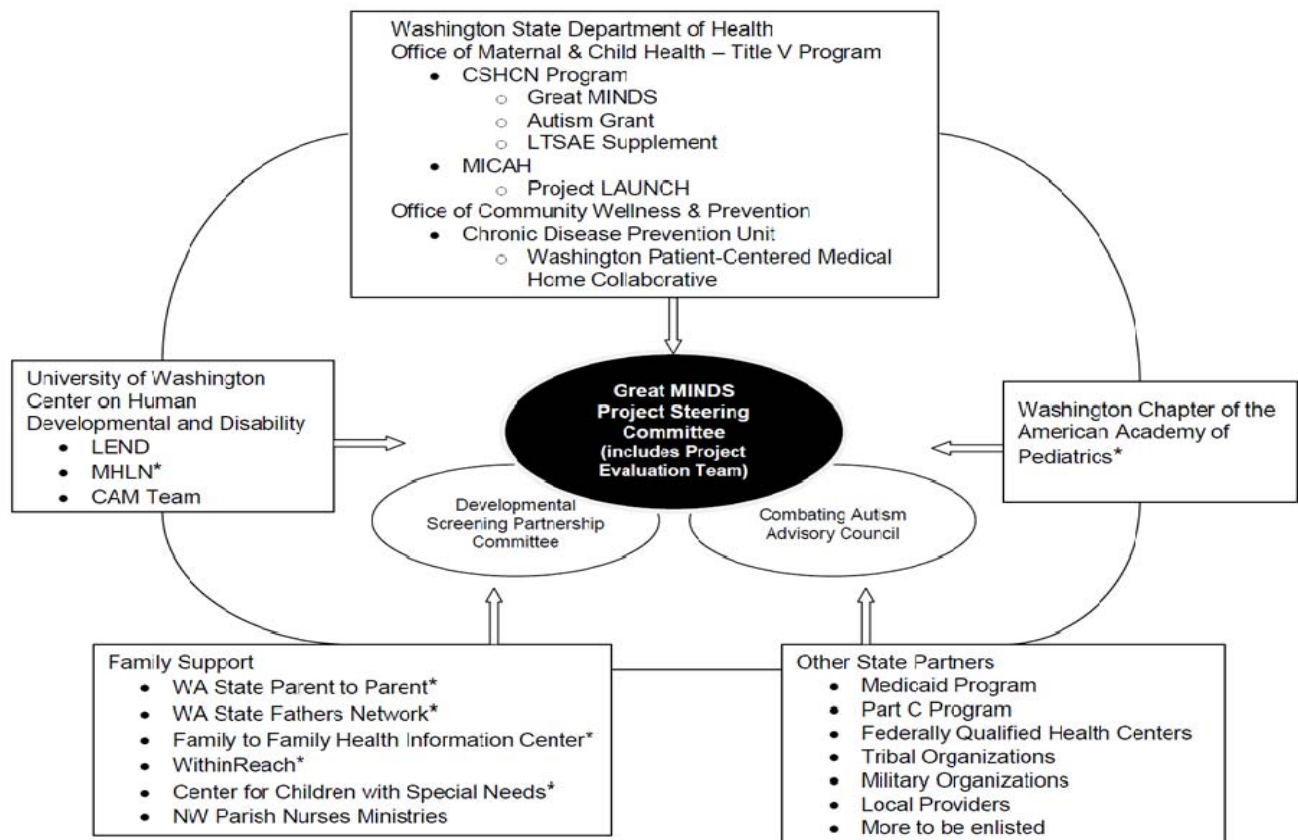
The Walla Walla community continues to make exciting progress including the establishment of a multidisciplinary diagnostic team for children living in the city of Walla Walla! The local Walla Walla public school district became very involved with the Walla Walla MHLN team and coalition efforts this year. They have developed a contract with Dr. Linda Ivy, a local clinical psychologist in the coalition, to partner with school personnel to evaluate and diagnose local children for ASD. This coordinated diagnosis process will establish joint eligibility for services from the schools, the Division of Developmental Disabilities and the health care system. The group hopes to ultimately be able to provide diagnostic services to children from a broader geographical region than just the city of Walla Walla.

The coalition meets as a group every other month as part of the Walla Walla Medical Home Leadership Network team's regular meeting. In addition to the diagnostic team efforts, the broad-based team has worked on the development of algorithm flow charts for health care and other providers in the community to help providers and others know what to do and what local resources are available if they have neurodevelopmental and behavioral concerns about a child. The first of three age specific flow charts is nearly complete. A roadmap for parents is also being developed. A local school psychologist on the coalition is also piloting a communication tool (based on the original draft developed by Lewis County) to share information and improve communication between school psychologists and primary care providers on patients being evaluated for ASD. Much of this work took off after Dr. Glenn Tripp, Medical Director of Developmental Services at Mary Bridge Children's Hospital, provided two days of presentations to Walla Walla pediatricians, other primary health care providers, school personnel, families and others in October, 2010. Dr. Tripp has continued to provide consultation to the MHLN team and local providers, including the local pediatricians, which will continue this year.

Continued on page 6

New Great MINDs Grant

Washington State DOH, Children with Special Health Care Needs Program was recently awarded a three year State Implementation Grant for enhancing medical homes in Washington State. The grant period runs from July 2011 through August 2014. The **'Great MINDs – Medical Homes Include Developmental Screening'** grant will build on previous efforts of the DOH-CSHCN program, the UW Medical Home Project, Parent organizations and previous Autism Implementation Grant efforts in Community Asset Mapping (CAM). In a new partnership with the Washington Chapter of the American Academy of Pediatrics, continuing education and outreach to providers will enhance their ability to provide children with a medical home and implement family/professional partnerships. Grant activities will especially target developmental screening, family-centered care and finding local resources. Policy efforts to improve support in Washington State for medical homes are an integral part of this grant effort.



*Subcontractors
Updated 2/8/11

For the first time in a number of years, the Medical Home Leadership Network will be able to come together for a **Medical Home Summit** to re-energize local efforts. This will happen during the second year of the grant in 2012-13. There has been great work happening in Washington State over the last several years: Autism screening and services, communities coming together through CAM to streamline and optimize early identification of developmental issues in young children, increasing collaboration between the education, medical and mental health sectors; and partnerships to improve developmental screening, to name a few. The summit will provide a wonderful opportunity to hear about these efforts and stimulate networking and new projects.

How to Access Multidisciplinary Diagnostic Teams for Autism Evaluation in WA

Confused about where to refer a child for a multidisciplinary autism evaluation? Wonder what information the diagnostic center wants sent in advance? What process the center uses to evaluate children for autism?

As part of the Combating Autism Advisory Council, seven autism diagnostic centers that use the multidisciplinary team approach have completed a survey outlining what they do and how to access their services. These surveys are available on the medical home website on the Autism Systems work page at:

<http://medicalhome.org/leadership/autism.cfm#survey>

Additional diagnostic and other resources are also available on the Medical Home Autism Local Services page:

http://medicalhome.org/diagnoses/autism_SS.cfm

WA Medical Home Multi-Payer Reimbursement Model Launched

After more than two years of work, the Health Care Authority, Department of Social and Health Services in conjunction with the Puget Sound Health Alliance successfully launched the Patient Centered Medical Home Multi-Payer Reimbursement Model.

The pilot developed a new payment mechanism to reward primary care practices for better outcomes through prevention of emergency room use and inpatient hospitalization. Participating primary care practices include:

- Evergreen Primary Care Centers (Canyon Park and Redmond)
- Overlake Medical Clinic (Bellevue)
- Polyclinic (Downtown and First Hill)
- Rockwood Clinic (Cheney and Medical Lake)
- UW Medicine Kent/Des Moines Clinic (Kent)
- Olympic Physicians (Shelton)
- Valley Medical Group, Newcastle Primary Care and Covington Primary Care (Newcastle and Covington)
- Summit View Clinic (Puyallup)

Through the pilot, practices also receive a per member per month payment of \$2.50 to help cover care management, expanded access and hours, registry maintenance, and team management.

Participating health insurers include: Aetna, Cigna, Group Health, Regence, Premera, Molina, and Community Health Plan of Washington. These insurers are participating on behalf of commercially insured, Medicare Advantage, Basic Health and Healthy Options enrollees.

(reprinted with permission from WA State Hospital Association Weekly Report Details June 17, 2011)

For more information on the pilot, read the [pilot design document](#). (www.wsha.org/files/83/PILOT%20DESIGN.pdf). Additional information also on the Health Care Authority's Medical Home webpage: www.hca.wa.gov/medical_homes.html

CAM Community Updates continued

Continued from page 3

Kathleen Gilmore a Board Certified Behavior Analyst (BCBA) in Walla Walla, who is also an elementary Autism classroom teacher and facilitator of the non-profit organization, Eastern Washington Autism Spectrum Disorders Association, EWASDA, and Valerie Remboldt, Walla Walla County Health Department PHN took the Screening Tool for Autism in Toddlers (STAT) training at the Infant and Early Childhood Conference in May and are in the process of completing the requirements to become certified. They plan to provide free STAT screenings every six months for children between the ages of 24 and 36 months, beginning in August, 2011.

An additional related effort that grew out of the ASD Coalition is the exploration of the development of a central location for services for children based on the Yakima Children's Village (CV) model. Leaders from the local RSN are very involved in this effort. Representatives from Walla Walla took a field trip to Children's Village to explore how they might be able to adapt the model to Walla Walla. There is also a proposal under review by the county commissioners to approve a 0.01 % tax to fund mental health and behavioral needs in the county. The psychiatrist at the RSN is very interested in becoming more focused on children, including those with autism. Valerie Remboldt, PHN CSHCN Coordinator and coordinator of the local MHLN team and CAM autism initiative and Kate Orville presented on Community Asset Mapping at the Infant and Early Childhood Conference in May. During this presentation, Valerie presented an overview of the work their community was doing to improve services for children with autism.

Benton—Franklin Counties

Dr Charles Cowen presented at Grand Rounds during the lunch hour on July 27 at Kennewick General Hospital on the signs of autism. The audience will be primarily family practice and pediatricians in Benton and Franklin Counties. Several related trainings are occurring in the community in August, including the South-eastern WA Autism and Beyond Conference Aug 10-11th in Kennewick. The Benton-Franklin facilitated CAM day took place in February. The group has a listserv addressing issues of interest to all children and youth with special health care needs.

Whatcom County

There are two affiliated efforts in Whatcom with overlapping membership. The first, Whatcom Taking Action for Children and Youth (www.co.whatcom.wa.us/health/children/taking_action.jsp) looks at a broader target group. The second group has been more focused on developing local capacity to diagnose and serve children with ASD. In April, the Sendan Autism Services center opened. This center provides state-of-the-art, interdisciplinary diagnostic and treatment services to families affected by autism spectrum disorders (ASD). Sendan Autism Services is a collaboration between Sendan Center Psychiatry, Western Washington University, and regional experts in the field of autism. The link to the site is: http://sendancenter.com/html/what_we_do.html

Island County

Island County continues to build on the momentum from the talk that Dr. Charles Cowan -- Medical Director of Seattle Children's Autism Center -- gave to local school personnel, community service providers, and physicians on December 10. In March the first meeting was held to discuss the possibility of a diagnostic team in Island County. Since then, two more meetings have occurred, and efforts are underway to support the diagnosis of children in Island County. The Seattle Children's Autism Center is collaborating in this project.

Free 24/7 Nurse Hotline Resources for Families

Community Health Plan of Washington

All Community Health Plan members can now call the free Nurse Advice Line to get health care information 24 hours a day, 7 days a week. The nurses can help you when you have questions about health concerns or need health information. Nurse Advice Line staff can help you decide what kind of care to seek. You might be able to treat the condition at home, you might need to see your doctor, or you might need to get urgent or immediate care. If you have a life-threatening medical emergency, call 911 or your local emergency number. The Nurse Advice Line staff will also let your provider know about your call and the advice you got. Let the nurse know when you call if you need an interpreter.

To speak to a nurse, call toll free 1-866-418-1002 (voice) or 1-866-418-1006 (TTY for speech or hearing impaired).

****Please note- You do not have to be a CHPW member to utilize this resource. Please note if you have questions about your health insurance you still need to call customer service at CHPW. Information can also be found at www.chpw.org/en/index.php**

Molina Healthcare

Staffed around the clock by multilingual registered nurses, Molina Healthcare's 24-Hour *TeleSalud* Nurse Advice Line is an innovative telephonic access service that assists Molina Healthcare members by promptly assessing their needs and expertly directing them to the appropriate level of care. Since its inception in 2004, our Nurse Advice Line service has provided convenient, immediate access to quality health care by enabling Molina patients to speak directly with professional nurses in their own language any time day or night. Molina Healthcare members can get culturally appropriate expert Nurse Advice about physical or emotional problems in any of 23 different languages, including English, Spanish, Russian, Vietnamese, Korean and Arabic.

Originally known as the *TeleSalud* program and established through a partnership with the Robert Wood Johnson Foundation, Molina Healthcare's *TeleSalud* Nurse Advice Line today receives nearly 200,000 calls a year from Molina members across the United States.

1-888-275-8750 (English). For the hearing impaired, please call TTY/866-735-2929

1-866-648-3537 (Spanish). Personas con impedimento de audición llame al TTY/866-833-4703

New Teen Web Resources

Center for Children with Special Needs

The Center for Children with Special Needs (CCSN) recently launched a new Teen section. The materials were created with input from teens and young adults with ongoing health conditions. Featured topics include an *Am I Ready Quiz*, *Moving to Adult Health Care*, *Advocating for Yourself*, *Connecting and Communicating with others*, *Planning for your Future* and *Keeping Track of Medical Information*. Please share <http://cshcn.org/teens> with your teen patients. CCSN is a program of Seattle Children's and receives funding from DOH to

produce targeted patient education materials such as those for teens.

Adolescent Health Transition

The Adolescent Health Transition Project (AHTP) recently completed an overhaul of their website. The website has information and resources for teens and young adults with their chronic health conditions and developmental disabilities as well as schools and health care providers.

The website was originally developed with funding from the Washington State Department of Health, Children with Special Health Care

Needs Program. That funding is no longer available after June 30, 2011, but the site is being continued for the short term in hopes that further funding will become available.

<http://depts.washington.edu/healthtr/index.html>



Developmental Screening Initiative

Did you know 240 children are born each day in Washington State? Studies indicated 14-17% of children have a special health care need.

A group of committed partners, representing a broad array of stakeholders including Medical Home Project staff and individual MHLN team members, first met in December 2009 to review what was happening to identify children with developmental concerns early. There was a consensus at that time that all children benefit from developmental screening by providing teachable moments for families with typically developing children, increasing awareness of developmental expectations and milestone achievements, as well as the identification of children with developmental needs. The partners also agreed it is a worthy goal to collaborate and streamline efforts around developmental screening, early identification and linking children and families to services to allow optimal developmental outcomes.

Over the next months the partnerships group reviewed a 'Strategic Framework' document which provides a base for planning work and outlines potential avenues to creating a Universal Developmental Screening System. From these beginnings the Partnership Group reconvened in June, 2010, and forged a common vision. Their work led to a 'Developmental Screening Outcome Map' and associated 'Assumptions' document (see these three documents at http://medicalhome.org/leadership/wg_devscreen.cfm). The Outcome Map identifies goals, strategies and outcome of multiple stakeholders (e.g. medical home providers, families, early intervention providers, early learning providers) and identifies necessary components of such a system (e.g. optimizing care through a medical home).

Universal Developmental Screening (UDS) has now been identified as a strategy for healthy, ready and successful children in the Washington State Early Learning Plan, the Birth to Three Recommendations, the Developmental Well-being section of the Infant Toddler Outcome Map, and is a performance measure for the State Department of Health. The Washington Chapter of the American Academy of Pediatrics (AAP) has committed to working with providers statewide to improve screening practices.

The group gathered again on June 16, 2011, to further this work. At the 'UDS Partnerships Meeting', Children's Village, a neurodevelopmental center in Yakima, updated participants on their work under the auspices of a CATCH (Community Access to Child Health) grant from the national American Academy of Pediatrics to map developmental screening efforts in the Yakima Valley – in home visiting and other early childhood programs, child find efforts, foster care, primary care practices and other venues. Yakima activities included a survey of primary care providers on current practices and needs to implement developmental screening in their offices.

Participants heard about the 'Help Me Grow' Replication Grant received by WithinReach to enhance family information around developmental expectations, developmental screening and linking to the medical home. Everyone was given a tour of the website (see www.parenthelp123.org/families/child-development and www.parenthelp123.org/infants/child-development). Workgroups have convened to further flesh out several elements of this system – the screening process itself, how to reach all populations of families with young children, how to structure care coordination and linkage to community resources. Several participants elected to join in these newly initiated workgroups.

To date these efforts have been supported by the organizations in the partnerships group and several grants – the Autism State Implementation Grant, the LAUNCH grant (Linking Actions for Unmet Needs in Children's Health), and the MCH Block Grant. The newly awarded Great MINDS grant (see **page 4**) will contribute to the continuation of these efforts.

For more information please contact Medical Home Project staff Rebecca Davis-Suskind (rkds@uw.edu) or Dr. Kathy TeKolste (kat423@uw.edu).

Medicaid Funded Interpreters Are Now Unionized

(Reprinted from the Washington State Health Association's Weekly Report Details July 8, 2011)

Washington is one of 14 states that pay medical interpreters to help Medicaid clients with limited English skills talk with their doctors, and it is now the only state with interpreters protected by a union contract. On July 1, 2011 about 1,600 medical interpreters voted to accept a contract with the State of Washington that pays \$30 per hour and gradually eliminates the use of the current broker system.

The state projects a savings of \$15 million this year and \$30 million next year as the broker system is phased out. Instead, the state will use an online scheduling system. Hospitals and health systems using the broker system will need to use the new system for scheduling contract interpreters when the old system is phased out. According to union representatives quoted in *The Olympian*, there was widespread dissatisfaction with the broker system. The interpreters are represented by the Washington Federation of State Employees.

During the legislative session, WSHA worked to modify legislative proposals to ensure hospitals and health systems that use private funding for interpreters would not be impacted by unionization and other limitations placed upon the state. For example, Medicaid funds cannot be used to provide telephone and video remote interpretation for certain patients. However, hospitals and health systems using private funding for interpreter services have no such limitations.

NCQA Medical Home Certification

There are several competing Medical Home certification options for clinicians and health care systems wishing to demonstrate their medical home competency to patients. One of the best known is the National Committee for Quality Assurance's Physician Practice Connections-Patient Centered Medical Home.

To see who has completed one or more of the 3 levels of medical home certification, individuals can go to the NCQA website at: <http://recognition.ncqa.org>. Select "Washington" from the State drop down menu and then "Physician Practice Connections— Patient Centered Medical Home" from the Recognition Program drop down menu.

At the end of July, 2011 there were 545 clinicians across WA who were listed. For more information about the NCQA medical home certification process go to: www.ncqa.org/tabid/631/Default.aspx

Recent Journal Articles of Interest

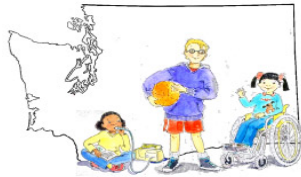
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- * Boutwell A, Johnson M, Rutherford P, Watson S, Vecchioni N, Auerbach B, Griswold P, Noga P, Wagner C. **An early look at a four-state initiative to reduce avoidable hospital readmissions.** Health Affairs, 2011 Jul;30 (7):1272-1280. (WA is one of the 4 states).
- * Rothkopf J, Brookler K, Wadhwa S, Sajovetz M. **Medicaid patients seen at federally qualified health centers use hospital services less than those seen by private providers.** Health Affairs, 2011 Jul: 30 (7): 1335-1342.
- * Strickland B, Jones J, Ghandour R, Kogan M, Newacheck P. **The medical home: health care access and impact for children and youth in the United States.** Pediatrics, 2011 April: 127(4): 604-611.
- * Nutting P, Crabtree B, Miller W, Stange K, Stewart E, Jaén C. **Transforming physician practices to patient-centered medical homes: lessons from the National Demonstration Project.** Health Affairs, 2011 March: 30(3): 439-445.
- * Rittenhouse D, Casalino L, Shortell S, McClellan S, Gillies R. **The Group Health medical home at year two: cost savings, higher patient satisfaction, and less burnout for providers.** Health Affairs, 2010 May: 29 (5) 835-843.

Note: Let Kate Orville (orville@uw.edu) know if you need help accessing copies of any of these articles

News from the Washington State Medical Home Leadership Network

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