

# Innovative Partnerships for Healthy Children & Youth



Follow us on Twitter (@schubertcenter) and Facebook (Schubert Center).  
Live tweeting is encouraged! #conversations2015

# **METROHEALTH PARTNERING WITH DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO CREATE:**




**Medical Home for Children  
in Foster Care in Cuyahoga  
County**



## **Children and adolescents in Foster care are a very high risk and unprivileged population**

- **Majority of children entering foster care have lived in deprived and chaotic environments.**
- **More than 70% of children in foster care have a documented history of child abuse and/or neglect.**
- **More than 80% have been exposed to significant levels of violence**

- 
- **One-third have a chronic medical condition.**
  - **80% enter foster care with a significant mental health need**
  - **Almost 40% have significant oral health issues.**
  - **60% of children aged < 5 years have developmental health issues, and > 40% of school-aged children have educational difficulties.”**

# Understand the rational for Medical Home for children in Foster Care

- After removal from home, the child is taken to any clinic or ED for triage.
- Child might sit in an ED for hours to be seen by a provider who may not be familiar with the hardship or special needs of children in foster care,
- 30 days later: Is seen by another unfamiliar provider? .. PMH, Mental issues, chronic problem may not be addressed well, due to lack of medical records.
- Few months later, the same story recurs with similar scenario, and so on...



# **Rational for Foster Care Medical Home Program**

- 1) Provide excellent holistic care to this vulnerable population that Metrohealth is already caring for.**
- 2) The comprehensive “medical home” approach has been proven to improve quality and has the potential to reduce both stress and costs for DCFS.**
- 3) Excellent EMR system at Metrohealth, facilitates tracking across MHS system as well other institutions.**
- 4) It is the Mission of both MetroHealth and DCFS**

# Foster Care Team

- Susan Carlin, MD, Medical Director
- Lydia Bert, Director W&C
- 4 Certified Nurse Practitioner
- 2 Care Coordinators
- Child Psychologist
- Social worker
- Secretary
- Metrohealth physicians and staff
- Members of Department of Children & Family Services and foster parents.





# **Foster Care Medical Home Program**

## **Patient Center Goals**

- 1. Care Coordination for every patient**
- 2. Reduce unnecessary Emergency Department utilization**
- 3. Establish PCPs for each child.**
- 4. Establish a physical/mental health acuity level on each patient**
- 5. Dental and Vision exams**
- 6. Refers Psychologist/psychiatrist evaluation of mental health issues**





# **Foster Care Medical Home Program**

## **Program Components:**

- 1. Pre-placement health intake assessment and initiation of an individualized plan of care ( Triage)**
- 2. Comprehensive medical, dental and mental health intake assessment at 30 days.**
- 3. Tracking and reporting for Quality Outcomes.**
- 4. Transfer of Medical Information – through reunification or aging-out by transitioning to adult care utilizing EMR**

Medical Home

Information  
Systems

Access to  
Care

Quality &  
Safety

**MH CARE DELIVERY  
MODEL  
FOR FOSTER CHILDREN**

*Patient-Centered Care*

*Whole person orientation*

Access to  
Information

Comprehensive  
Practice

Team  
Approach

Community



# PROGRAM METRICS

- **Population Measures:** – Counts of enrollees
- **Utilization Measures:** – Encounters by type, PCP, and Prescriptions filled
- **Process Measures:** – Intake exams, 30-day assessments, cases, appointments scheduled, survey tools completed
- **Health Outcome Measures:** National Quality Forum measures for Well-Child Care, Asthma care, ADHD medications and Immunizations

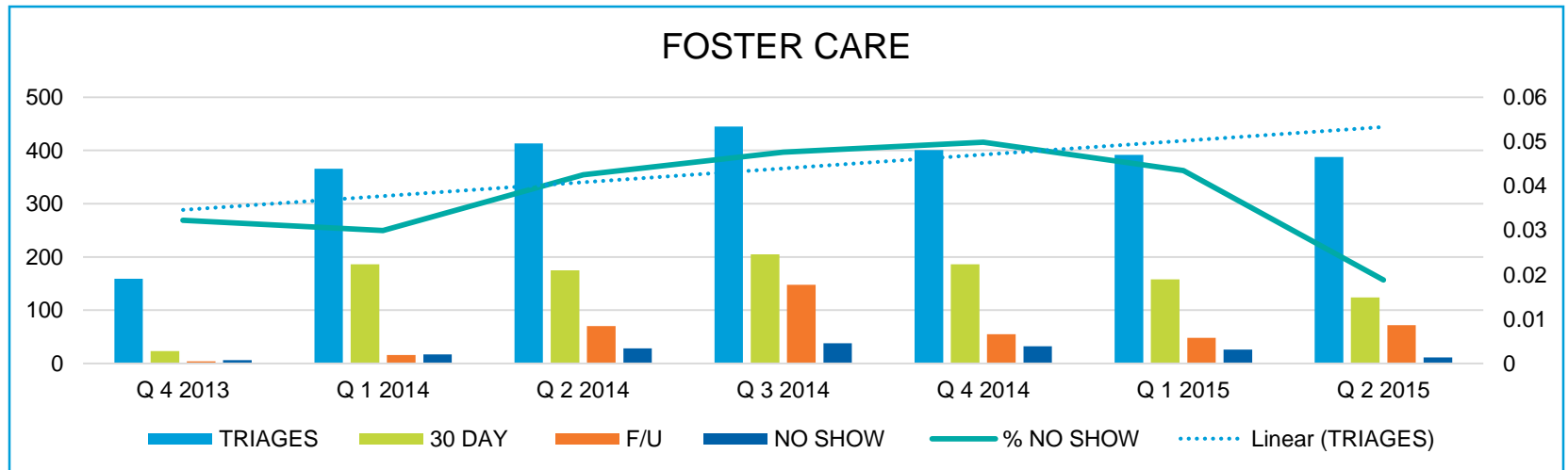
MetroHealth Foster Care Program	Q3 2015 Report	(Jul 2015 -Sep 2015)		
Type of Encounter	Encounters (Qtr)	Unique Patients (Qtr)	Avg /month (Qtr)	Encounters Last 12 months
Triage	426	367	142	1593
30 Day Evaluation	153	151	51	613
Care Coordination)	637	596	212	1648
Follow-up appointments	77	71	26	364
Dental	71	58	24	219
Time of Day - Triage			Percent	
Business Hours	197		54%	
After Hours	168		46%	

MetroHealth Foster Care Program				
Q3 2015 Report	(Jul 2015 -Sep 2015)			
<b>Utilization (at MetroHealth any dept)</b>				<b>Encounters Last 12 months</b>
Office visit	991	573	330	3985
Emergency Department	112	84	37	337
Express/Urgent Care	159	83	53	540

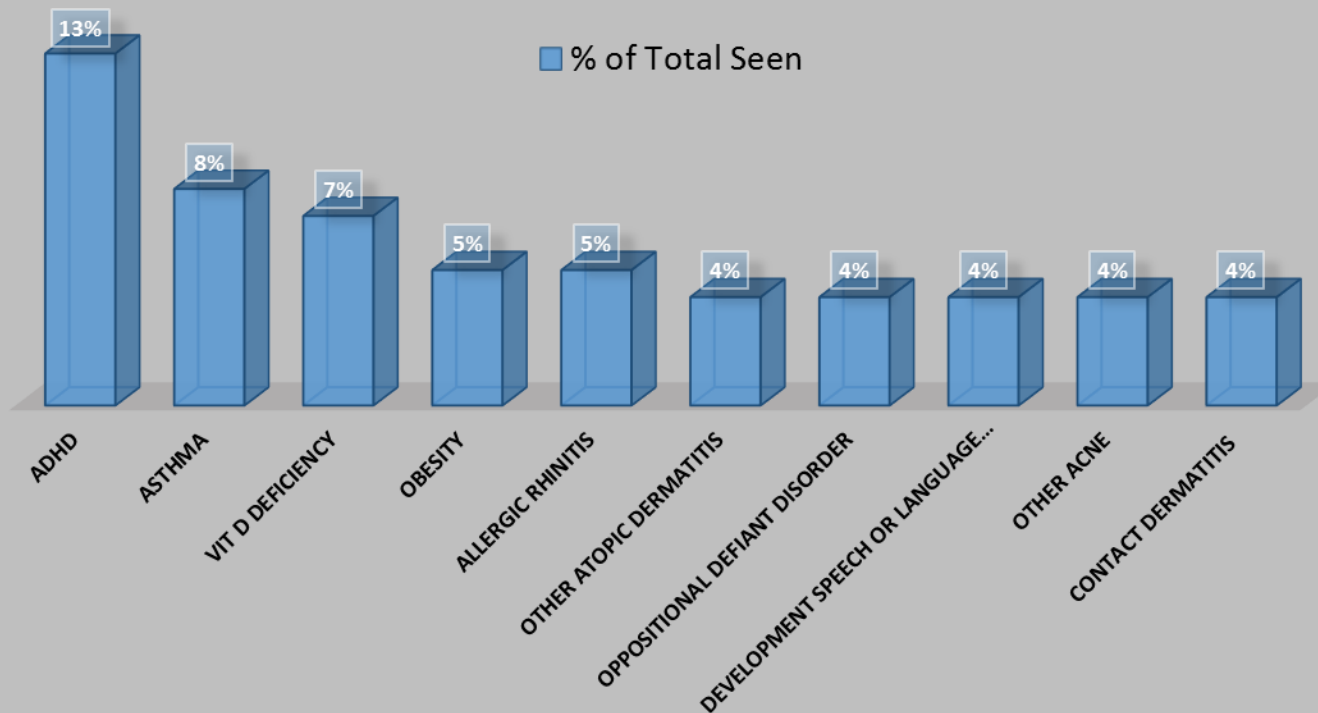
# Foster Care Stats

Since beginning of Program

METROHEALTH DATA										Total Visits
	Q 4 2013	Q 1 2014	Q 2 2014	Q 3 2014	Q 4 2014	Q 1 2015	Q 2 2015	Q 3 2015	Total	
TRIAGES	159	366	413	445	401	392	388	426	2990	
30 DAY	23	186	175	205	186	158	124	153	1210	4200
F/U	4	16	70	148	55	48	72	77	490	
NO SHOW	6	17	28	38	32	26	11	32	190	
% NO SHOW	3%	3%	4%	5%	5%	4%	2%	5%	4%	

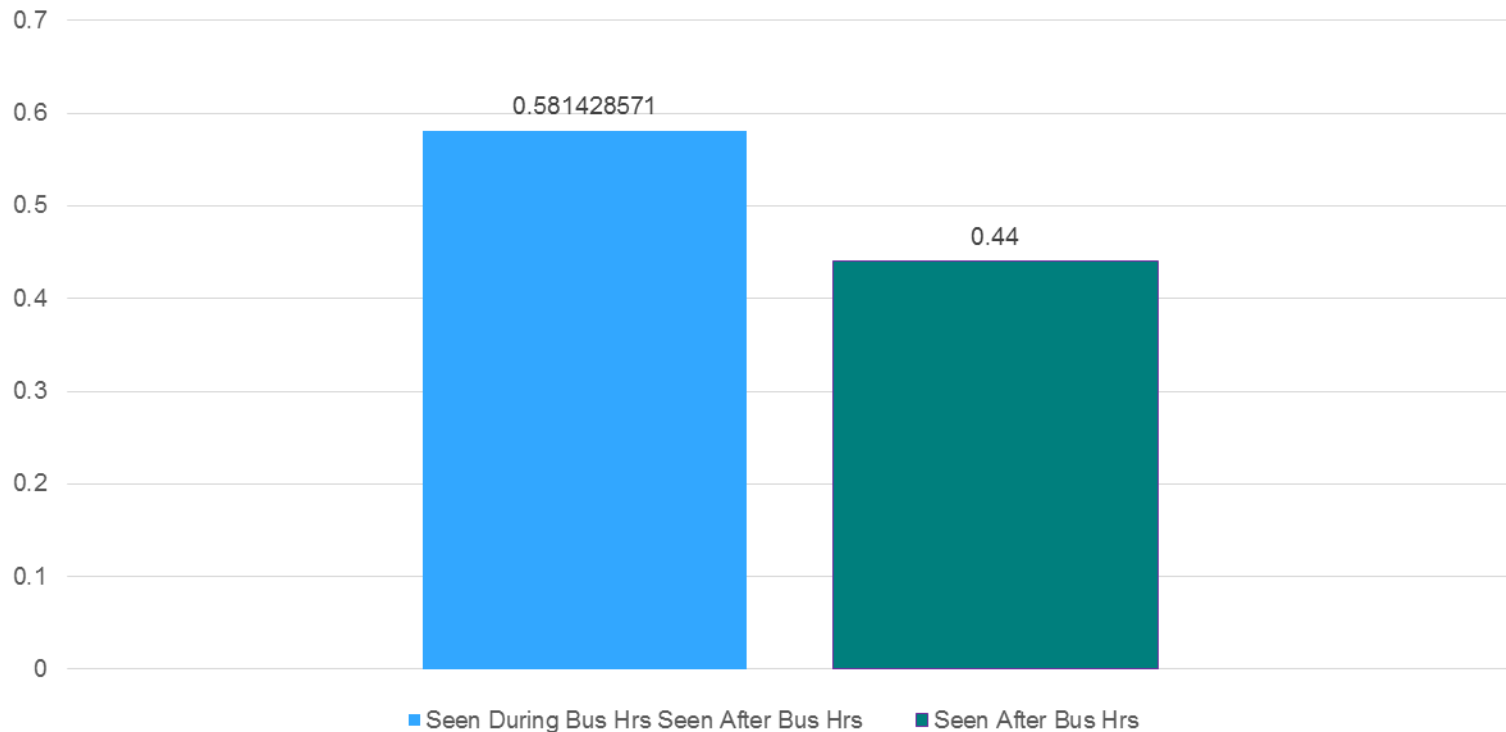


## TOP TEN DIAGNOSIS SEEN IN FOSTER CARE AT METROHEALTH



# Triage Visits

% TRIAGE VISITS BUSINESS HRS VS. AFTER HOURS







## **Human side of the Foster Care program;**

- **Emotionally charged job**
- **Same day an NP saw a child whose mother was killed by her boy friend and the children of the offender.**
- **A child had a congenital heart disease that was undiagnosed, would have died if not detected and transferred to cardiology and then surgery.**
- **Last week a family of 5: have not seen a provider in 8 years, two were deaf, one was having GI bleed, one had chest pain needed to go to cardiologist.**
- **Treasure chest: giving each child a personal gift at the time of triage.**



# Acknowledgment

**Dr. Mark Feingold: the  
Pediatrician behind this  
initiative**

# Innovative Partnerships for Healthy Children & Youth



Follow us on Twitter (@schubertcenter) and Facebook (Schubert Center).  
Live tweeting is encouraged! #conversations2015



# MetroHealth School Health Program

January 12, 2016

Christine Alexander, MD

Medical Director, School Health Program

Chair, Family Medicine

Director, Maternal/Neonatal Service

Department of Family Medicine

The MetroHealth System

Associate Professor, CASE School of Medicine



# Why School Health?

- *“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”*
- -National Association of State Boards of Education



# MetroHealth School Health Program

- Needs Assessment
- 85% CMSD children have MHS as their provider
- Places MetroHealth System providers and learners into the schools for direct primary care services
- Rooted in Healthy People 2020 goals

# Program Focus

- Healthy Students
- Healthy Schools
- Healthy Community



# Our Delivery Model

- In-School Clinic
- (Hub and Spoke Model)
  - 3 CMSD Schools Serviced





# Our Delivery Model

- Mobile Unit
  - 8 CMSD Schools Served

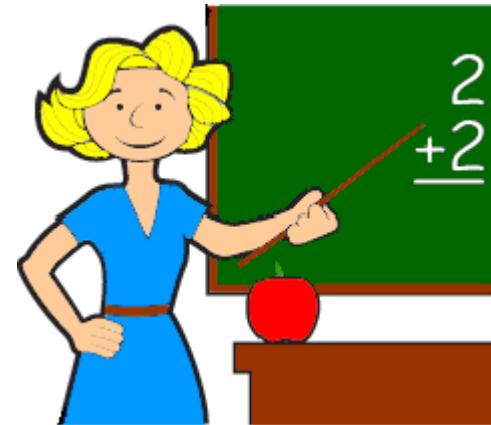


# SHP Mobile Unit



# Process

- Appointments are made by parents
- Parents do not need to be present for appointments
- Referrals come from the school nurse, faculty, staff, parents and students themselves



# Pivotal role of nurses

- Nurses provide triage of patients
- Nurses are the gateway for appointments and on visit day





# Our Stories

- Breaking Down Barriers
- Patient Centered Care
- Extension Services





# Partnerships

- Neighborhood Family Practice
  - Working to serve 2 CMSD Schools
- Coordination of Service Providers with School Health Interest
  - Cleveland Clinic
  - Cleveland Free Clinic
  - NEON
  - Neighborhood Family Practice
  - Care Alliance



# Internal Partnerships

- Aamoth Family Pediatric Wellness Center
- Foster Care Program
- Departments of Family  
Medicine/Pediatrics/Med-Peds



# Current Funding Streams

- Cleveland Foundation
- Gund Foundation
- Gunn Foundation
- United Way
- Third Federal Bank
- Eaton Corp
- Higley Foundation
- Shafran Foundation
- Verizon Foundation
- CVS Caremark Foundation
- Many other individual donors
- Basic infra-structure:
- Mobile Unit
- Medical supplies
- Program Director
- Medical Director
- Behavioral Health Director
- APN
- Physicians
- MTA/research assistant
- Driver
- Care coordinator



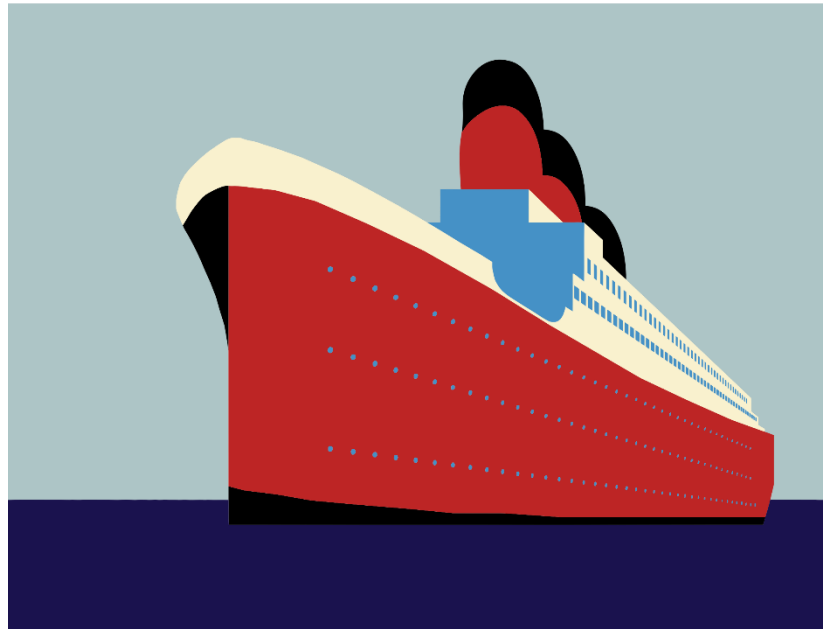
# Lessons learned

- Overwhelming amount of need
- Importance of slow growth
- CMSD nurses are already busy, this is an added duty
- Parent engagement is EXTREMELY LOW
- Nearly impossible to run as lean a staff as hoped



# Lessons learned

- Management of two large bureaucracies with restricted resources
- Not everyone wants to partner
- One half day clinic is not efficient





**MetroHealth**

# Innovative Partnerships for Healthy Children & Youth



Follow us on Twitter (@schubertcenter) and Facebook (Schubert Center).  
Live tweeting is encouraged! #conversations2015