Innovative Partnerships for Healthy Children & Youth
METROHEALTH PARTNERING WITH DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO CREATE:

Medical Home for Children in Foster Care in Cuyahoga County
WHY A MEDICAL HOME FOR CHILDREN IN FOSTER CARE??????
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 nearing 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 addressed well due to lack of medical records and consistency.

• 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 the system and other institutions in Cuyahoga County.
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.
Patient Center Goals

1. RN 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 transition to adult care utilizing EMR
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
Foster Care Stats

<table>
<thead>
<tr>
<th>METROHEALTH DATA</th>
<th>Q 4 2013</th>
<th>Q 1 2014</th>
<th>Q 2 2014</th>
<th>Q 3 2014</th>
<th>Q 4 2014</th>
<th>Q 1 2015</th>
<th>Q 2 2015</th>
<th>Q 3 2015</th>
<th>Total</th>
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<td>413</td>
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<td>158</td>
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<td>32</td>
<td>26</td>
<td>11</td>
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<td>190</td>
</tr>
<tr>
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<td>3%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Total Visits:
- TRIAGES: 2990
- 30 Day: 1210
- F/U: 490
- No Show: 190

% No Show:
- Q 4 2013: 3%
- Q 1 2014: 3%
- Q 2 2014: 4%
- Q 3 2014: 5%
- Q 4 2014: 4%
- Q 1 2015: 2%
- Q 2 2015: 5%

Graph showing Foster Care Trends from Q 4 2013 to Q 2 2015.
TOP TEN DIAGNOSIS SEEN IN FOSTER CARE AT METROHEALTH

- ADHD: 13%
- Asthma: 8%
- Vit D Deficiency: 7%
- Obesity: 5%
- Allergic Rhinitis: 5%
- Other Atopic Dermatitis: 4%
- Oppositional Defiant Disorder: 4%
- Developmental Speech or Language: 4%
- Other Acne: 4%
- Contact Dermatitis: 4%

% of Total Seen
Triage Visits

% Triage Visits Business Hrs vs. After Hours

- Seen During Bus Hrs: 0.581428571
- Seen After Bus Hrs: 0.44

MetroHealth
Human side of the Foster Care program:

- Emotionally charged job
- Same day an NP saw a child whose mother was killed by her boyfriend 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
SUMMARY

MetroHealth is dedicated to improving the physical and mental health services for all children in the Cuyahoga County Foster Care Program.
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