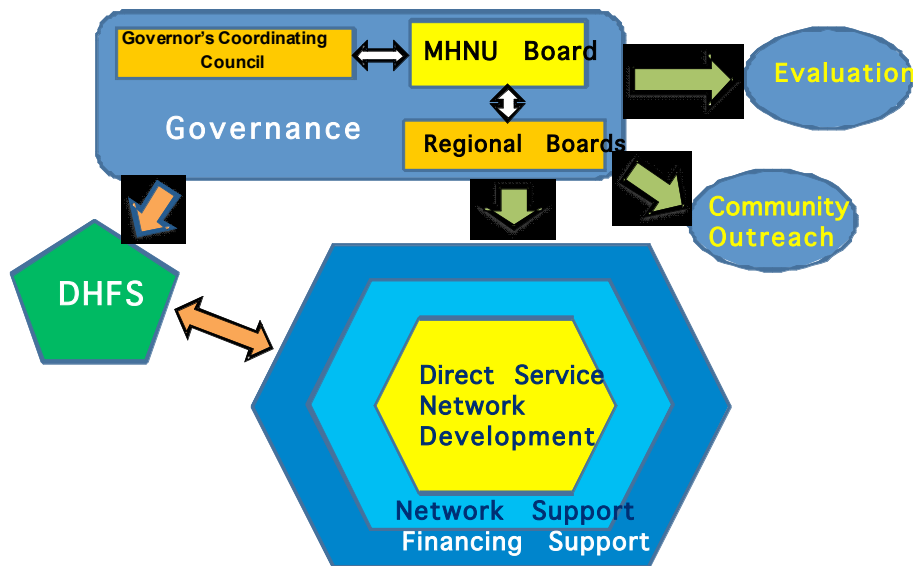


Medical Home Network for the Underserved: Demonstration Project Targeting Pregnant Women and Children

Vision for Demonstration Project

The participants at every level will work together to develop an equitable, predictable and sustainable—and potentially replicable—health care delivery system for underserved pregnant women and children that: 1) provides the framework and infrastructure for initiatives related to improving the health status of the target populations; 2) is built around the comprehensive needs of a defined population in a defined geographic area; 3) is determined by the providers serving the target population based on individual missions, core competencies and financial situations; 4) is anchored in an integrated medical home, with appropriate and pre-defined access to a continuum of specialty care, diagnostic care and acute services; 5) fosters new partnerships between public and private providers, including community hospitals, academic medical centers, physicians, and community health centers; 6) fills gaps in the continuum of care and minimizes duplications in order to promote cost-effectiveness; 7) is supported by infrastructure and financial reimbursement to assure that the system is utilized effectively and seamlessly; and 8) is regularly monitored and evaluated to assure that goals are met for improved health outcomes and sound utilization management.



MHNU Model for Operations

- **Direct Service Network Development** efforts will develop a delivery system where each participant relates as follows:
 1. The **patients** served by the regional MHNUs can expect to receive highly coordinated care and access to their providers on a timely basis. They will be expected to:
 - agree to choose or be assigned a primary care medical home near to the community in which they live
 - commit to using the appropriate level of care and providers within their MHNU; and
 - participate in decision-making about their care and the care provided within the MHNU.
 2. The MHNU **medical homes** will be primary care practices located, whenever possible, within the geographic boundaries of the region in which their assigned patients reside. They will:
 - agree to meet standards of accessibility;
 - commit to a minimum number of enrolled patients for all participating practitioners;
 - generate and coordinate all referrals for their MHNU patients based on agreed upon criteria and within the MHNU network of providers;
 - assure that most care be provided within the medical home and the network;
 - utilize network referral processes and agree to provide all required patient information to support an effective referral;
 - assure capacity and timely patient appointments both within their practices and available to urgent care and call centers which will seek to reroute patients to their medical home provider; and
 - coordinate care with urgent care centers as appropriate;
 - participate in MHNU planning, information technology, utilization management and quality assurance activities.
 3. The MHNU **specialty care providers** will practice either within a designated “specialty care center” within the region or be affiliated with that center. They will:
 - agree to see a negotiated number of MHNU referrals;
 - utilize MHNU referral criteria and referral processes;

- work within the regional MHNU to develop and implement strategies to maintain ongoing capacity in needed specialties;
 - assure compliance with standards of timely consultant reporting and return of patients to their medical homes;
 - ensure ease of communication for referring primary care providers (i.e., e-mail, phone access);
 - maintain staff privileges with MHNU hospitals to facilitate access to diagnostics and inpatient care; and
 - participate in MHNU planning, information technology, utilization management and quality assurance activities.
4. The MHNU **hospitals** will:
- be accessible to network patients;
 - assure that inpatient discharge and Emergency Department (ED) staff understand the institution's role within the MHNU and comply with processes (call center, etc.) for returning patients to their medical home primary care providers;
 - utilize the urgent care centers appropriately;
 - commit to a negotiated volume of service (inpatient, diagnostic) to be provided to MHNU patients);
 - encourage the participation of affiliated primary care and specialty care providers in the MHNU; and
 - participate in regional MHNU planning, information technology, utilization management and quality assurance activities.
- **Network Support** will build a set of integrated support services that support and integrate all participants in the network model. Key services and what to expect include:
 1. The MHNU **urgent care centers** will be located within either hospitals or ambulatory centers in the region and will:
 - be accessible, as determined by the regional MHNU;
 - have formal relationships with all MHNU medical homes, specialists and hospitals (EDs, diagnostic and inpatient discharge units);
 - have the ability to broker appointments for patients needing assistance getting into their medical homes, either directly or through the MHNU call center (i.e., after an urgent care visit do everything possible to assure that the patients are returned to their medical home providers);
 - assure the transfer of necessary patient information to the medical homes; and
 - participate in regional MHNU planning, information technology, utilization management and quality assurance activities.
 2. The MHNU **multi specialty centers** will be:
 - be accessible, as determined by the regional MHNU

- have formal relationships with all MHNU medical homes, specialists and hospitals (EDs, diagnostic and inpatient discharge units);
 - have the ability to broker appointments for patients needing assistance getting into their medical homes, either directly or through the MHNU call center (i.e., after an urgent care visit do everything possible to assure that the patients are returned to their medical home providers);
 - assure the transfer of necessary patient information to the medical homes; and
 - participate in regional MHNU planning, information technology, utilization management and quality assurance activities.
3. The **MHNU Call Center, patient advocates and referral system** will be
- be accessible, as determined by the regional MHNU
 - have formal relationships with all MHNU medical homes, specialists and hospitals (EDs, diagnostic and inpatient discharge units);
 - have the ability to broker appointments for patients needing assistance getting into their medical homes, either directly or through the MHNU call center (i.e., after an urgent care visit do everything possible to assure that the patients are returned to their medical home providers);
 - assure the transfer of necessary patient information to the medical homes;
- **Medicaid** will support the MHNU by:
 - implementing the enrollment of patients into the MHNU medical homes and providing patient education about the responsibilities and benefits of the network;
 - providing provider, patient and network data needed for assessing the effectiveness of the MHNU;
 - supporting MHNU infrastructure, including call centers, care coordination and referral processes;
 - working with the MHNU to develop financial incentives (i.e., cash flow, increased rates, bonus payments) to assure ongoing provider participation;
 - supporting the MHNU management structure; and
 - participating in regional MHNU planning, information technology, utilization management and quality assurance activities.
 - **Governance** will establish and support the following groups:
 1. The **MHNU Regional Councils** which will:
 - assure ongoing population-based health services planning for the region;
 - monitor health care utilization and health status data;
 - coordinate efforts to adjust the composition of the delivery system based on gaps in and duplications of service;
 - identify and coordinate efforts in addressing particular health care access and clinical priorities of the region;

- provide mechanisms for patient and community input into health care delivery system;
- develop formal connections to non-medical but critical health enhancing services within the region (i.e., education, housing, social services);
- set goals for enhancing efficiency and effectiveness of the network;
- assist in the recruitment of primary care medical homes and specialty provider participants; and
- advocate for the particular needs of the region and participate in policy-setting at both the MHNU Governing Board and the Governor's Coordinating Council.

2. The **MHNU Governing Board** will:

- set the overall vision and principles for the MHNU demonstration project;
- determine priorities across the three regional MHNUs for capital and infrastructure financial support;
- identify policy and process issues to be addressed by the Governor's Coordinating Council;
- assist Medicaid in developing and arranging for MHNU management infrastructure (call centers, information technology, referral processes, care management, data reporting, etc.);
- assist in MHNU evaluation efforts; and
- coordinate activities across the regions, including securing philanthropic and governmental support.

- The **Governor's Coordinating Council** will:

- be convened and led by the Governor to assure that all branches of government (DHFS, Public health, DHS, DCFS, AG, etc.) and appropriate provider representatives serving on the Council are assisting with the creation and functioning of MHNUs;
- assist and resolve all policy issues arising from the MHNU's as quickly as possible;
- review and comment on the overall vision and principles for the MHNU demonstration project;
- review and comment on the priorities across the three regional MHNUs for capital and infrastructure financial support;
- assist in MHNU evaluation efforts; and
- coordinate efforts to secure necessary resources.

- **Evaluation Efforts** will:

1. Develop a set of operational and outcome objectives that all key stakeholder groups buy into: Governor's Advisory, MHNU Governing Board, regional networks, other partners.

2. Develop an evaluation plan and monitoring system that will assess the extent to which the objectives of the MHNU are being met and assess replicability to the State as a whole.
3. An external evaluator will use both quantitative and qualitative methods to produce a brief report and executive summary for audiences to be determined.

- **Community Outreach and Communications** will:

1. Ensure that all internal MHNU participants are aware of progress and expectations, and to be motivated to fully participate.
2. Ensure that all external stakeholders are aware of the MHNU demonstration and means by which they can support it, and to be motivated to fully support it.
3. Develop and implement an outreach and communication plan that achieves these goals.

Guiding Principles for the Demonstration Project

1-Develop a model that can ultimately strengthen the delivery system for all medically underserved populations, beginning with maternal and child health patients, and replicated in other communities.

2-Build the new system based on the needs of the defined population and communities to be served.

3-Involve local health care providers in a positive way; no punitive measures for lack of involvement.

4-Build on existing resources and assets and integrate and coordinate with current efforts to the extent possible.

5-Ensure that the redesign choices that are made increase resources in the local safety net.

6-Ensure that decision-making processes are developed, documented and communicated across the regional networks, management body, and advisory council.

7-Ensure that the efficiency of the delivery system is a priority with the patient-centered medical home at its core and appropriate utilization throughout the continuum.

8-Agree that the effort is outcomes-oriented and evaluated based on measurable clinical, financial, and administrative objectives.

9-Develop an approach that draws on the mission, core competencies and financial benefit of each of the networks' members to promote ongoing commitment and financial sustainability.