

# MINNESOTA Health care News



**Jeff Schiff, M.D., M.B.A.**

American Academy of Pediatrics, Minnesota Chapter

**Jeff Schiff, M.D., M.B.A., is a pediatric emergency physician at Children's Hospitals and Clinics of Minnesota. He is currently completing a two-year term as president of the Minnesota Chapter of the American Academy of Pediatrics. Schiff also serves as a medical director of the Emergency Medical Services for Children Resource Center of Minnesota. Schiff received his medical degree in 1980 at the Medical College of Pennsylvania. He completed an M.B.A. in medical group management in 2005 at the University of St. Thomas. Schiff lives in Stillwater with his wife, Lynn, three young and energetic kids, and a loyal black lab.**

## A “medical home” is a partnership of care *It all begins with a child*

The Minnesota Chapter of the American Academy of Pediatrics (MNAAP) is a Minnesota nonprofit and one of the American Academy of Pediatrics' 59 U.S. and seven Canadian chapters. MNAAP shares with the national organization's mission: *to attain optimal physical, mental, and social health and well being for all infants, children, adolescents, and young adults.*

For over 50 years, MNAAP member pediatricians have been working on behalf of Minnesota children on many issues, but the last three years have been marked by significant changes. One is MNAAP's involvement through its Minnesota Academy of Pediatrics Foundation in partnership with the Minnesota Department of Health (MDH) and PACER (Parent Advocacy Coalition for Educational Rights) Center in a new project to ensure that “every child will have a medical home.” The objectives of the Minnesota Medical Home Learning Collaborative are to implement a system of coordinated care for children with special health care needs that includes parents as partners in care, integrates community resources, and closes the quality gap between what is possible and what exists.

### **Building the foundation**

Children with special health care needs are those children who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services beyond those required by

children generally. Data provided through MDH show that of Minnesota's 160,000 children with special health needs, fewer than half (48.7 percent) are receiving the care described by a medical home. In 2002, prior to the start of the medical home project, Minnesota ranked 44th in the nation in providing a medical home for its children with special health care needs.

So in March of 2004, 11 medical home teams came together as a learning community to move toward a higher level of care for Minnesota's children. Almost without exception, the teams—each comprising a physician, parents of children with special health needs, and a practice-based nurse—bonded as a strong unit to improve care delivery. At the kick-off of the second year's learning collaborative, parents who had been involved since

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the beginning all agreed that they felt like valued members of a team that was making a difference in the health care and lives of their children. Physician team leaders and the practice care coordinators all said that without parent partners, few if any of their successes would have been realized.

### **Systems change**

The Medical Home Learning Collaborative is really a quality improvement process to promote significant systems change and performance improvement. As Jan Rourk, M.D., from the Grand Itasca team in Grand Rapids, noted, “I thought when I started that medical home was about becoming a better doctor, but it's really about changing systems.”

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There are two essential elements for creating these system changes. First, medical home teams learn about the components of a medical home. Perhaps the main component of the medical home is care coordination via a written care plan. All teams have developed these plans for their children with special health care needs. A written plan provides a family with an essential tool to track their child's health care and to communicate with others inside and outside of the health care system about the comprehensive needs of their child.

The second element is the "model for improvement" put forward by the Institute for Healthcare Improvement.

This model teaches teams how to make meaningful, measurable, incremental changes to their individual health care systems, based on 25 components from six domains: organizational capacity, chronic condition management, care coordination, community outreach, data management, and quality improvement (Cooley, W.C., et al., "The Medical Home Index").

In the first ten months of the collaborative, Minnesota's medical home teams collectively scored at 42 percent improvement in medical home scores. Work is just beginning on evaluating the effects of medical homes on quality of care and utilization of health care resources.

### **Ongoing efforts**

While the MNAAP continues to develop the medical home, it also will begin work on mobilizing policy leaders from major institutions, medical leadership in pediatrics and medical education, state policy and public health programs, families, and health plans to promote changes and advance adoption of best practices in systems of care for children. This spring, the Pediatric Council will have its first meeting. To learn more about the work of the Minnesota chapter of the American Academy of Pediatrics, visit their Web site at [www.mnaap.org](http://www.mnaap.org).

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