From Planning to Action: Pilot Demonstrations Supporting Integrated, Collaborative Care for People with Intellectual and Developmental Disabilities

The Need: Consultation Services

- Primary care practices and providers have identified the need for access to colleagues with I/DD expertise to increase their competence and comfort in caring for children and adults with I/DD living in the community
- Transition the systems-change groundwork of the Medical Health Home Initiative into actionable demonstrations that advance innovation and care for people with I/DD

Overarching Initiative Goals

- Develop consultation services that offer a multidisciplinary resource to improve knowledge, skills, and ability of primary care practices and providers to care for patients with I/DD in their practices

- Conduct evaluation that will enable the initiative to measure effectiveness of two demonstration consultation models for scalability and adoption by state health systems

- Inform Medicaid Transformation, policy and practices that improve access to care and desired outcomes for individuals with I/DD and their families, providers, payors, and the state

MA Child Psychiatry Access Program (MCPAP) http://www.mcpap.com/

- Regional behavioral health consultation teams of child psychiatrists, licensed therapists, care coordinators and administrative support
- Designed to help primary care providers and their practices promote and manage the behavioral health of their pediatric patients as a fundamental component of overall health and wellness
- MCPAP supports the integration of behavioral and physical health
- Access point is primarily telephonic and technology based

ECHO: Extension for Community Healthcare Outcomes https://echo.unm.edu/

- Hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers
- ECHO clinic format: Didactic presentations, discussions of evidence based practices; Case discussions led by participants, Consultant feedback
- Primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own community
- Collaborative model of medical education and consultation to clinicians
- Links specialist/subject matter experts to primary care to enable them to effectively manage patients with complex conditions
- Team composition based on targeted patient population and health condition
- Access point is primarily technology-based

Increasing Access to Autism Spectrum Disorder Specialty Care in Rural North Carolina: A Project ECHO Pilot

Specific Aims:

- Improve ASD-specific knowledge and treatment self-efficacy of rural primary care providers in North Carolina
- Improve the quality of lifespan care received by individuals with ASD by increasing provider diagnostic screening and treatment of common medical and behavioral health comorbidities
- Conduct evaluation focused on feasibility, acceptability and outcomes and alignment with ECHO model

HUB: Raleigh TEACCH Center

SPOKES: rural primary care providers in Eastern NC

Project Team: TEACCH Executive Director , Psychologist, and Autism specialist/community resource specialist; Psychiatrist, Family advocate, Psychologist

Partners: Autism Society of NC, AHEC, community providers

Primary Care Pediatric Telephone Consultation for Children and Youth with Intellectual and Developmental Disability

Specific Aims

- Establish telephone consultation infrastructure to support primary care providers and behavioral health teams caring for children 3 to 22 years with I/DD
- Provide referral support for youth with I/DD and families to connect with appropriate resources
- Conduct evaluation focused on feasibility, acceptability and outcomes and alignment with MA Child Psychiatry Access Program model

Project Team: Duke and UNC child and adolescent psychiatrists, Duke resource coordinator and liaison, Duke and UNC medical and behavioral health specialists, NC START Central team

Partners: Duke and UNC pediatric practices and providers, Alliance and Cardinal Innovations LME MCO, community agencies

Evaluation

- Foster a learning environment that embeds evaluation and fosters critical questioning
- Develop a specific evaluation plan for each site to include process and implementation data points
- Design similar enough to compare but unique enough to respond to contextual differences
- Document the details of implementation to detect gaps and issues, finding “MUST” and “STRESS” points for each model
- Select outcomes relevant to the project that are useful but not overwhelming in time or resources

Targeted Outcomes

- Healthcare professionals will have increased knowledge and capacity to address the health and support needs of individuals with I/DD and their families
- People with I/DD and their families will partner with healthcare professionals in decisions affecting their healthcare and disability services
- Evaluation will identify relevant outcomes that can be aligned with value-based payments and incentives
- Policies and practices associated with Medicaid Program Design and existing system infrastructure will reflect person-centered collaborative team care for people with I/DD
- Sustainability plan that outlines expansion, scalability, and adoption by state health systems and insurance plans

Thank You

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MEDICAL HEALTH HOMES

Promoting Integrated, Person-Centered Care for People with Intellectual & Developmental Disabilities