



The Office for Community Child Health: A Unique Partnership in a Changing Healthcare Environment

Adapting to a new healthcare environment

In this changing healthcare environment it is critical that children's health services make a maximum contribution to children's healthy development. The opportunity to do so lies largely in strengthening families and community-based services, including pediatric primary care services, and the systems that connect them all to one another. Families can benefit most when service systems are integrated. Children's hospitals can play a leadership role in maximizing the health of children in their communities by expanding their focus to community-oriented services.

The Office of Community Child Health: A New Approach

[The Child Health and Development Institute](#) is partnering with [Connecticut Children's Medical Center](#) (CT Children's) to promote a new model for connecting children's hospitals to their communities. The new [Office for Community Child Health \(OCCH\)](#) at CT Children's cultivates a health system that works hard to keep children healthy and out of the hospital by connecting them to a full range of community services. The model is based on [CHDI's Framework for Child Health Services: Supporting the Healthy Development and School Readiness of Connecticut's Children](#) published in 2009. The *Framework* recognizes that very few children use hospital services but all children use primary health care services. These need to be integrated with community-based services, such as family support and early education in order to ensure that children's needs are met.

The OCCH is led by [Paul Dworkin, MD](#), Executive Vice President for Community Child Health at CT Children's and [Lisa Honigfeld, Ph.D.](#), Vice President for Health Initiatives at CHDI and brings together all 12 of CT Children's community-oriented health programs under one umbrella with the goals of integration, innovation, dissemination and systems change. Many of these programs are initiatives that CHDI began in collaboration with CT Children's to bring prevention, early identification and early intervention into community health systems in Connecticut. The OCCH model allows CHDI and CT Children's to nurture innovation, help community providers deliver quality services in the context of community resources and support broad dissemination of proven practices in Connecticut and beyond. Examples of the work include:

Testing innovations: OCCH tests innovative solutions to integrate prevention, early identification and intervention strategies into community health systems and disseminate effective models throughout the state and nationally. Two OCCH programs have moved from local pilot projects to national models of care:

- [The Help Me Grow National Center](#) spreads the work done first in Hartford and later statewide to ensure the early detection of children with, or at risk for, developmental delays and ensure their connection to further assessment or intervention services. Started as a pilot in Hartford, the Help Me Grow model is being replicated in more than 20 states.

- **Easy Breathing** is an evidence-based program for improving care and outcomes for children with asthma. The program guides child health providers in implementation of the national guidelines for asthma diagnosis and management. It includes a rigorous, data-driven quality improvement mechanism to ensure that practices maintain a high level of fidelity to the Easy Breathing model. Pediatric sites across Connecticut use Easy Breathing, as well as practices in 9 other states.

Two other innovations, both of which were initially funded by the [Children's Fund of CT](#) (CHDI's parent organization) also are on their way to becoming state and national models.

- **Co-management between primary care and subspecialty services** began as a pilot project in 2009, and it is currently completing its first expansion in Connecticut. Co-management is a formal and structured agreement between primary care and subspecialty pediatricians outlining who will do what in the care of patients with specific conditions. The pilot study addressed five low-acuity, high volume conditions that could be managed in primary care according to algorithms developed collaboratively by the two providers. The shift of care to the community pediatrician reduces the burden on the subspecialty system, thereby providing better access for patients with intense needs. The findings from the first pilot study showed positive outcomes for patients and providers. The second phase of the work includes co-management of concussions and obesity and CHDI has extended the concept of co-management to anxiety and depression.
- **Care coordination across service sectors** is being tested in the Hartford area. CHDI has supported the United Way 211 Child Development Infoline to bring together all of the care coordinators who serve children and their families in the greater Hartford area. The *Hartford Care Coordination Collaborative* extends the work of the OCCH's Special Kids Support Center to integrate services provided by Community Health Network (Connecticut's Medicaid Administrative Services Organization), mental and dental health services provided under Medicaid, the Department of Children and Families, and family support services provided by the [CT Family Support Network](#). CHDI's care coordination work has shown that care coordination increases the utilization of community-based oral and mental health services and helps families access preventive care, screening and early intervention. Care coordination also ensures the integration of the primary care services with community-based services as well as with specialized medical care.

Creating Synergy: In addition to innovation, OCCH encourages synergy and integration among existing community-oriented programs.

- **Addressing autism:** Three OCCH programs teamed up to develop materials that will help keep children with autism safe at home. These are being disseminated through [CHDI's Educating Practices in the Community \(EPIC\) program](#). EPIC, one of CHDI's signature programs, provides onsite education in pediatric primary care sites to accelerate practice change in critical areas of care.
- **Quality improvement:** CHDI's EPIC program is also working with OCCH's Help Me Grow National Center and Maintenance of Certification programs to promote quality improvement in primary care sites throughout Connecticut and in Help Me Grow's affiliate states. The CHDI/OCCH partnership allows practices to obtain credits that they need for ongoing certification from the American Board of Pediatrics.

Bringing innovations to scale

The CHDI/OCCH partnership brings promising innovations to scale. Through our partnership we can test, refine and disseminate new models for the delivery of children's health services that fully integrate community resources and link them to health services to ensure the healthy development of children.

For further information about this initiative, please contact Lisa Honigfeld at honigfeld@uchc.edu.