Child Health and Development Institute of Connecticut, Inc.

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Improving Children's Health Through Care Coordination

An 18 month old missed several follow up appointments in the primary care center due to lack of transportation. His parents were also unable to access local early intervention services recommended by their pediatrician. A care coordinator from the H.O.M.E. project helped the family arrange transportation and enroll in developmental services. This allowed the child to continue with his prescribed treatment plan.

Care coordination ensures the most effective and efficient delivery of health services, as well as the linkage of health to other service sectors. Without it, families and doctors face a fragmented system of health, mental health and other support services for children, contributing to suboptimal delivery of services and compromised health and developmental outcomes. Care coordination is especially important for children as they benefit most when their needs are detected early and they receive timely intervention services.

Piloting Care Coordination in Hartford – The H.O.M.E. Project

A 2005 Needs Assessment showed that children in Hartford, Connecticut were not receiving optimal health and family support services. Care coordination was identified as a promising strategy for improving the delivery of services to this vulnerable population. The Hartford Foundation for Public Giving, the Children's Fund of Connecticut and the CT Department of Social Services collectively supported a partnership between the Hispanic Health Council (HHC) and Connecticut Children's Medical Center to develop, implement and test the value of care coordination in the Charter Oak Health Center at Connecticut Children's, the Medical Center's primary care pediatric site. The resulting project, called "**Health Outreach for Medical Equality (H.O.M.E.),"** was dedicated to improving children's utilization of primary care services and ensuring linkage to other services when indicated.

Through H.O.M.E, HHC care coordinators completed intakes, developed care plans, and connected almost 2,000 children insured by Medicaid to health and community-based support services from 2007-2009. They worked with families to address barriers to using needed services, such as transportation, language, and availability of appointments. They worked with the primary care site to ensure that health care providers had information on all of the services that children used so that ongoing care could be efficient and progress could be monitored.

H.O.M.E. achieved the following:

- Families reported improved linkage to services and greater confidence in obtaining health services for their children.
- Pediatric providers reported that having their patients' care coordinated through H.O.M.E. enhanced their ability to provide comprehensive care.
- Medicaid claims data showed that children in H.O.M.E. were more likely to receive prevent dental services and mental health services than the general population of children insured by Medicaid in Hartford.

Supporting Care Coordination – Policy and System Opportunities:

1. Children's optimal health cannot be accomplished without **an expansion of the capacity of primary care services** to treat children in a timely manner, identify their needs early, connect them to helpful services and monitor progress in meeting health and developmental goals.
2. Practices cannot do all of the above without **infrastructure support including payment for care coordination services** or other onsite support for care coordination.
3. In difficult economic times, **states need to blend resources across service sectors to support care coordination** that is integrated with pediatric primary care. This entails calling upon health, child welfare, mental health, dental health, early care and education, early intervention and family support services to collaborate in providing care coordination to families through their pediatric primary care sites.
4. **Emerging health information technologies need to help medical practices**, as well as other service sites, to seamlessly care for patients and share critical information with family consent.

Growing Care Coordination in Connecticut

The lessons from H.O.M.E are being incorporated in efforts to develop a model of comprehensive care coordination for children of the Hartford region that can inform similar efforts in other communities and, ultimately, across the State of Connecticut and nationally. The Hartford Care Coordination Collaborative (HCCC) brings together care coordination resources from the Department of Social Services, the Medicaid Administrative Services Organization (Community Health Network), the Department of Children and Families, United Way/Child Development Infoline, CT Family Support Network and the leadership of the region's Title V Children with Special Health Care Needs support center (the Connecticut Children's Special Kids Support Center [SKSC] to increase access to children's services in the greater Hartford area. The Collaborative is committed to serving pediatric primary care sites as they transform their practices into Person Centered Medical Homes to meet requirements set by the new Medicaid program. Innovations such as the HCCC hold promise for improved access to and integration of services for at risk families.

For further information about this initiative, please contact Lisa Honigfeld at honigfeld@uchc.edu. For the full H.O.M.E. report click here.

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