

# **Advancing Family-Centered Care Coordination**

## **Promote Family Understanding of Medical Home**

Becky Burns

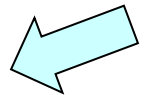
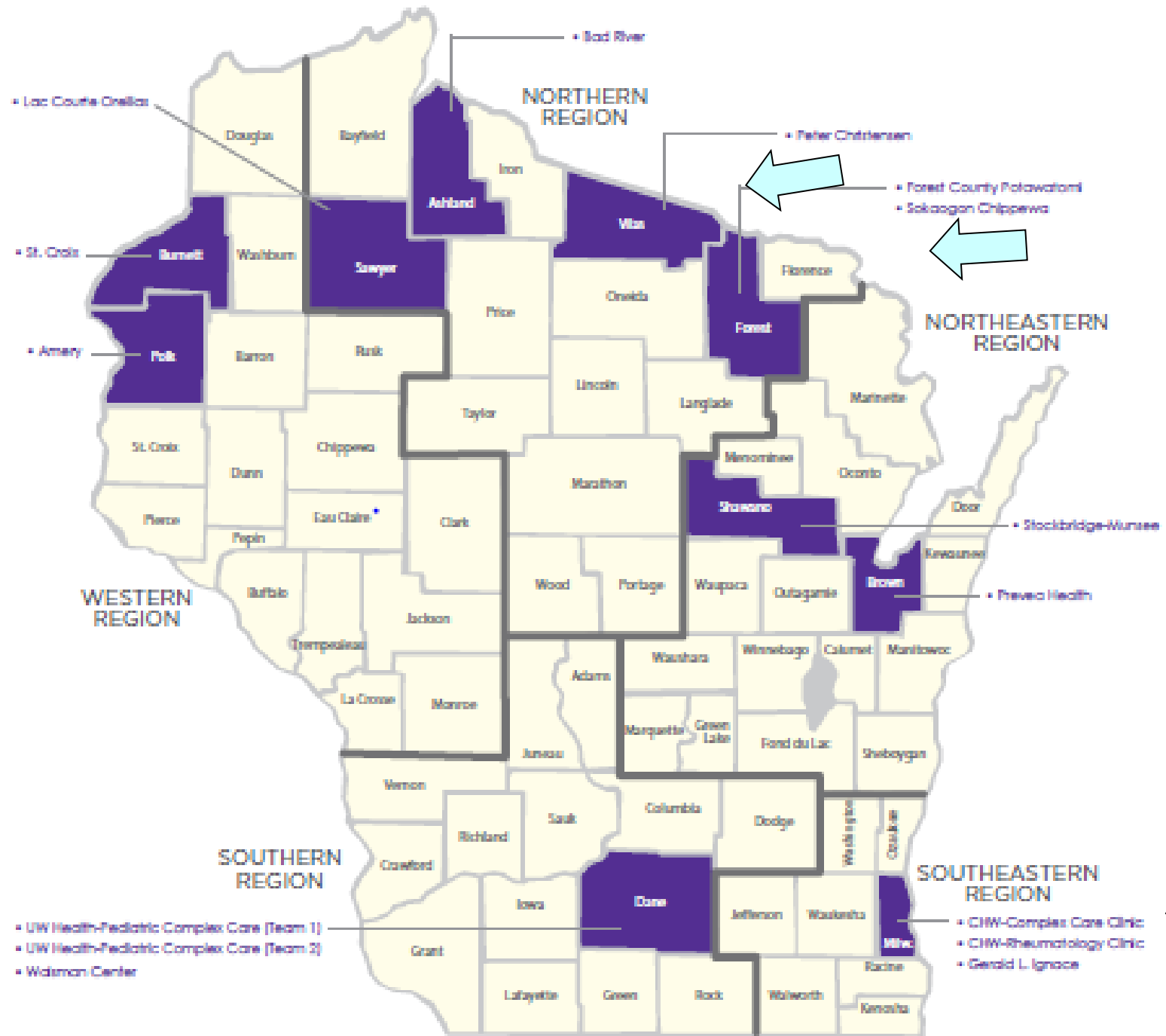
**April 23, 2019**

# Learning Objectives

- Understand expectations of your selected additional focus area (**Promote family understanding of medical home**)
- Understand resources to support families on this topic
- Be aware of partners available to support your team in fulfilling these expectations

# Participating Sites

- Gerald L Ignace
- Lac du Flambeau
- Sokaogon Chippewa



# Populations selected for piloting Shared Plans of Care

Clinic	Patient Focus
Gerald L Ignace	Children diagnosed with ADHD
Lac du Flambeau	Children with chronic special health care needs including behavioral health
Sokaogon Chippewa	Children with medical complexity/behavioral health

# Promote family understanding of medical home

In collaboration with your Regional Center and WISMHI team, work to educate **at least 10 families** on concepts of medical home. Communication tools to support this work include:

1. *Training* for parents titled Care Mapping

# Customizable brochure for parents on the topic of medical home



# Brochure



## Definition of a Medical Home

A medical home is a trusting partnership between you, your child, and your pediatric health care team. Both families and health care teams have responsibilities.

In a medical home, your health care team can help you and your child access and coordinate specialty care, other health care and educational services, in and out of home care, family support, and other public or private community services that are important to the overall well-being of you and your child.

From AAP's [healthychildren.org](http://healthychildren.org)



## Family Responsibilities

- Before an appointment
  - Write down important questions and concerns
  - Prepare your child for what may happen at the visit
  - Organize your thoughts using a free online tool such as the Well-Visit Planner [WellVisitPlanner.org](http://WellVisitPlanner.org)
- During an appointment
  - Share your concerns openly and directly as you know your child better than anyone
  - Ask the doctor to explain the care your child needs, and write it down. Children with ongoing medical needs may have a written care plan
- After an appointment
  - Keep notes on how the care plan is working
  - Contact your doctor or health care team if you have questions or concerns

*"My son's doctor, nurses and I are a team. They listen carefully to me when I talk about him, and I try to follow their suggestions. We have different roles, but we respect one another. My son's medical care is better because of this partnership."*

Wisconsin Parent



## Health Care Team\* Responsibilities

- Knows your child's health history
- Listens to your concerns and needs (as well as your child's)
- Treats your child with compassion
- Understands your child's strengths
- Develops a care plan with you and your child when needed
- Respects and honors your culture and traditions

*\*A health care team may include a doctor, nurse, front desk staff, and others working at a clinic.*

*"Medical Home allows me to be the doctor my patients and families deserve. We partner with the family to coordinate their child's care. We also connect them to other supports and services they want and need."*

Wisconsin Pediatrician



TRUSTING PARTNERSHIP =

YOU + YOUR CHILD +

YOUR CHILD'S HEALTH CARE TEAM



# Brochure

## Medical Home Resources



Wisconsin Medical Home Initiative promotes family-centered, integrated care with health care teams and families throughout Wisconsin. [wismhi.org](http://wismhi.org)



Wisconsin has five Regional Centers that support families with children and youth with special needs and their providers. [dhs.wisconsin.gov/cyshcn/regionalcenters.htm](http://dhs.wisconsin.gov/cyshcn/regionalcenters.htm)



Wisconsin First Step provides an online resource directory and a 24-hour information and referral hotline serving families of children with special needs and professionals. Contact the hotline at 1-800-642-7837. [mch-hotlines.org/mchhotlines/wisconsin-first-step/](http://mch-hotlines.org/mchhotlines/wisconsin-first-step/)



Family Voices is a statewide network of families who have children and youth with special health care needs. Family Voices provides information, training and leadership opportunities to help families learn more and be effective partners in their child's care. [familyvoicesofwisconsin.com](http://familyvoicesofwisconsin.com)



Parent to Parent of Wisconsin supports parents of children with special needs through a one-to-one connection with another parent. [p2pwi.org](http://p2pwi.org)

## Next Steps

Consider talking with your child's health care team about the idea of medical home. If your child does not have a primary care doctor, speak with a person from your health plan about available doctors and their areas of interest.

### Key Contact for Medical Home:

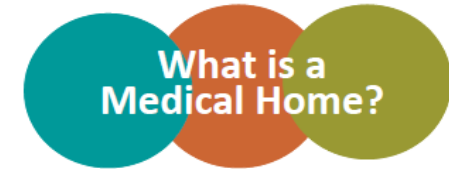
Name

Phone

After hours contact

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**TRUSTING PARTNERSHIPS**  
between families and health care teams  
are at the center of medical homes



[www.wismhi.org](http://www.wismhi.org)

# Care Mapping

## Care Mapping

An interactive session to begin to create  
a diagram to help support and guide  
your family and care teams

# Care Mapping

Learning Objectives for the training:

- ✓ Better understanding of the value of a care map.
- ✓ Understand how to use a care map to build a medical home.
- ✓ Learn potential outcomes of using a care map.
- ✓ Create your own care map.

# Care Mapping

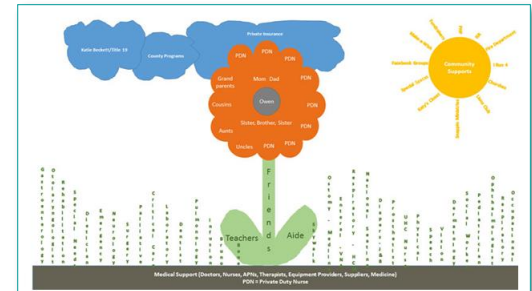
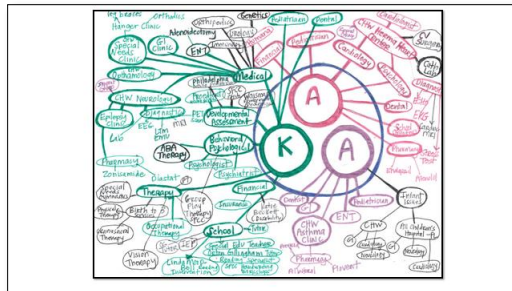
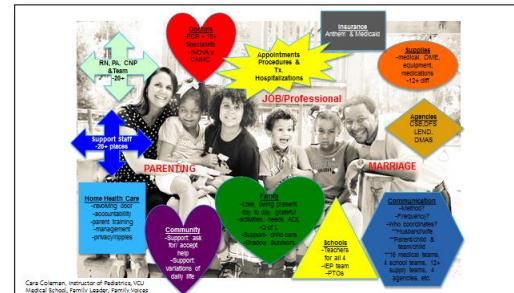
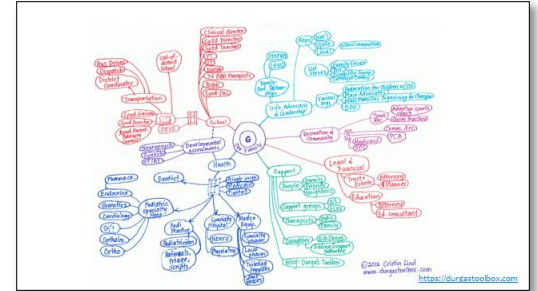
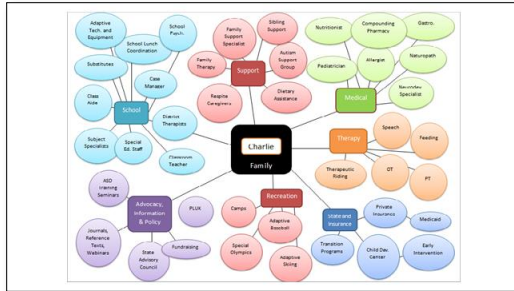
## What is a Care Mapping?

- A process which guides and supports the ability of families and care professionals to work together to achieve the best possible health outcomes.
- A family-driven, person-centered process which highlights a family's strengths and communicates both the big picture and the small details of all of the resources needed to support a child and their family.

# Care Mapping



# Care Mapping



# Care Mapping

## Now Its Your Turn

### Important Family Members

Immediate family  
Extended family  
Friends like family



### Recreation/Community/Social

Special Olympics  
After School Program/Clubs  
Adaptive Classes  
Summer Camps  
Hippo Therapy



### Legal/Financial

Trust/Estate  
Attorney  
Economic Services  
Social Security  
Employment



### Health

Doctors  
Insurance/Medicaid  
Dentist  
Hospital  
Pharmacy/Medications  
Specialists  
OT/PT/Speech  
Equipment



### Education

School  
Transportation  
Special Education  
Regular Education  
School District  
Nurse  
Case Manager  
Lunch / Recess



### Home Care

Respite  
Private Duty Nurse  
Personal Care Worker  
Home Health Services  
Guide Dog  
Child Care  
Vacation



### Social Services

Case Manager  
Programs  
WIC  
Birth to Three  
Early Intervention  
Waiver Programs



### Advocacy and Information

Children & Youth with Special  
Health Care Needs  
ABC for Health  
Family Voices of WI  
Representatives – local, state, national

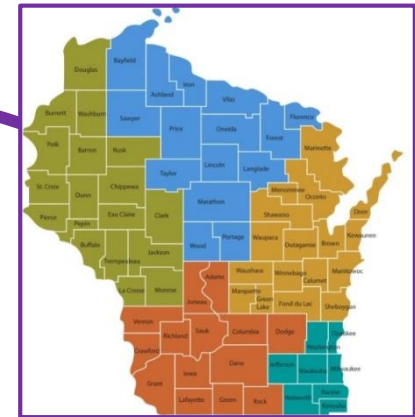


### Support

Spiritual Community  
Parent to Parent  
Parent Support Groups  
SIBShops  
Blogs



# CYSHCN Network of Support



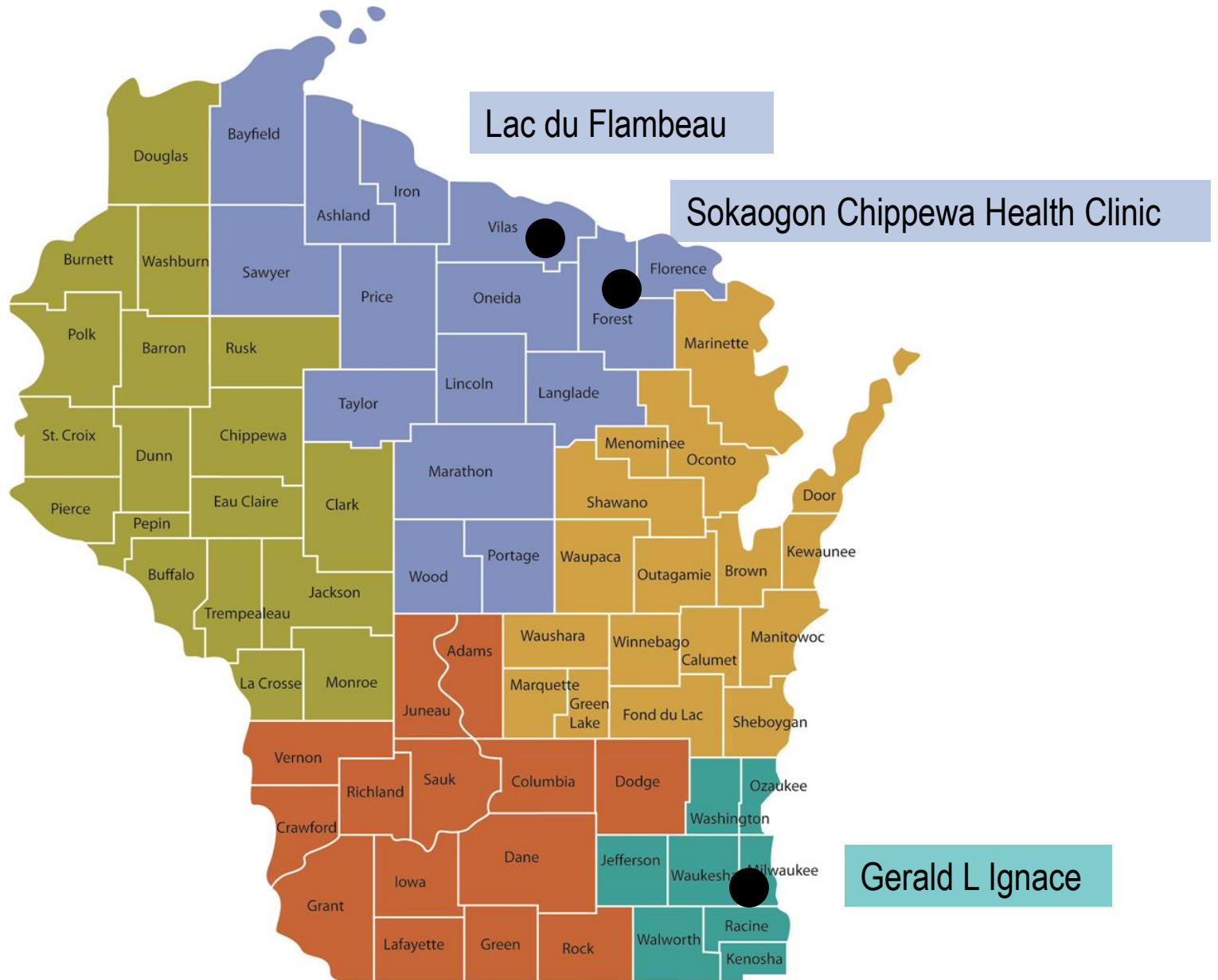
Wisconsin Title V Children and Youth with Special Health Care Needs Program



**HEALTH TRANSITION WISCONSIN**  
SUPPORTING YOUTH TO ADULT HEALTHCARE



# Regional Centers

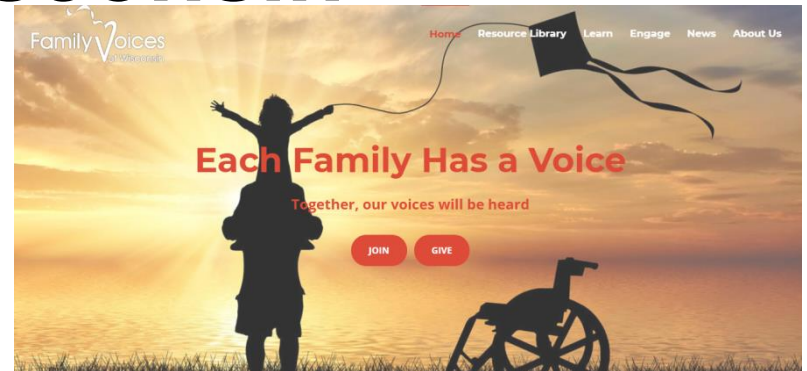


# CYSHCN Regional Centers

## WHY WOULD A FAMILY MEMBER OR PROVIDER CONTACT THE CYSHCN REGIONAL CENTERS?

- ❑ Information on your child's condition
- ❑ Problem-solving
- ❑ Partnering with your doctor in a Medical Home
- ❑ Health Transition from child to adult health care
- ❑ Health insurance / benefits assistance (e.g. Medicaid)
- ❑ Services in the community
- ❑ Parent-to-Parent support
- ❑ Finding doctors and dentists
- ❑ Parent training events
- ❑ Communicating with schools

# Family Voices of Wisconsin



## WHY WOULD A PARENT CONTACT FAMILY VOICES OF WISCONSIN?

- ❑ To serve in a leadership or advisory role to impact health care or long-term supports
- ❑ To join our regional Facebook groups, be added to the Family Action Network and our mailing list
- ❑ Register for a training
- ❑ Have resources printed from our website
- ❑ Have suggestions for a newsletter article, fact sheet, or new training

# Parent to Parent of Wisconsin

Parent  Parent  

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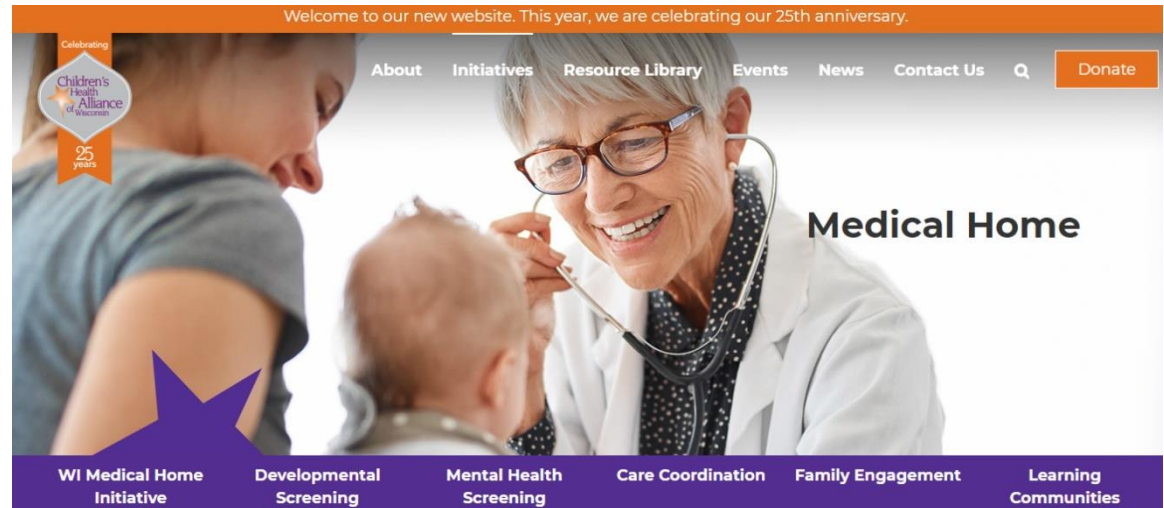
WISCONSIN



## WHY WOULD A PARENT CONTACT PARENT TO PARENT OF WISCONSIN?

- To request a “match.”
- To register for a Support Parent training.
- To schedule a Support Parent training in their area.

# Wisconsin Medical Home Initiative



## WHY WOULD A FAMILY MEMBER OR PROVIDER CONTACT THE WISCONSIN MEDICAL HOME INITIATIVE?

- ❑ To learn more about partnering with their child's doctor.
- ❑ To learn more about use of a shared plan of care to facilitate care for CYSHCN.

# Wisconsin Youth Health Transition Initiative



## WHY WOULD A FAMILY MEMBER CONTACT THE WISCONSIN YOUTH HEALTH TRANSITION INITIATIVE?

- ❑ Visit the YHTI website for information, tools and resources to help prepare and plan for health transition.
- ❑ Seek and receive more information through training programs sponsored by partners including things to consider at different ages as well as ways they can support their child to become more involved in their health care.

# Discussion Questions

- How might this training benefit families?
- Are there families who come to mind for this training?
- How might understanding these concepts help families better partner with your team?

If you would like access to this PPT, you can find it along with all of the other presentations on the [www.WISMHI.org](http://www.WISMHI.org) website.

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*Thank You!*

