

Rhode Island

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

The National Center for Medical Home Implementation (NCMHI) and the National Academy for State Health Policy (NASHP) are collaborating on the development of state profiles designed to highlight public programs implementing and advancing the medical home model in pediatric populations. These updates are part of a formal partnership between NASHP and the NCMHI that focuses on exchanging information to improve medical home access for children and youth in medically underserved populations. If you have any questions about the information included in the updates, contact medical_home@aap.org.

The NCMHI is a cooperative agreement between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Health Resources and Services Administration.

Rhode Island currently has several statewide medical home projects including a multi-payer Care Transformation Collaborative of Rhode Island (CTC) program and its pediatric component, Patient-Centered Medical Home (PCMH) Kids. There are also multiple Section 2703 Health Home State Plan Amendments designed to serve Medicaid beneficiaries with chronic conditions, including children and youth with special health care needs (CYSHCN), through the CEDARR Family Centers program.

One specific initiative in Rhode Island, the Pediatric Practice Enhancement Project (PPEP), focuses on strengthening coordinated systems of care and enhancing pediatric medical homes by engaging families as resource specialist embedded within pediatric practices.

PROGRAM COMPONENTS

The **Pediatric Practice Enhancement Project (PPEP)** is a medical home initiative designed in 2003 within the Rhode Island Department of Health (RIDOH), Office of Special Needs (OSN) in collaboration with Rhode Island Medicaid, the Rhode Island Chapter of the American Academy of Pediatrics and Family Voices. The initiative provides supports to improve and coordinate care for CYSHCN and their families.

Administered by RIDOH's OSN, PPEP is a partnership between the RIDOH, Rhode Island Medicaid, Rhode Island Chapter of the American Academy of Pediatrics, Rhode Island Parent Information Network/Family Voices, and the Neighborhood Health Plan of Rhode Island. The initiative has some flexibility to allow each practice site participating in PPEP to tailor the program to fit their particular needs and policies.

The model includes two key components:

- A Family/Peer Resource Specialist Program (see below for additional information).
- A data component to provide administrators and practices with information regarding patient/families served, needs addressed, and resource provided.

Most importantly, the PPEP database serves to identify system-wide barriers facing families trying to access appropriate services for their child/youth. A project steering committee consisting of state agency and community stakeholder representatives (Family Voices Leadership Team) meets monthly to address barriers identified through the PPEP database.



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PROGRAM COMPONENTS (CONTINUED)

The **Family/Peer Resource Specialist Program** component of PPEP is facilitated through a contract with the Rhode Island Parent Information Network (RIPIN), an organization of advocates and parent professionals. This model brings the perspective of parents, youth, and consumers into policy development and medical home implementation with the primary role to create linkages between family pediatric practices and the community as a whole. Under the contract with RIDOH, Resource Specialists are hired, supervised and provided with ongoing training and professional development.

The program implements the following activities:

- Strengthens the RIDOH capacity to deliver effective services
- Addresses critical health issues
- Involves the community in discussions that lead to effective program planning for the state's special needs and culturally diverse populations
- Assists families, caregivers and physicians in accessing community resources such as specialty care, independent living, education, employment and vocational training
- Identifies barriers to coordinated care

PAYMENT MODEL

The PPEP program has been funded through Rhode Island Medicaid and Title V grants. Since 2009, limited funding for PPEP has been provided by the practices themselves. In recent years, as the RIDOH has worked to pursue systems reimbursement mechanisms for the project, it has continued to be the primary financial supporter of PPEP through Title V Maternal and Child Health Services federal block grant funding.

OUTCOMES

PPEP has expanded to over 24 sites across the state since its initial implementation in 2004 including hospital-based primary care clinics, health centers, private physician offices, and group practices. Over 325 Family/Peer Resources Specialists for PEPP have been trained.

An evaluation of PPEP conducted in 2008 - 2009 found that the program helps families interact with the health care system earlier and, as such, prevents utilization of costly services in the future. As a result of PPEP, children generally had fewer outpatient visits, emergency department visits, and inpatient hospital stays.

Due to demonstrated cost savings, Rhode Island's medical home initiatives have incorporated Resource Specialists as part of other programs including community health teams, programs aimed to reduce avoidable hospital visits for non-urgent behavioral health issues, community health worker implementation projects, asthma home visiting programs, among others.

PPEP has been awarded several national recognitions and has provided technical assistance to several states interested in replicating the model.

FAST FACTS:

120,825 : The number of children enrolled in Medicaid and CHIP in Rhode Island in FY 2014 (98,689 Medicaid; 22,136 CHIP)

90.2% : The participation rate for children eligible for the Rhode Island Medicaid/CHIP program in 2013

88.3% : The national participation rate for those eligible for the CHIP program in 2013

**For more information on state initiatives related to pediatric medical home,
visit www.medicalhomeinfo.org.**