Care Coordination: Definition, Standardization, Models, and Outcomes

Special Populations: Military Families

Early Intervention/Early Childhood Special Interest Group (EIEC SIG)
Webinar Series
August 28, 2012
Webinar Overview

- Introductions
- Presentation
- Q & A
  - Submit any questions throughout the webinar via the ‘Chat’ box to the right of to the slides
  - The moderator will read the questions after the presentations
- Survey
  - Please complete our short survey to give us feedback for the next webinar!
Presenters

Sarah Hoover, MEd: University of Colorado
Anne F. Farrell, PhD: University of Connecticut
Irene Nathan Zipper, PhD, MSW: University of North Carolina at Chapel Hill
Defining and Standardizing Care Coordination
Defining and developing a unified understanding of the functions and outcomes of care coordination in Colorado

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Primary Issues

• Access to a single provider who can coordinate the necessary multiple sources of care
• Efficient use of resources
• Quality services
• Information sharing and closing the loop
Care Coordination Strategies to Ensure Success

• Helping to understand needed services and recommendations
• Exploring strategies for accessing services
• Generating solutions for minimizing obstacles to treatment
• Identifying and managing family and sibling issues affecting care
• Partnering with families to identify available resources
• Developing ways to increase communication between all a person’s doctors and therapists

Adapted from Nationwide Children’s Hospital Autism Treatment Network
Colorado’s Care Coordination Community of Practice

Emerged from the work of Project BLOOM for Early Childhood Mental Health’s Linking and Aligning System of Care and Medical Home initiative
Care Coordination Community of Practice

Purpose is to develop and vet a common understanding and expectations of care coordination in Colorado
Related Care Coordination Initiatives

- Integrated Care Models
- Accountable Care
- System of Care
- Medical Home
- Health Care Program for Children with Special Needs (HCP)
- Patient Navigation
Definition of Care Coordination

Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to optimize health and wellness outcomes. Care coordination is a child- and family-centered, assessment-driven, team activity designed to meet the needs and preferences of individuals while enhancing the caregiving capabilities of families and service providers.
Functions of Care Coordination

1. Assess with the family and individual their strengths as well as unmet needs across life domains.
2. Identify all sources of referrals, services, and supports, facilitate connections with these sources, and manage continuous communication across these sources.
3. Identify child/youth/family desired outcomes.
4. Develop a comprehensive plan of care and services with the family/individual that includes a plan to address unmet needs.
5. Provide information around purpose and function of recommended referrals, services, and supports.
6. Re-assess and modify comprehensive plan of care with family/individual.
7. Support and facilitate transitions, including transitions in and out of care coordination.
8. Establish accountability or negotiate responsibility.
9. Share knowledge and information, and facilitate communication, among participants in family/individual care.
Expected Outcomes of Care Coordination

- Well-being and satisfaction
- Process and communication
- Community and relationship supports
- Functional essentials
- Physical and mental health development
- Reduced costs of care
Measurement in Care Coordination
What a Literature Review Revealed

• Care Coordination Measures Atlas
  http://www.ahrq.gov/qual/careatlas/careatlas3.htm

• National Quality Forum’s Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination
  http://www.qualityforum.org

• Making Care Coordination a Critical Component of the Pediatric Health System: A Multidisciplinary Framework
  (The Commonwealth Fund)

• Care Coordination for Children and Youth with Special Health Care Needs: A Descriptive Multi-site Study of Activities, Personnel Costs and Outcomes

• Almost 100 different tools, systems or instruments varying by discipline or condition
Questions for Consideration

✓ How is care coordination defined?
✓ What are the functions of care coordination?
✓ What are the expected outcomes of care coordination?

• Who can provide care coordination?
• Can entities with a “case management” mandate provide care coordination?
• Who pays for care coordination?
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Care Coordination in the Military

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Goals for Today

Participants will be able to:

- Explain the role of the care coordinator with military families
- Discuss ways to enhance family and community capacity to support military families
- Explain unique challenges for military families with children who need special services
United States Armed Forces

- All-volunteer force
- Nation’s largest employer
- Active Duty Component
  - Air Force, Army, Coast Guard*, Marine Corps, Navy
- Reserve Component
  - Air Force Reserve, Army Reserve, Coast Guard Reserve*, Marine Reserve, Navy Reserve, Air National Guard, Army National Guard

* Coast Guard is part of the Dept of Homeland Security
Military Demographics

Active Duty 1.46 million
- 66% aged 30 and younger
- 56% married
- 1.2 million children
- 40% of children are 5 and under
- Rural, less affluent, and ethnic minorities overrepresented

Reserve Component 846,000
- 51% aged 30 and younger
- 49% married
- 730,000 children; 28% aged 5 and younger

(Demographics 2009 Profile of the Military Community, Defense Manpower Data Center, 2008)
Defining the Population

- Military families
  - 2m service members deployed since 9/11
  - Deployments: Average 12-15 months, 2+ per service member
  - Married service members and higher ranks choose on/off base (basic allowance for housing)
  - Over 200 medium/large bases in US, 35 overseas
US Military Bases

Data Sources:
This digital data of U.S. military bases was originally provided by Geo-Marine, Inc. of Plano, Texas in separate UTM Zones and at various scales. The separate zones were joined into this coverage.

Map Information:
Lambert Azimuthal Equal Area; Scale 1:5845860
The numbers on the map represent the locations of military bases. Please reference these numbers with the accompanying sheets entitled "Military Bases- CAST 5/96".

http://militarycomms.tripod.com/military_bases/
Defining the Population

- **Prevalence**-special health care needs (SHCN)
  - 14%-23% of military children have SHCN
  - 5% of military children are high utilizers of health care
  - Over 2/3 of high utilizers have SHCN

- **Characteristics**
  - High utilization most likely ages 1-4, 15-17
  - Ethnic minorities overrepresented
  - Common diagnoses: asthma, ADHD, autism, developmental delay, congenital anomalies, psychiatric disorders-other

(Bowen & colleagues, 2012; Rand Corporation, 2007; Shinn, Rosenbaum, & Mauery, 2005; Williams et al., 2004)
Need for Care Coordination

- A program of support
- Importance of system-level coordination
The Context for Care Coordination

Society

Child

Family

Community

State
What is Care Coordination for Families with Young Children in the Military?

- Coordinating formal and informal supports
- Integrating civilian and military supports
- Building family and community capacity
Supports for Military Families

Military Formal

Military Informal

Civilian Formal

Civilian Informal
Community Capacity

The extent to which agencies, organizations, and community members:

- share responsibility for the welfare of the community
- address community needs and confront situations that threaten the safety and well-being of community members

adapted from Bowen, 2012
Military - Formal Supports

- Educational and Developmental Intervention Services (EDIS)
- Exceptional Family Member Program (EFMP)
- TRI-CARE
- Key Spouse Program (Air Force)
- Family Assistance Provider (Family Readiness System)
- Veterans Affairs (VA)
Military - Informal Supports

- Extended family
- Fellow unit members
- Spouses of unit members
- Military neighbors
- Other military families
Civilian - Formal Supports

- Early Intervention system
  - Child care and preschool programs
  - Service providers

- Health care system
  - Insurance programs
  - Health care providers

- Social service system
Civilian - Informal Supports

- Civic organizations
- Faith-based organizations
- Social connections
- Internet-based social networking
- Parent-to-Parent support
The Military Experience: Military Culture

- Importance of the mission
- Loyalty, duty, honor, ceremony
- Shared rituals and common identity
- Respect for chain of command with clear lines of authority and status
- Courage and bravery in face of fear
- Perspectives on health, illness, disability
- BRAT = brave, resilient, adaptable, trustworthy
The Context for Military Families

- Military Culture
- Frequent and multiple relocations
  - Reassignment
  - Deployments
- Realities of deployment
  - Uncertainty/stress
  - Shifting family roles
  - Strong peer support in military communities
Role of the Care Coordinator: Building Family Capacity

- Recognize the military context
  - Military culture and priorities
  - Realities of military life
- Facilitate the family’s navigation of civilian and military resources
- Build on family strengths – resiliency
  - Individual assets
  - Child adjustment relates to family functioning
Role of the Care Coordinator: Building Community Capacity

- Focus across systems
- Establish the infrastructure for on-going collaboration
- Establish appropriate advisory groups
- Focus on integrating informal and formal supports
Internet Resources for Military Families

❖ Military HOMEFRONT
  • [http://www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)
  • Information on key resources that enhance the readiness of military families; links to formal resources

❖ National Military Family Association
  • [http://www.militaryfamily.org/](http://www.militaryfamily.org/)
  • Nonprofit advocacy and information organization for military families

❖ Military OneSource
  • [http://www.militaryonesource.com](http://www.militaryonesource.com)
  • Information, support, referral 24/7
  • Links to military and civilian resources
  • Counseling available online and by phone
…You don’t have to come from a military family, have a base in your community, or be an expert in military issues to make a difference. Every American can do something.

Michelle Obama and Jill Biden
USA Today
September 3, 2010
Thank you!

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Download References and Related Reading
Q & A

How to Ask a Question

- Type your questions into the ‘Chat’ box to the right of the slides
- The moderators will read the questions
THANK YOU

Visit the Websites

- AUCD Website:  http://www.aucd.org
- EIEC SIG Website:  www.aucd.org/eiec

Questions about the SIG?

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Please take a few minutes to complete our survey!