New Mexico Children's Medical Services Social Workers: Care Coordination and the Medical Home

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Introduction

Children and Youth with Special Health Care Needs (CYSHCN) in New Mexico (NM) experience barriers accessing health care and support.

This initiative identified how the NM Title V program, Children's Medical Services (CMS) and its team of medical social workers (SW), could improve care coordination for CYSHCN.

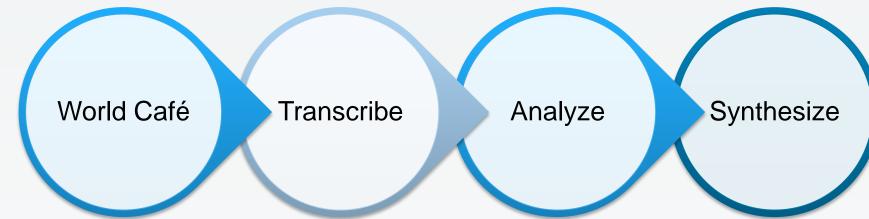
Results will influence an enhanced role of the CMS SW to affect key outcomes, outlined in NM Title V Maternal Child Health five-year action plan (State Action Plan for New Mexico, 2016):

- 1. Family partnership in healthcare decision making
- 2. Increased satisfaction with service
- 3. Integrated care within a patient-centered medical home
- 4. Organized and accessible communitybased services.

Methods

- . World Café: 5 NM Communities, fall 2016
- Large, separated "focus groups"
- 2. Transcribe
- 3. Qualitative analysis (NVivo10, QSR International)
 - Framework analysis
 - Thematic approach
 - ➤ Refine → Consensus

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Results

Participants identified nine primary barriers and needs that affect patient-centered care within NM, as well as seven areas of suggestions/what works.

We focused on communication and collaboration and information and resources because CMS SWs have the ability to address these areas.

Participants

Albuquerque	Clovis	Gallup	Las Vegas	Las Cruces	
Family (26%)	CMS Social Workers (23%)	Healthcare Providers (15%)	Community Resource Professionals (18%)	Administrators (18%)	
	Hispanic/ Latino (64.4%)	English Speaking (82%)	Non-English Speaking (18%)		

Suggestions/What Works

communication

- Increased > "Write it down. E-mail...text message if they want. I mean, any kind of communication is better than nothing." - Family
- Relationships > "I think part of what the issue is [for MCOs] are caseload sizes...Many of the [CMS] staff have closer to 50 to 60 clients, so they know them, particularly the ones that require a lot of attention. They have really clear communication with the families." - SW

CMS assistance

> "...At CMS you have your own social worker that can try and help you navigate that whole system...we can help with that or appointments for the specialty clinics and things like that..." -SW

dissemination

- Information > "...some organizations have parent advocates...one person [to answer] questions..." -Family
 - > "Having a conference where all the agencies get invited, not a fair, a conference, where each agency talks about their role, the services they offer, and have it be open to the community, so that parents can come get informed."-Family
- CMS identity > "...if it could be arranged to do some outreach, PR kind of work in these rural clinics and rural areas, that would be really helpful – just come over lunch and sit down with the providers and staff and tell us what you do." -SW

Barriers & Needs

Spanish

"...when the client is only Spanish speaking, I can't help them much..." –SW

Individualized > "...It's coming down to who the parent or the individual is... taking into consideration some cultural issues...learning deficits."-Family

> "...Providers [are] not speaking a language which is understood by English speaking families...my job is [interpret]." –SW

"...doctors don't talk to each other. We are the communicators for everybody." communication Family

> > "There's a lot of programs, but they don't talk about them. You have to find them on your own."—Family

> "...I didn't know my rights until last year, when I got involved with [Parents Reaching Out]." -Family

Misinformation > "[For undocumented] immigrants, there are a lot of rumors that go around of things that they might have access to that aren't true." - SW

Transparency > "...I would like more transparency in how [DD Waiver] budgets are submitted, reviewed, denied or not, or approved."-Family

> "I've practiced in New Mexico for 15 years as a social worker... I was amazed by how very little I knew about the CMS program prior to working for the CMS program."-SW

Discussion

Social workers are the entry point for services in NM CMS and are in a unique position to implement quality improvement activities in communities, targeting barriers to patient and family centered care.

Data suggest avenues for positive and proactive expansion of the role of the SW to address barriers and:

- 1. Improve CMS visibility to providers and families
- 2. Facilitate effective and efficient communication and collaboration between multiple providers and service organizations

Next Steps

activities **Quality** improvement implemented by CMS SW focus on communication strategies, defining and testing new referral pathways, and providing support for providers through collaborative education to impact skills and knowledge when caring for CYSHCN.

The change package for target communities emphasizes:

- 1. Improvement of online resources for CMS identity
- 2. Community outreach to providers and service agencies regarding CMS services
- 3. Development and testing of shared care plans to enhance provider communication
- 4. Testing of referral and follow-up mechanisms

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