



A Conversation on Models of Care Delivery for Children with Medical Complexity

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Moderator

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Building Systems That Work for Children With Complex Health
Care Needs

Rishi Agrawal, MD, MPH, Christopher Stille, MD, MPH, Editors

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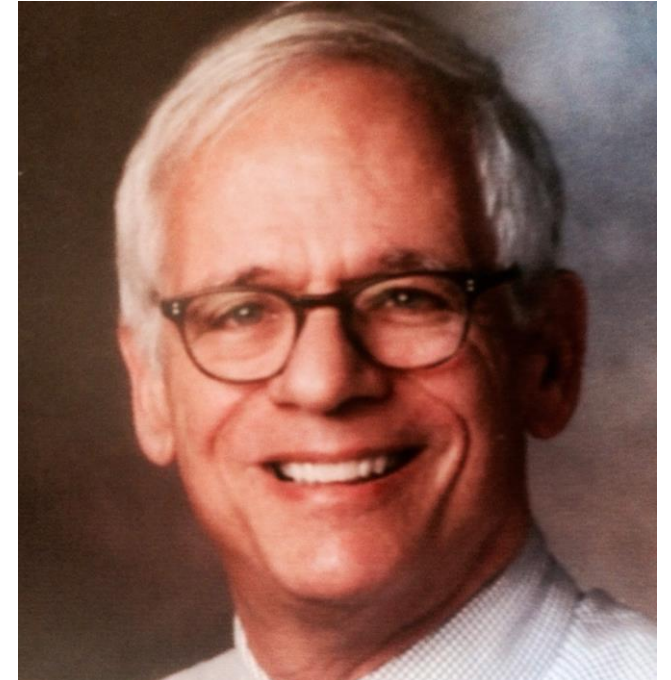
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Models of Care Delivery for Children with Medical Complexity

Elisabeth Pordes, MD, MPH, John Gordon, MD, Lee
M. Sanders, MD, MPH, Eyal Cohen, MD, MSc

Outline

1. Introduction
2. Basic tenants of models of care
3. Three categories of models
4. Evaluative research
5. Current gaps in care
6. Concluding remarks

Introduction

Who are children with medical complexity (CMC)?

Why focus on models of care delivery?

Basic tenants of models of care for CMC

Patient
and
Family
Centered

Acute and preventative medical care

+

Enhanced care coordination services

Three Categories of Models

Primary care-centered

Consultative or
co-management

Episode-based

Primary Care- Centered

Advantages

- Long standing relationships
- Integration in the local community

Disadvantages

- Limited resources
- Siloed healthcare systems

Emerging solutions

- CMC focused practices
- Cross practice collaborations

Consultative or Co-management

Advantages

- Colocation of patients/resources
- Specialized trained work force

Disadvantages

- High risk high need population
- Limited location

Emerging solutions

- Community outreach/integration
- Multi-skilled teams

Episode Based

Advantages

- Around the clock care
- Highly impactful period of time

Disadvantages

- Time or location boundaries
- Discontinuity of care

Emerging solutions

- Focus on transitions of care
- Cross-episode care

Evaluative Research

Current data:

Cost savings, improved parental satisfaction and decrease unmet needs



However,

Most often single site studies, few RCTs
No comparative research among different models



Challenges to comparative research:

Multiple population definitions
Lack of standardized and appropriate outcomes
Variation in services and providers

Current Gaps in Care

Poor integration of medical and community services

Ineffectiveness of medical system in addressing/impacting social determinants of health

Limited focus on mental/behavioral health services

Difficulties and questions around transitioning to adult care

Lack of financial sustainability strategies

Inadequate parents/care giver in-home supports

Concluding Remarks

- Family/patient and payer buy-in is key
- Unlikely to be a “one size fits all” model of care delivery for CMC
- Several remaining questions

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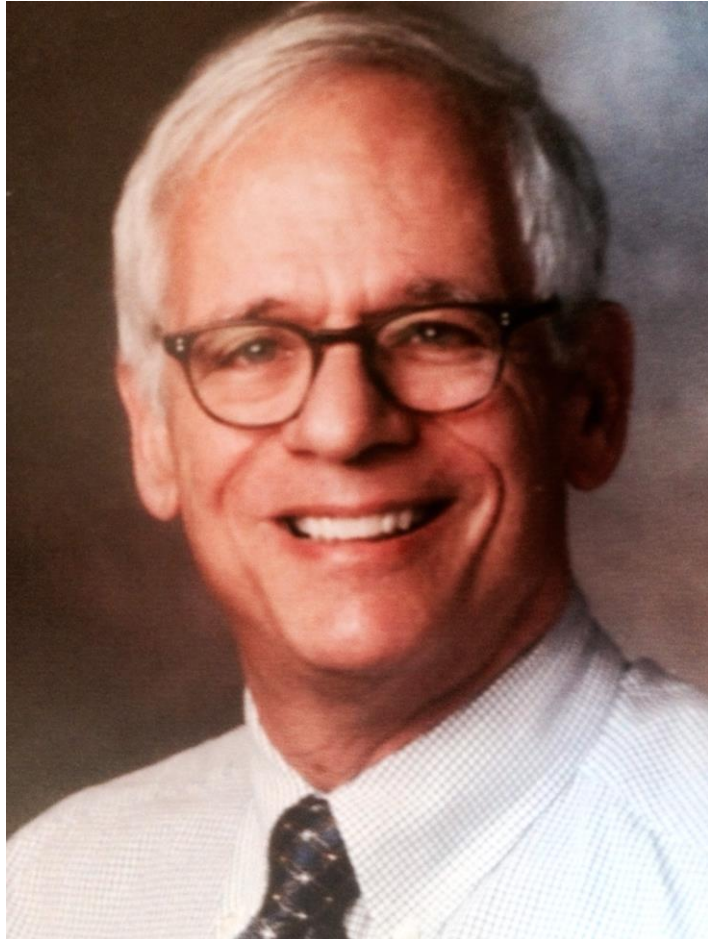


Key Thoughts

- Where is child-centric care if the question of patient 'ownership' remains?
- Is access to specialist care underpinned by a rights-based, or needs-based, approach?
 - For example, is access to care a realistic goal or an optional nicety for these children and their families if they are geographically distant from a tertiary care centre?
- What are the implications of a hybrid model on training and education needs of the multi-disciplinary team?
- What are the resource implications of integrating mental health assessment and treatment? Could the system cope?

David Bergman, MD

Associate Professor of Pediatrics, Lucile Salter Packard Children's Hospital



Key Thoughts

- Are complex care clinics Band-Aids for a broken system? How does this impact the design of delivery models for children with medical complexity?
- What are the impacts of payment models on the choice of delivery model for children with medical complexity and on the sustainability of these models?
- What is the role of parent preferences in the choice of delivery models for children with medical complexity?

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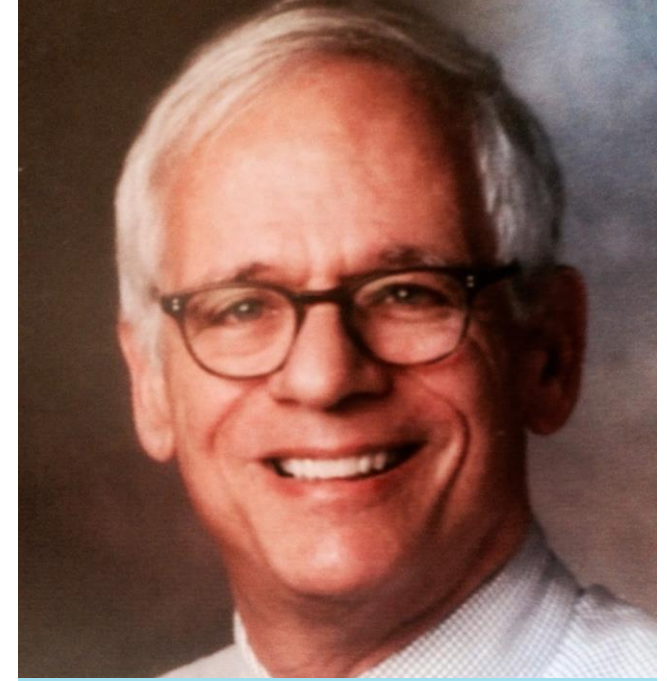
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