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

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Moderator

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A SUPPLEMENT TO PEDIATRICS

Building Systems That Work for Children With Complex Health Care Needs

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

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Ask Questions!

We look forward to a lively discussion with our audience. Enter questions in the GoToWebinar question box.
Meet Our Speakers

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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, MScc
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
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
<table>
<thead>
<tr>
<th>Current Gaps in Care</th>
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<tr>
<td>Poor integration of medical and community services</td>
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<tr>
<td>Ineffectiveness of medical system in addressing/impacting social determinants of health</td>
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<td>Limited focus on mental/behavioral health services</td>
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<td>Difficulties and questions around transitioning to adult care</td>
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<td>Lack of financial sustainability strategies</td>
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<td>Inadequate parents/care giver in-home supports</td>
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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
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?
Submit your questions in the chat box

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