

Kern County (CA) Medically Vulnerable Care Coordination Project (MVCCP)

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MVCCP BACKGROUND

Beginning in 2008, the Kern County Children and Families Commission, known as First 5 Kern, was asked by a concerned parent of a premature infant with special health care needs to address the needs of parents and providers struggling to navigate the complex system of health care for CYSHCN in Kern County.

Kern County has historically among the highest annual percentages of premature births in California (13% in 2008). Many of these preemies require early, intense intervention, and long term treatment. Due to a lack of pediatric specialty services locally, Kern's CYSHCN must travel out of the county for specialty services to children's hospitals in Madera or Los Angeles, often resulting in high missed appointment rates (30%) and delayed treatment.

To address this complex issue, a small voluntary Workgroup, representing 5 – 10 organizations, began meeting in 2008 to collaboratively address the needs of Kern's **Medically Vulnerable Infant (MVI)** population.

After a few months of discernment and discussions, an anthropologist was engaged in 2009 as a business consultant (now MVCCP's Project Director) to facilitate a Strategic Planning phase for the Workgroup, consisting of a voluntary group of leaders from 15 - 20 organizations. At the beginning of Strategic Planning, each participant brought a different definition of "**MVI**" based on their personal and professional context but all agreed that an unfocused, disjointed response to the needs of MVI by silo-ed services would only lead to lengthy, unintended delays at greater cost and with much poorer long-term results for the child, his/her family, and the Kern County community. They agreed to focus on better system coordination for CYSHCN, not in the creation of a new agency or taking over the case management duties from existing organizations, as other counties and states had done. By more efficiently and

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

MVCCP relates to all of the Title V Block Grant Measures with a primary focus on:

- 1. Improving birth outcomes, particularly for premature infants and children 0 – 5 years of age**
- 2. Organizing system level service coordination and integration**
- 3. Preventing chronic conditions for CYSHCN**

effectively using existing resources, the Workgroup members chose to leverage current resources to create enhanced communication and better coordination of existing services on behalf of the most vulnerable children of the county.

PROGRAM OBJECTIVES

The goal of MVCCP is to use collaborative meetings and coordinated services to measurably improve the Kern County system of care for children (prenatal – 5 years of age) at risk of costly, lifelong medical and developmental issues.

Main Objectives:

1. Document/sustain a county system of care coordination that is practical, affordable and responsive to changing conditions;
2. Coordinate a regular meeting among 40 diverse organizations to achieve earlier identification and collaborative treatment strategies for approximately 2,000 premature infants born annually;
3. Help other locales replicate the care coordination system level model.

TARGET POPULATION IDENTIFIED

First 5 Kern provided funding in 2008 to convene monthly meetings to address the needs of parents and providers of premature infants struggling to navigate the complex array of disjointed medical and related social services. After the first year of meetings, the facilitator/consultant wrote proposals raising \$40,000 in grants to conduct 6 months of national best practice research (in 2009), and a 3 month pilot phase of 50 case reviews, which confirmed the need for a sustainable, long term care coordination effort, now titled the

Kern County Medically Vulnerable Care Coordination Project (MVCCP).

PROGRAM ACTIVITIES

MVCCP activities include:

- Biweekly stakeholder meetings with agency presentations, case reviews, and problem solving discussions
- Employing a Project Director and a full time County Care Coordinator (PHN) tracking referrals using available data systems
- Free annual conference for up to 200 participants, including doctors, nurses, social workers, educators and other providers

PROGRAM OUTCOMES/EVALUATION DATA

To document MVCCP's short and long term progress, a combination of process measures and individual case results are consistently tracked by MVCCP staff:

1. Process measures include: biweekly meeting schedule with consistent stakeholder attendance (average 20 – 25), varied types and content of formal presentations, number and type of cases reviewed at each meeting, new partners joining the collaborative, new partners trained in the use of referral tools, annual conference attendance and evaluations and completed MVCCP Partner Surveys.
2. Case Results include: number of monthly referrals received, acuity, primary diagnoses (including low birth weight and prematurity) children's ages, genders, ethnicities of cases, mother's age, primary language spoken at home, insurance coverage, and primary case managers.

Using a system change model for care coordination, MVCCP does not employ a control group to measure its results. It is MVCCP's policy that all qualifying referrals are accepted. The great majority of referrals are premature infants from local NICUs, thus permitting results to be measured against county, state, and national results for CYSHCN. In particular, MVCCP has been able to compare its short and long term, randomized results for reducing preventable Emergency Department visits with California Children's Services' research results quantified by Stanford University.

Data Collection and Tracking Methodology – An agreement between MVCCP's fiscal agent, First 5 Kern, and the Kern County Public Health Services Department ensures that the MVCCP Care Coordinator, as an RN housed at Public Health Nursing, is able to receive, enter, and track the progress of cases. The process includes the following steps:

• MVCCP conducts data entry and case tracking in the *Insight* Data Entry and Electronic Health Record (EHR) System at Public Health Nursing (PHN).

• Case updates are routinely done by PHNs as they conduct home visits and monitor assigned cases. These updates are available to the Care Coordinator, as a PHN.

• In addition, California Children's Services and Kern Medical Center (Kern County's Public Hospital and trauma center) provide access to the Care Coordinator, as a PHN, to review pre-selected MVCCP patient records as needed for follow up purposes.

MVCCP Process Outcomes in 2015:

- Since 2008, the Kern County Medically Vulnerable (MV) Care Coordination Project has grown from less than twenty (20) member organizations to over forty (40).
- During that same time referrals of CYSHCN to MVCCP have grown from 41 in 2009 to over 800 total cases being tracked in 2015.
- MVCCP tracks its impact and results using a variety of measures, including both short-term and long-term outcomes.
- MVCCP records its overall contractual project results in the First 5 Kern data system.

PROGRAM COST

MVCCP has grown, from a voluntary discussion among peers, to the creation of a "new norm" of system wide care coordination, all while using limited new financial resources. The backbone of the collaborative is the involvement of its partners who voluntarily attend biweekly meetings to discuss and solve problems.

Dedicated MVCCP staff is essential to partner collaboration, to manage meeting logistics, agendas, speakers, outreach, proposal writing and recruitment. However, MVCCP staffing costs have only grown as the level of participation, referrals and activity have grown. In 2009, the MVCCP budget was \$40,000. In 2015, MVCCP's actual budget expenditure will be approximately \$200,000, including the planning and hosting of a free, one day conference for 200 participants.

The long term viability of the MVCCP model is the deep commitment of already existing service providers who see tremendous value in collaboration to address the needs of the most challenging cases they face every day. Working together saves everyone time, money, and results in much better outcomes than trying to address them alone.



ASSETS & CHALLENGES

ASSETS

Kern County (2010 pop 840,000) is located in the most southern portion of California's 300 mile long Central Valley, a major food producing area of the United States. Incorporated in 1866, Kern is California's 3rd largest county in land area, covering 8,170 square miles with three distinct physical environments: valley, mountain, and desert. Bakersfield, (pop 365,000) is the county seat, one of 11 incorporated cities and 41 unincorporated communities.

Kern's diversified economy has always attracted immigrants and there is a large and culturally diverse workforce. With so much open land, the county's economy is heavily linked to agriculture and to petroleum extraction. There is also a strong aviation, space, and military base presence. However, as a hub city, Bakersfield is a center for government, health care, insurance, and higher education.

Kern has a long history of corporate and civic involvement and results-driven philanthropy. For example, since 1998, Kern's First 5 Children and Families Commission has distributed over \$100 million to 40 local public and private agencies providing prenatal to 5 year olds with health care, child care, parenting and service integration programs.

CHALLENGES

Kern County's southern location in the Central Valley, with mountains on three sides, has created many challenges from geographical isolation to poor air quality. Adult and childhood asthma and other chronic respiratory conditions are high. Summer temperatures can normally exceed 100 degrees.

High poverty levels in Kern (23% in 2013) create severe economic hardships for families, especially those with CYSHCN who require more supervision, resources and interactions with providers.

When MVCCP began in 2008, the national economic recession was quickly taking hold, very negatively impacting families, health care and other providers, safety net agencies and their community partners. The economic impact on families, especially those already living at the margins imposed even greater uncertainty and stress.

OVERCOMING KERN'S CHALLENGES

Kern's response to its isolation from Los Angeles to the south and large urban areas to the north has become the county's strength. Rather than relying too greatly on outside entities, Kern's leaders, across the board from government to business, civic and religious organizations, have embraced collaboration. Kern County has a strong reputation in California for working together to create and implement innovative strategies to overcome its challenges.

Transformative Role of County Wide Care Coordination -

MVCCP partners did not back away during the lengthy economic recession. MVCCP provided a "new normal" of focusing on case management through collaboration within the critical context of care coordination, system enhancement and system change. In illustration of this message, as many as 25 of the 165 MVCCP conference participants in 2012 were recently hired staff in the Departments of Human Services, Public Health, and other local agencies. This was a reflection of the turnover that occurred in county safety net agencies. It was especially important that these new staff could learn then and continue to learn, early on in their careers, through MVCCP's conferences and regular meetings, the importance of improving health outcomes using collaboration and communication. **This is the transformative role of a county care coordination model.**

LESSONS LEARNED

The Impact of Advocacy - As a public/private partnership, MVCCP has been a strong advocacy organization and catalyst for system change for services to CYSHCN in Kern County and beyond. Related to this advocacy, in 2015, Valley Children's Hospital (Madera) and Mattel Children's Hospital of UCLA both opened new specialty clinics in Bakersfield to greatly reduce the travel required for regular specialty appointments for Kern children.

Lessons Learned from MVCCP Case Reviews –

- Early intervention is critical - Start with an interim plan and build on "baby steps" together, with frequent follow-up.
- Clear diagnoses are essential for coordination to work - Examples: Impact of birth weight, gestational age at birth; ongoing feeding and nutrition status; evidence of seizures; issues with vision, breathing, and other developmental signs.
- Case Review Committee members benefit from collaboration and peer sharing, learning to discern needs, underlying causes, key interactions, and make appropriate short and long term service and treatment recommendations.
- Don't assume anything about service eligibility criteria of providers – refer, refer, refer!

FUTURE STEPS

First 5 Kern committed \$450,000 from 2015-20 to sustain MVCCP's work. The funds will leverage up to \$675,000 in Federal Financial Participation funding for the Care Coordinator position in the Public Health Department. Local foundations will provide another \$50,000 - \$100,000.



COLLABORATION AND GOVERNANCE

As a collaborative of 40+ organizations, MVCCP relies on the direction and feedback of its many diverse stakeholders to guide the development and evolution. In 2008, MVCCP implemented a governance plan that reflects the collaborative nature of the initiative, provides accountability and transparency to its work, and results in an inclusive public/private partnership and decision-making process to achieve optimum results for Kern County CYSHCN, their families, providers and local communities.

PEER REVIEW & REPLICATION

As the result of a two year grant from 2012 – 2014 from the **Lucile Packard Foundation for Children's Health**, of Palo Alto, the MVCCP model was replicated in three new California counties (Contra Costa, Monterey, and Orange).

The MVCCP model has also presented at the following conferences:

AMCHP National Conference Presentation: Association of Maternal and Child Health Programs Conference in Washington, DC on **January 26, 2015**.

MVCCP Annual Care Coordination Conference
MVCCP has convened an **Annual Care Coordination Conference** in Kern County since 2011.

MVCCP's fourth annual conference took place November 6, 2014 with 187 participants, a third were nurses (67). The keynote speaker was **Robert Dimand, MD, California Children's Services Chief Medical Officer**, who presented the current status of the *CCS Redesign*. Nursing CEUs were again provided through the auspices of the **California Healthcare Collaborative**. The 2014 conference brochure is available at our blogspot referenced below.

The next Conference will take place November 5, 2015 in Bakersfield, California.

EVALUATION RESOURCES PROVIDED

First 5 Kern 2012-13 Annual Report citing MVCCP –
<http://wwwstatic.kern.org/gems/first5kern/AnnualReportFY2012130205143.pdf>

See pages 18-20, 23, 48, 55-56, 59-60, 63, 71

First 5 Kern 2013-14 Annual Reports citing MVCCP –
<http://files.eric.ed.gov/fulltext/ED553754.pdf>

See pages 20, 22-24, 56, 67-68, 79

RESOURCES

MVCCP is in the process of creating a new website. In the interim, the following resources can be viewed on:

<http://kerncountymvccp.blogspot.com/>

- **MVCCP 2015 Brochure and Contact Information**
- **Care Coordination Principles**
- **What Do We Mean by Medically Vulnerable Children?**
- **Evaluation Framework (Graphic)**
- **Partner Survey**
- **Referral/Acuity Form**
- **Case Review Form**
- **2013 and 2014 MVCCP Conference Presenters**

Please contact the MVCCP Project Director at marc.thibault.llc@gmail.com to arrange a presentation or receive PDF copies of these attachments.

Key words:

- Premature Birth
- Children and Youth with Special Health Care Needs
- Case Management vs. Care Coordination
- System Level Care Coordination
- Public/Private Partnership
- Health Care System Change Model
- Outreach and Education

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