GUIDING PRINCIPLES AND ASSURANCES

A MEDICAL HOME IS A CONCEPT OF QUALITY HEALTH CARE.

5 GUIDING PRINCIPLES

- 1. THE STANDARDS ARE A FRAMEWORK FOR CONTINUOUS QUALITY IMPROVEMENT.
- 2. THE STANDARDS ARE MEANT TO DESCRIBE COLORADO'S GOALS FOR QUALITY HEALTH CARE FOR ALL CHILDREN, THEY ARE NOT MEANT TO BE PUNITIVE OR PRESCRIPTIVE.
- 3. THE STANDARDS, BASED ON THE NATIONAL COMPONENTS OF A MEDICAL HOME, WERE DEVELOPED IN COLLABORATION WITH MULTIPLE COLORADO STAKEHOLDERS, INCLUDING: PHYSICAL AND BEHAVIORAL HEALTH CARE PROVIDERS & PHYSICIANS, FAMILY MEMBERS, COMMUNITY ADVOCATES AND EVALUATORS, AND ARE ALIGNED WITH ESTABLISHED NATIONAL STANDARDS.
- 4. THE STANDARDS ARE A WAY TO ACKNOWLEDGE GOOD PRACTICE WHILE PROVIDING A SHARED VISION AND COMMON LANGUAGE FOR A QUALITY SYSTEM OF CARE FOR ALL CHILDREN IN COLORADO.
- 5. THE STANDARDS PROVIDE A MEANS FOR EVALUATION TO ESTABLISH STATE, PAYER, FAMILY, AND PRACTICE ACCOUNTABILITY.

5 ASSURANCES

- 1. THE COLORADO MEDICAL HOME INITIATIVE WILL CONTINUE TO PROVIDE A PLATFORM WHEREBY STAKEHOLDERS' INPUT IS ENCOURAGED, VALUED AND INCORPORATED.
- 2. PROVIDERS WHO CHOOSE TO BE ACKNOWLEDGED AS PROVIDING A MEDICAL HOME APPROACH WILL BE OFFERED RESOURCES AND SUPPORT.
- THE TERM 'PROVIDER' IS INTENDED TO BE INCLUSIVE OF BEHAVIORAL, ORAL AND PHYSICAL HEALTH CARE PROVIDERS AND SPECIALISTS.
- 4. DEVELOPMENT AND REFINEMENT OF THESE STANDARDS IS ONLY THE FIRST STEP IN THE PROCESS OF IMPLEMENTATION.
- MEDICAID PROVIDERS CAN CHOOSE TO BE ACKNOWLEDGED AS MEDICAL HOME PROVIDERS ON A VOLUNTARY BASIS.

The standards, guiding principles and assurances were developed in a joint effort by the Colorado Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing.

For more information, please contact:

Eileen Forlenza, Director Colorado Medical Home Initiative Children and Youth with Special Health Care Needs Unit eileen.forlenza@state.co.us 303-692-2794 Gina Robinson
Office of Client & Community Relations
Colorado Department of Health Care Policy and
Financing
gina.robinson@state.co.us
303-866-6167





Colorado Department of Health Care Policy and Financing

STANDARDS

| Standard | Statutory Link* | Zoomerang Survey Response |
|--|--|---|
| Provides 24 hour 7 day access to a provider or trained triage service. | Accessible Family Centered Comprehensive Culturally Competent Compassionate Coordinated Continuous Community based | 89% of respondents agreed with this standard. |
| Child/family has a personal provider or team familiar with their child's health history. | Accessible Family Centered Culturally Competent Coordinated Continuous | 96% of respondents agreed with this standard. |
| 3. Appointments are based on condition (acute, chronic, well or diagnostic) and provider can accommodate same day scheduling when needed. | Accessible Family Centered Compassionate | 96% of respondents agreed with this standard. |
| 4. A system is in place for children and families to obtain information and referrals about insurance, community resources, non-medical services, education and transition to adult providers. | Family Centered Comprehensive Culturally Competent Compassionate Coordinated Continuous Community based | 95% of respondents agreed with this standard. |
| 5. Provider and office staff communicates in a way that is family centered and encourages the family to be a partner in health care decision making. | Accessible Family Centered Culturally Competent Compassionate | 94% of respondents agreed with this standard. |
| 6. Provider and office staff demonstrate cultural competency. | Accessible Family Centered Culturally Competent Compassionate Community based | 89% of respondents agreed with this standard. |
| 7. The designated Medical Home takes the primary responsibility for care coordination. | Family Centered Comprehensive Coordinated Continuous | 92% of respondents agreed with this standard. |

STANDARDS

| Standard | Statutory Link* | Zoomerang Survey Response |
|--|--|---|
| 8. Age appropriate preventive care and screening are provided or coordinated by the provider on a timely basis. | Accessible Comprehensive Coordinated Continuous Community based | 94% of respondents agreed with this standard. |
| 9. The designated Medical Home adopts and implements evidence-based diagnosis and treatment guidelines. | Comprehensive Coordinated Continuous Community based | 92% of respondents agreed with this standard. |
| 10. The child's medical records are up to date and comprehensive, and upon the family's authorization, records may be shared with other providers or agencies. | Accessible Family Centered Comprehensive Coordinated Continuous Community based | 96% of respondents agreed with this standard. |
| 11. The Medical Home has a continuous quality improvement plan that references Medical Home standards and elements. | Accessible Family Centered Comprehensive Culturally Competent Compassionate Coordinated Continuous Community based | Recommended by the Evaluation Taskforce |

^{*} Recommendations were developed based on the original medical home model as described by Carl Cooley, MD as well as the statutory language found in C.R.S. 25.5-1-103. Colorado Revised Statute requires that a medical home to "verifiably ensures continuous, accessible, and comprehensive access to and coordination of community based medical care, oral health care and related services for a child...All medical homes shall ensure the following: health maintenance and preventive care; anticipatory guidance and health education; acute and chronic illness care; coordination of medications, specialists, and therapies; provider participation in hospital care; and twenty-four hour telephone care."

MEDICAL HOME STANDARDS BY DOMAIN

| | Domain | | | | | | | |
|---|------------|--------------------|---------------|-------------------------|---------------|-------------|------------|--------------------|
| Standard | Accessible | Family Centered | Comprehensive | Culturally Competent | Compassionate | Coordinated | Continuous | Community Based |
| 1. 24 hour 7 day access to a provider or trained triage service. | Х | х | Х | Х | Х | Х | Х | Х |
| 2. Child/family has a personal provider or team familiar with their child's health history. | х | X | | Х | | x | X | |
| 3. Appointments are based on condition (acute, chronic, well or diagnostic) and provider can accommodate same day scheduling when needed. | х | х | | | х | | | |
| 4. A system is in place for families to obtain information and referrals about insurance, community resources, non medical services, education and transition to adult providers. | | х | х | х | х | х | х | х |
| 5. Provider and office staff communicates in a way that is family centered and encourages the family to be a partner in health care decision making. | | X | | X | X | | | |
| 6. Provider and office staff demonstrate cultural competency | х | х | | X | Х | | | Х |
| 7. The Medical Home takes the primary responsibility for care coordination. | | X | x | | | X | X | |
| 8. Age appropriate preventive care and screening are provided or coordinated by the provider on a timely basis. | | | x | | | X | X | X |
| 9. The designated Medical Home adopts and implements evidence-based diagnosis and treatment guidelines. | | | Х | | | X | | |
| 10. The child's medical records are up to date and comprehensive, and upon the family's authorization, records may be shared with other providers or agencies. | X | X | X | | | x | X | X |
| 11. A Medical Home has a continuous quality improvement plan that references Medical Home standards and elements. | х | х | х | Х | х | Х | х | Х |