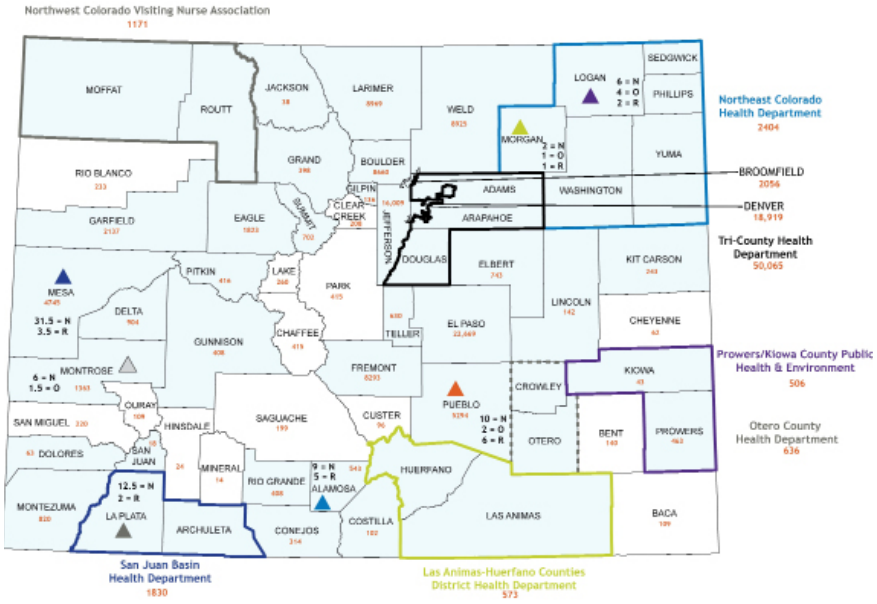
HCP Snapshot 2016

FY 2016 (October 1, 2015 - September 30, 2016)

HCP for Children and Youth with Special Health Care Needs

HCP's mission is to ensure that Colorado children and youth with special health care needs have the opportunity to grow, learn and develop to their highest individual potential.

HCP CARE COORDINATION & SPECIALTY CLINIC LOCATIONS



Specialty Clinic Locations & Host Sites

- Fort Morgan - Northeast Health Dept.
- Pueblo - Pueblo County
- Alamosa - Alamosa County
- Sterling - Northeast Health Dept.
- Durango - San Juan Basin Health Dept.
- Grand Junction - Mesa County
- Montrose - Montrose County

Provides HCP services across multiple counties

- Tri-County Health Department
- San Juan Basin Health Department
- Prowers/Kiowa County Public Health & Environment
- Northeast Colorado Health Department
- Northwest Colorado Visiting Nurse Association*
- Las Animas-Huerfano Counties District Health Department
- Otero County Health Department

* Northwest Colorado Visiting Nurse Association is now known as Northwest Colorado Health.

CYSHCN Population Estimates per County

Type of Specialty Care

N = Neurology
O = Orthopaedic
R = Rehabilitation

- **Care Coordination**
- **Information & Resources Only**

The Colorado Department of Public Health and Environment contracts with local public health agencies (LPHAs) to provide HCP services.

HOW FAMILIES BENEFIT

HCP promotes communication between families, providers and community resources by connecting children and youth to the care they need. Families will gain a greater understanding of their child's medical condition and coordinating their child's health care. This can lead to a more successful and fulfilling experience at home, at school and in the community.

WHAT MAKES HCP UNIQUE

HCP programs are located within local public health agencies throughout Colorado and have nurse led teams with special knowledge of the complexities that families with children and youth with special health care needs experience.

ABOUT HCP

HCP, a program for children and youth with special health care needs, provides services to Colorado children and youth from birth to 21 years who have, or are at risk for, physical, developmental, behavioral or emotional conditions.

HCP supports families to manage a wide range of questions, concerns and services for their child or youth with special health care needs through:

- information and resources
- individualized care coordination
- access to specialty care for children and youth statewide by helping families get referrals to and from specialized care and hosting specialty clinics in rural locations
- connection to services which are accessible, comprehensive, coordinated, compassionate, continuous, culturally sensitive and family centered

HCP consults with providers and local organizations that have questions about children and youth with special health care needs.

www.hcpcolorado.org

ABOUT HCP CARE COORDINATION

Care coordination is a person-and-family-centered, assessment-driven, team approach designed to meet the needs and preferences of individuals while enhancing the care giving capabilities of families and service providers.

Care coordination addresses the natural relationships between behavioral, developmental, educational, financial, medical, and social needs of an individual in order to optimize health and wellness outcomes.

The HCP Care Coordinator and family will work as a team to:

- Advocate for the child
- Identify and prioritize needs
- Develop a plan to achieve goals

Each HCP Care Coordinator provides in depth, one on one care coordination.

Examples of care coordination activities include assistance with identifying local services, finding insurance or other financial resources, and supporting important transitions, such as from hospital to home or from youth to adult care.

HCP staff also work in the community to increase collaboration and supports for families.

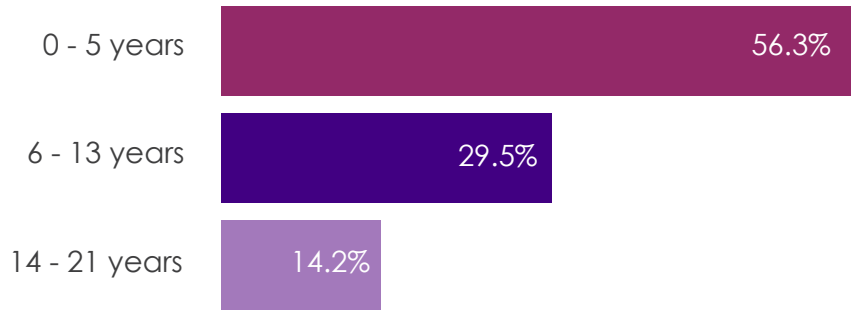
HCP CARE COORDINATION

Total number of clients served: 1,020

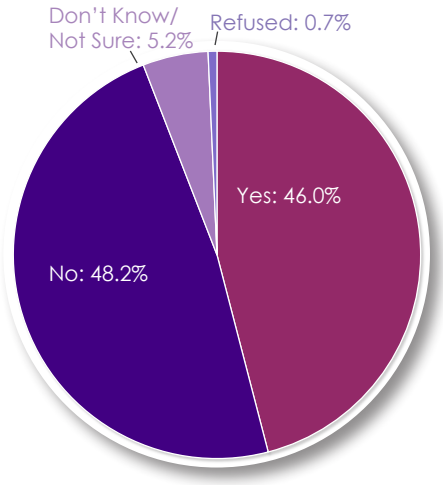
Average length of time in care coordination: 266 days

CLIENT DEMOGRAPHICS

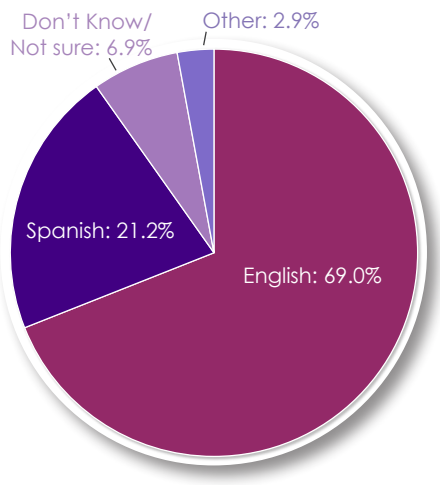
Age of client (at start of care coordination services) (n=1,020)



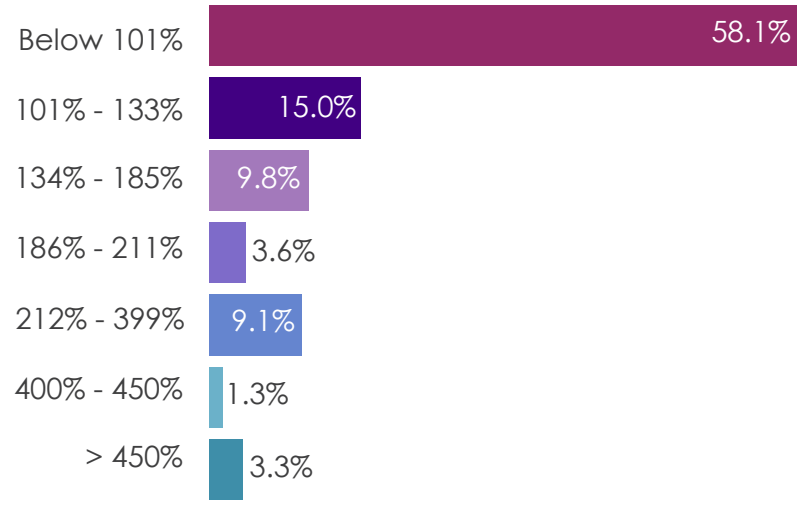
Hispanic ethnicity



Primary language spoken in household



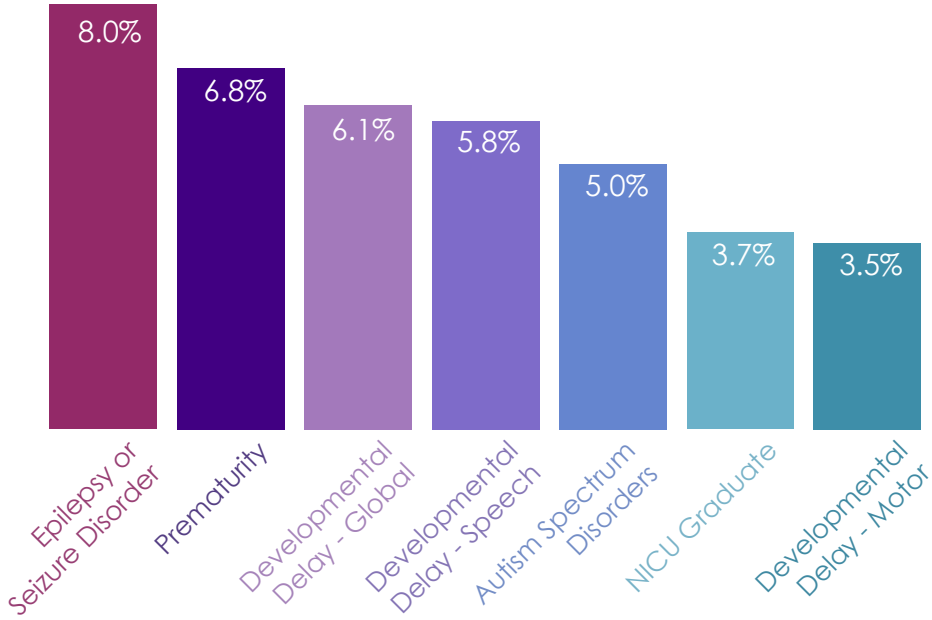
Percent federal poverty level



Note: Care coordination data is self reported to HCP by the client/family. Data is provided to the state through the HCP data system (CDS). It is required that counties providing HCP Care Coordination services use this data system to report this data on every client served; however, the data reported above represents only the data that was available and may not represent the entire population of clients served.

HCP CARE COORDINATION

Most common medical conditions of clients served by HCP

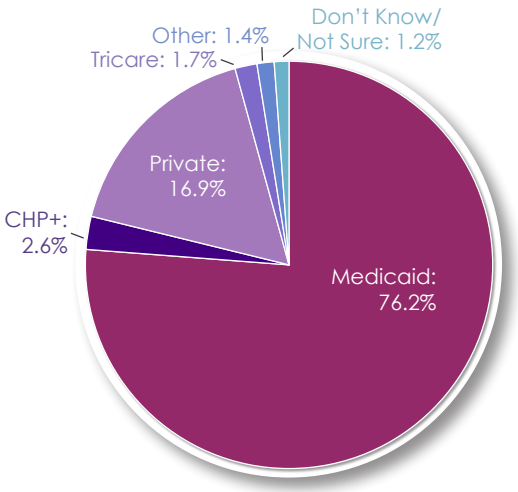


Note: Autism Spectrum Disorders includes Asperger's Syndrome.
Chromosomal Disorders and Genetic Syndromes includes Down Syndrome.

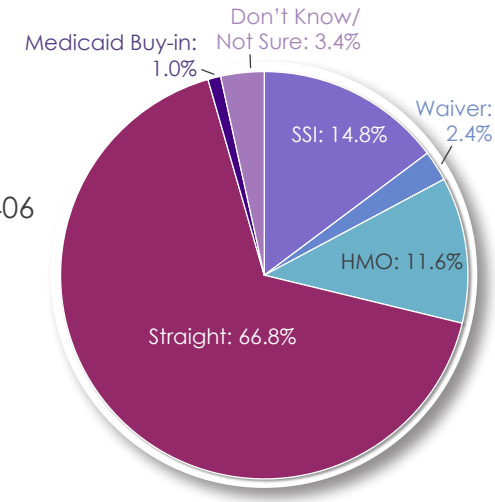
Total number of clients served with a medical condition(s) reported:** 1,406

Total number of medical conditions reported:** 3,012

Insurance type*

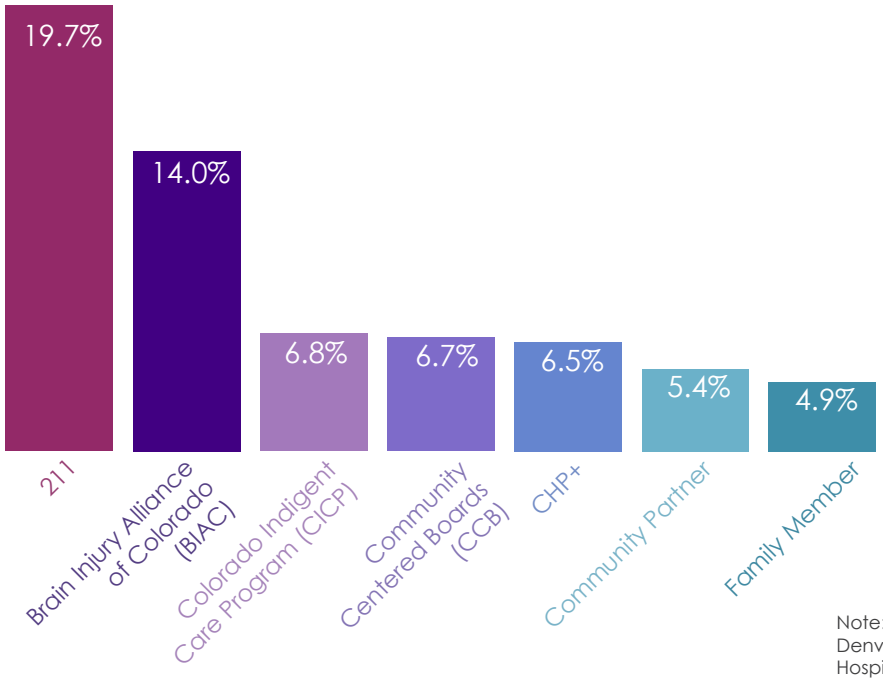


Medicaid sub-type*

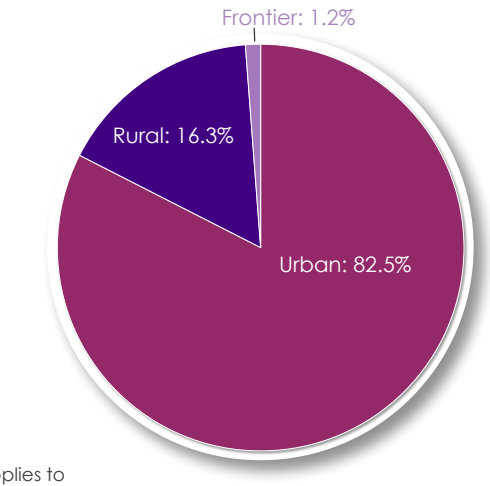


CLIENT SERVICES

Most common referral sources to HCP***



Geographical representation of clients served****



Note: CICP applies to Denver Health and Hospital only.

*Clients' insurance status may change at anytime; therefore, this data represents the insurance distribution of HCP clients on the date the report was populated (01/16/2016).
**More than one medical condition per client may be selected.
***Care coordination clients may be referred to HCP by more than one source
****Northwest Colorado Visiting Association and Northeast Colorado Health Department serve multiple counties, some frontier and some rural. In those instances, the HCP site was designated as rural.

ABOUT HCP INFORMATION ONLY ENCOUNTERS

Providing resources for children and youth with special needs is referred to as 'Information Only.' It encompasses all information, resources, and/or referrals given to families, providers, and other community agencies, when the family does not want or need the full model of HCP Care Coordination services.

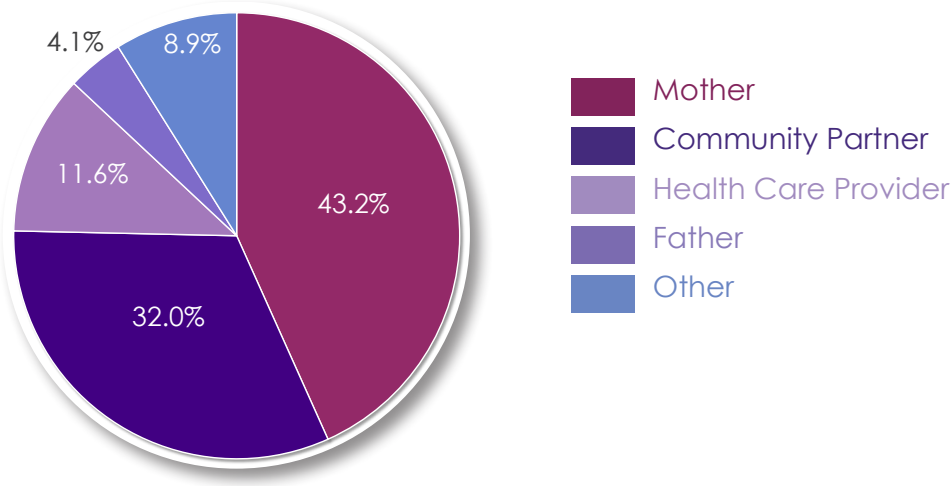
Examples of information only activities include assistance with identifying local services and providing resources for existing public health programs or community based programs, and assisting with referrals to such programs.

HCP INFORMATION ONLY

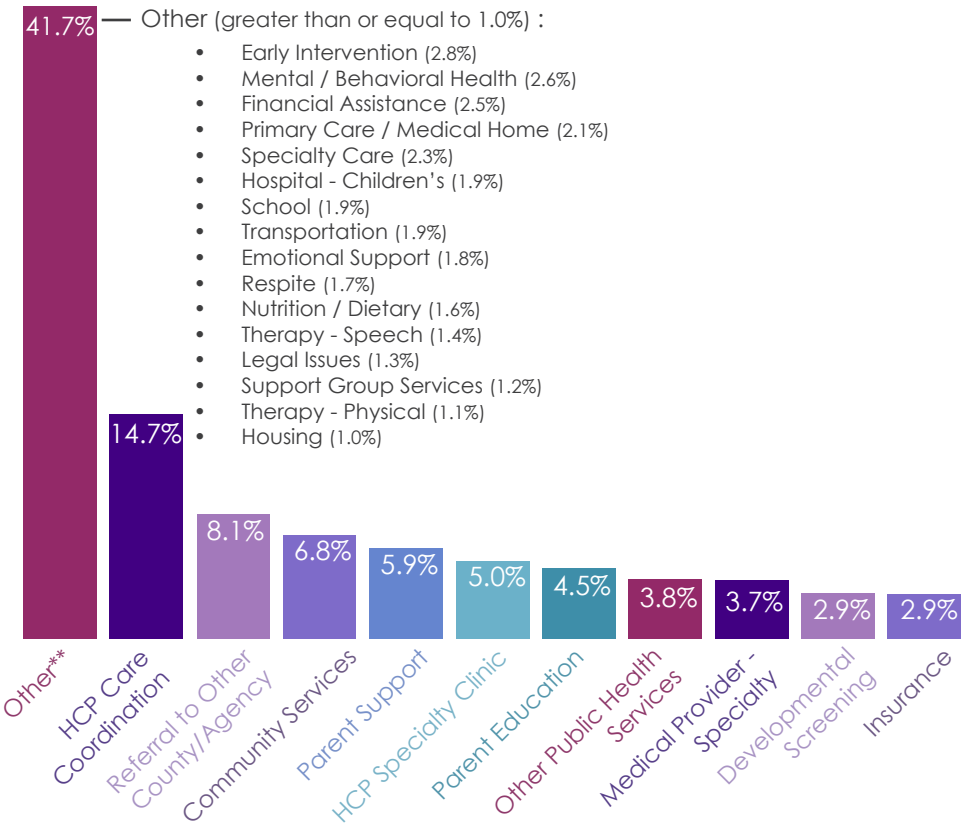
Total number of information only encounters: 2,060

Total number of hours spent providing information and resources: 979

Who requested the information



Type of information provided*



Note: Information only reporting is not required by all counties. Funding level dictates the requirement; therefore this data represents agencies whose contract requires this reporting and agencies who have elected to report this information voluntarily (approximately 60% of the state overall).

*Clients requesting information and resources may request more than one resource at a time.

**Due to space constraints, the "Other" bar is not proportional to the other types of information.

HCP SPECIALTY CLINICS

Total number of HCP specialty clinics held*: 106

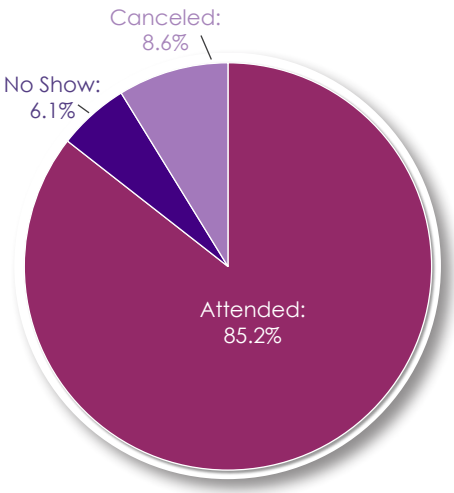
Total number of (non-unique) visits to HCP specialty clinics:

Neurology	Orthopaedics	Rehabilitation	Total
674	114	297	1,085

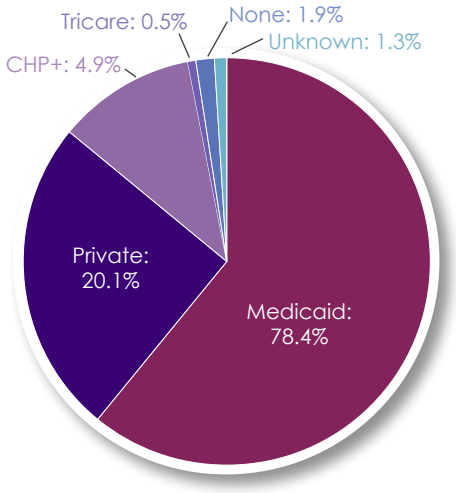
Total number of (unique) clients attending HCP specialty clinics:

Neurology	Orthopaedics	Rehabilitation	Total
551	114	239	769**

Outcome of appointments



Insurance type***



Total number of clinics scheduled, by location and clinic type:

Location	Neurology	Orthopaedics	Rehabilitation
Grand Junction	32	-	3
Montrose	6	1.5	-
Durango	12	-	3
Alamosa	9.5	-	5
Pueblo	10	2	6
Sterling	6	4	2
Fort Morgan	2	1	1
Total	77.5	8.5	20

*HCP's annual contract with UPI allows for up to 105 clinic days per year, based on an 8 hour work day. An additional clinic day was the result of rescheduling 2 half-day clinics due to inclement weather. No additional funds were used.

**The total number of unique clients (769) will not equal the sum of the unique clients attending Neurology, Orthopaedics, and Rehabilitation due to the fact that some clients receive more than one type of specialty care.

***Clients can have more than one insurance type, therefore the total percentage may not equal 100%.

ABOUT HCP SPECIALTY CLINICS

CDPHE contracts with University Physicians, Inc. (UPI) and local public health agency (LPHA) specialty clinic host sites to:

- Expand access to specialty care for children and youth in rural and frontier communities of Colorado. Areas include neurology, orthopaedics, and rehabilitation
- Coordinate pediatric specialty care in collaboration with local primary care providers and model a medical home team approach for the children and youth with special health care needs and their families who receive care through HCP Specialty Clinics

Any child or youth can receive care from any specialty clinic location. There are no income restrictions to receive services.

Through HCP Specialty Clinics, HCP aims to reduce barriers to families such as cost, lost work or school time and travel, and minimize the number of trips to Metropolitan areas for specialty care that a family might otherwise have to make.

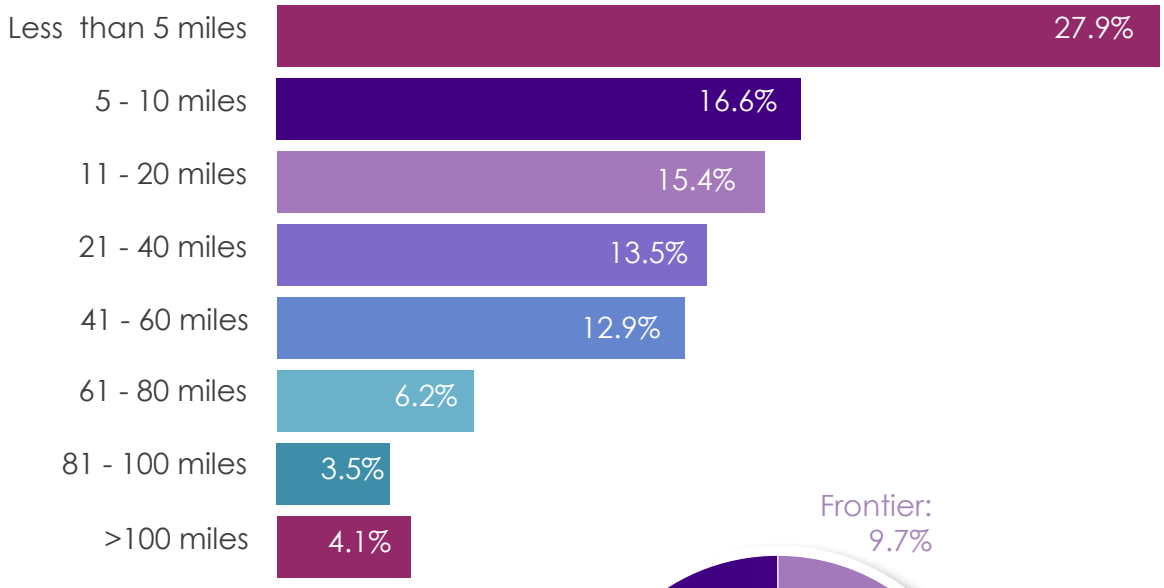
HCP SPECIALTY CLINICS

CLIENT SERVICES

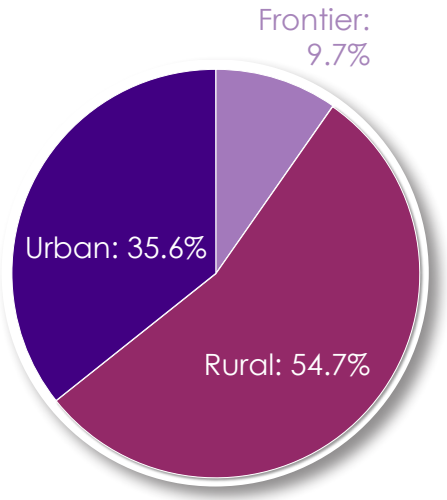
Average distance traveled to clinic (one way)* **and number of counties served**

Location	Average Distance (miles)	Range (miles)	# Counties Served
Grand Junction	27.6	1.9 - 163.2	10
Montrose	22.7	1.0 - 69.9	4
Durango	28.4	2.8 - 171.0	6
Alamosa	24.6	3.7 - 111.0	9
Pueblo	26.8	1.4 - 191.0	12
Sterling/Fort Morgan**	33.5	2.9 - 142.0	8
Across all sites	27.7	n/a	38***

Average distance traveled to clinic (one way)*



Geographical representation of clients served



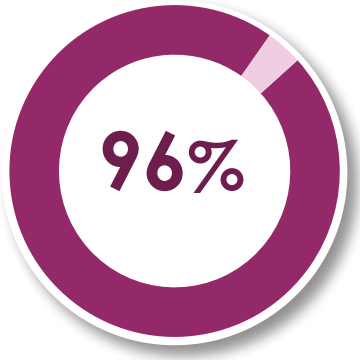
*Distance traveled to clinic was calculated as the distance between the specialty clinic location and the attending client's zip code and is, therefore; an approximate value.

**Clients attending specialty clinic at either the Fort Morgan or Sterling location are grouped together when entering data into CDS; therefore, distance traveled was calculated as the distance between the Sterling clinic location and the attending client's zip code and is, therefore; an approximate value.

***The total number of counties served is a unique number and therefore will not equal the sum of the counties served by each individual clinic site, as some clinic sites may serve families from the same counties.

HCP SPECIALTY CLINIC FAMILY EXPERIENCE

UNDERSTANDING NEEDS

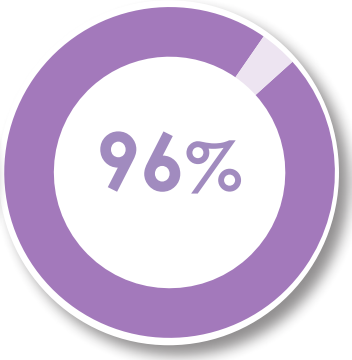


report that their HCP Specialty Clinic Coordinator helped them ***understand their child/youth's needs and conditions*** (including medical) (n = 170)

RESPONSIVENESS

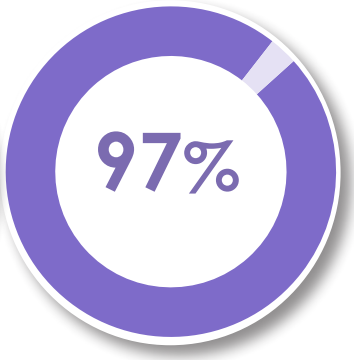
report that their HCP Specialty Clinic Coordinator ***responded quickly to changes in their child/youth's needs*** (n = 149)

ROLES OF PROVIDERS



report that their HCP Specialty Clinic Coordinator helped them ***understand the roles of their child/youth's different specialists or medical providers*** (n = 162)

MANAGING NEEDS



report that since starting HCP Specialty Clinic Coordination, they are ***better at managing their child/youth's needs***, including medical needs (n = 145)

REFERRAL PROCESS

97%

of families report being satisfied with the ***ease of getting referred*** to the clinic (n = 152)

DISTANCE TRAVELED

95%

of families report being satisfied with the ***distance traveled*** for their appointment (n = 153)

COMMUNICATION

97%

of families report being satisfied with the ***communication between their specialist and primary care provider*** (n = 150)

OVERALL CLIENT SATISFACTION

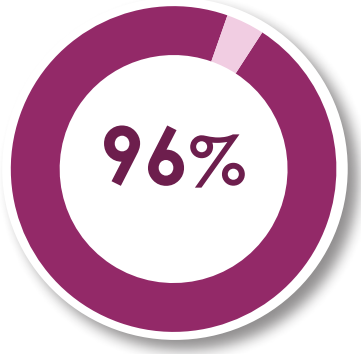
99%

of families report being satisfied with the care their child/youth received at the HCP Specialty Clinic (n = 154)

Note: Satisfaction data is based on surveys administered to specialty clinic families who have attended a specialty clinic within the previous six months at the time of survey administration (October 2015 & April 2016). Data presented represents indicators that are most relevant to outcomes identified by the HCP program and thus speak to the progress the program is making in achieving those outcomes; it is not a comprehensive list of all indicators.

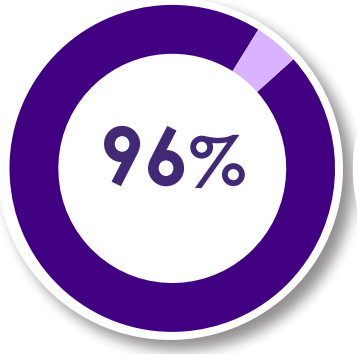
HCP CARE COORDINATION FAMILY EXPERIENCE

UNDERSTANDING NEEDS



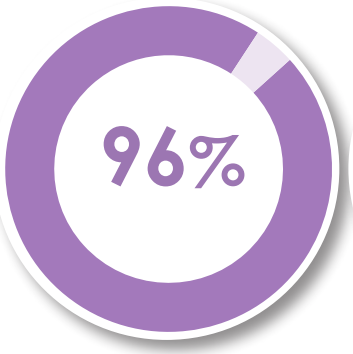
report that their HCP Care Coordinator helped them ***understand their child/youth's needs and conditions*** (including medical) (n = 26)

RESPONSIVENESS



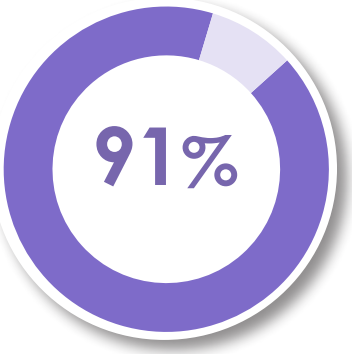
report that their HCP Care Coordinator ***responded quickly to changes in their child/youth's needs*** (n = 22)

ROLES OF PROVIDERS



report that their HCP Care Coordinator helped them ***understand the roles of their child/youth's different specialists or medical providers*** (n = 24)

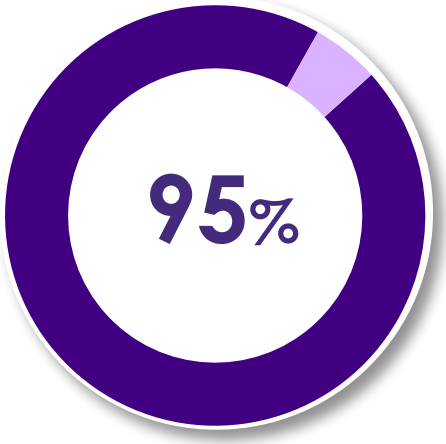
MANAGING NEEDS



report that since starting HCP Care Coordination, they are ***better at managing their child/youth's needs***, including medical needs (n = 23)

SHARED PLAN OF CARE*

- **100%** of families report that their Care Coordinator ***created a plan of care*** to meet their child/youth's needs (n = 22)
- **96%** of families report that their Care Coordinator worked with them to ***create "goals" and "next steps"*** on the plan of care (n = 23)
- **95%** of families report that their Care Coordinator worked with them to ***update the plan of care*** on a regular basis (n = 22)
- **100%** of families report that their Care Coordinator ***gave them a copy of the plan of care*** (n = 21)
- **95%** of families report that their Care Coordinator encouraged them to ***share the plan of care*** with their child/youth's specialists or medical providers (n = 21)
- **95%** of families report that their Care Coordinator worked with them to ***identify tasks that they were responsible for*** on the plan of care (n = 21)



of families report that their Care Coordinator ***gave them the information and support*** needed to complete the tasks on the plan of care (n = 19)

OVERALL CLIENT SATISFACTION

100%

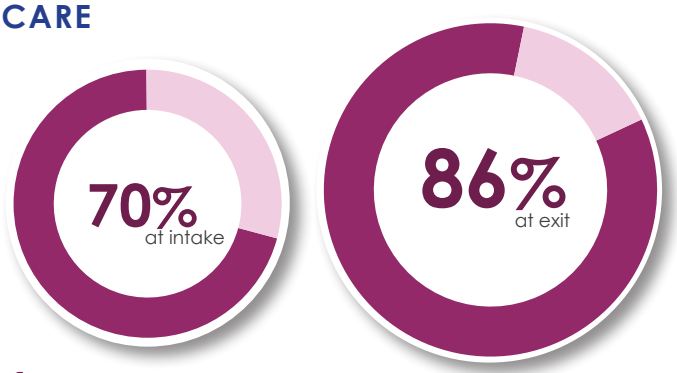
of families report being satisfied with the HCP Care Coordination their child/youth received (n = 26)

*'Shared Plan of Care' or 'Plan of Care' was formally known as 'Action Plan' and was referenced as 'Action Plan' on surveys administered.

Note: Family Experience data is based on surveys administered to care coordination families who have been discharged from HCP or who have celebrated a new year-anniversary within 30 days of survey administration (monthly: October 2015 - September 2016). Data presented represents indicators that are most relevant to outcomes identified by the HCP program and thus speak to the progress the program is making in achieving those outcomes; it is not a comprehensive list of all indicators.

HCP CARE COORDINATION IMPACT

DENTAL CARE



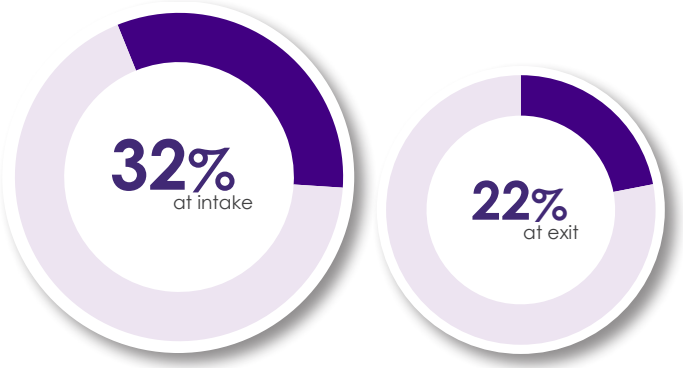
16% increase in the percentage of clients who ***have a place where they regularly take their child/youth for dental care*** (n = 282)

INSURANCE ADEQUACY *

88% at exit

report that their ***health insurance pays for all of the health services needed*** (n = 346)

EMERGENCY ROOM UTILIZATION



10% decrease in the percentage of children/youth who went to a ***hospital emergency room in the past 6 months*** (n = 196)

HCP is continuing to collect additional data to better understand reported emergency room utilization patterns.

MEETING FAMILY NEEDS

98%

of families report that the amount of
HCP Care Coordination
their child/youth received was enough to
meet most or all of their family's needs (n = 396)

* Data did not yield a statistically significant change from intake to exit.

MEASURING IMPACT:

HCP CARE COORDINATION

HCP care coordination begins with the completion of an **intake interview, which collects baseline information about the family and child/youth**. Families work in partnership with HCP teams to identify care coordination goals and activities based on their answers to the intake interview and an assessment tool.

Goals and activities are formalized on a Shared Plan of Care (SPoC) that is provided to the family and others working with the family on those tasks.

At the completion of all activities on the SPoC (or after 6 months of working together), a formal assessment review is completed to determine if the family will continue services. The assessment review includes the completion of either the follow-up survey (services will contine) or the exit survey (services will not continue).

Follow-up and exit surveys provide post-data that is compared to baseline data to measure the impact of HCP Care Coordination.

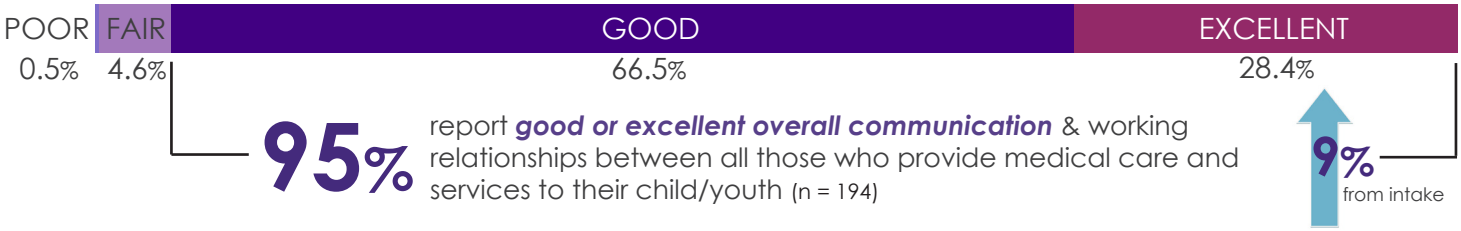
HCP CARE COORDINATION IMPACT

INCLUSION IN DECISION MAKING

91% report ***always being included in decisions*** made about their child/ youth's care (n = 210)

8% from intake

COMMUNICATION BETWEEN PROVIDERS



95% report ***good or excellent overall communication*** & working relationships between all those who provide medical care and services to their child/youth (n = 194)

9% from intake

MISSED WORK DAYS

7% from intake

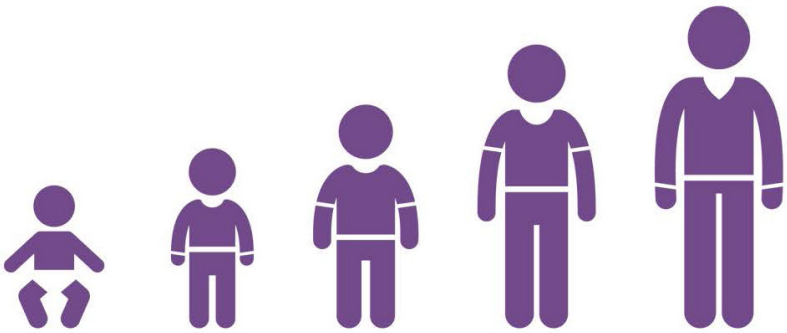
decrease in the percentage of families who report ***missed work days in the past 6 months*** because of their child/ youth's needs (n = 89)

BARRIERS TO SEEING A MEDICAL PROVIDER

12% from intake

decrease in the percentage of families who report that ***seeing a provider was a problem*** for any reason (n = 194)

TRANSITION TO ADULT CARE



increase in the percentage of families who report someone discussing ***how to obtain or keep some type of health insurance as their youth becomes an adult*** (n = 46)

37% from intake

30% from intake

increase in the percentage of families who report that a care provider has talked with their youth about ***his/her needs as they become an adult*** (n = 46)

Note: Care Coordination Impact data is representative of only clients who were ***served*** during FY16. ***Served*** is defined as 'having a shared plan of care (SPoC) created/ reviewed within the reporting period'. Baseline data was collected through the client's intake interview and post data was collected through the client's most recent Follow-up or Exit Survey as of 09/30/2016. Clients who did not have both baseline and post-data to compare were thrown out.

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