Physician Education and Medical Home Groups

Present: Wynne Cook, Sharon Fleischfresser, Layla Hamizadeh, Maren Miller, John Dunn, Meg Steimle, Bonnie Klein-Tasman, Emily Levine, Kara Van Vooren, Lezli Redmond, Richard Barthel

Medical Home Practice Group Update
- Medical Home Implementation
  - Promote early identification
  - Train on use of ASQ and MCHAT
  - Post-Screen next steps while waiting for diagnosis and/or services
- One-Page summary of resources for families is available on Connections Website
- Review G.P.S.—Getting Parent Started
  - Tool to help parents take the next step
  - Brief individualized plan after screening/evaluation
  - Wynne Cook has piloted the tool with ASD/DD/Chronic Illness both before and after initial evaluation at Western Regional Ctr for CYSHCN
  - Feedback has been positive
  - Questions:
    - “Goal” versus other identifying word?
    - Insurance coverage is usually top questions—how address?
    - Automatically put regional center number first?
  - John Dunn has also piloted the tool

Urban Autism Summit Physician Education Update (Emily Levine)
- Sharing work with Parent, Awareness and Education Action Groups
- Three year grant to educate families in child development
  - Partnering with Allen Wells at UWM, Next Door Foundation and
  - Focus groups to discuss child development and who to people see if they have questions or problems
- ASSEW continues to fund some Grand Rounds at CHW (Dunn/Crisco in Feb 2010)
- Looking at what zip codes are high poverty rates
  - Who are the practioners serving those areas?
  - Who are the physician who need education to screen, refer and direct to resources
  - Follow Dunn/Crisco collaboration model?
- 16th Street Clinic
  - Holds monthly clinics for ASQ and MCHAT with 2 evals/month
  - Has improved time to diagnosis
  - Now booked through April
  - Still have access problem
o Mostly Hispanic population—maybe work with Community Health Center and MLK to serve more African-Americans?

Discussion
• Not just “all about the waiver”
• 2 pieces of waiting—before diagnosis and after diagnosis
  o Need to shorten the time to diagnosis
    ▪ Build capacity—need more trained diagnosticians in Wisconsin
    ▪ Work with school systems to improved education diagnosis
    ▪ Utilize Regional Center to promote education and awareness at the same time as screening training
  o Need to connect better with Birth to Three
    ▪ Medical Home Webcast Series will include one on Birth to Three
  o New Initiative
    ▪ Starting January 2010—Recruit 30 Primary Care Practices
      • Get ASQ and AAP toolkit and Newborn Hearing Screening
      • Goal is to improve early identification
      • Stipend of $500 for practice and stipend for Birth to Three involvement
  o Other ways to reach Primary Care Providers
    ▪ Train in residency programs
    ▪ Continuity Clinic
    ▪ Grand Rounds

Issue raised
• Richard Barthell (MCW) stated he does 3-4 evaluation per week and that Primary Care Providers and not willing to be a medical home.
• Emily stated that sometimes the primary care provider doesn’t feel competent, feels challenged, not able to provide services, doesn’t have the time

Solutions offered
• Coach the doctors to respectfully say “I don’t know, but I will find out or refer you to someone who can help.”
  o This approach is not covered much in residency training
  o Might be possible to add
    ▪ Very important as the negative could leave parents frustrated and lead to “physician bashing” and mistrust.

Issue raised
• Difficult to refer to CHW for diagnosis because they don’t have a single portal.
• Need other options instead of relying on the single physician in her/his office

Other
• Use network of families to determine if Learn the Signs, Act Early is visible
• Areas of overlap between Medical Home and Physician Education could include making sure outreach and awareness training includes referring to Birth to Three and possible use of the roadmap and GPS.