

# MARYLAND HOME VISITING EVALUATION

## VOLUME 2: STRENGTHENING COORDINATION BETWEEN HOME VISITING PROGRAMS AND MEDICAL HOMES



### BACKGROUND

Maryland’s home visiting programs target over-burdened expectant families and families with young children to assure good birth outcomes, healthy family functioning, and positive maternal and child health and development. Maryland recently secured two competitive grants from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. This funding allows Maryland to expand the *availability* of evidence-based home visiting (HV) and also strengthen home visiting *quality* and *coordination* with other key services for families across all sites.

***This brief focuses on evaluation to strengthen coordination between HV programs and Medical Homes.***

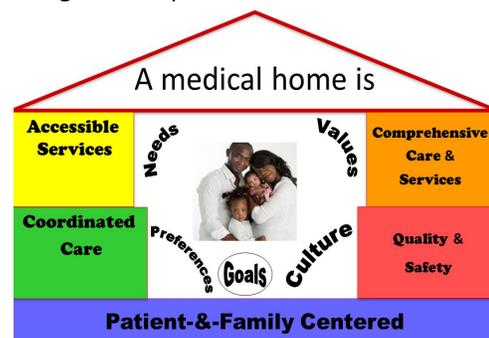
- It explains what is meant by a Medical Home.
- It highlights the similarities between HV programs and medical homes and why coordination is essential.
- It describes what home visiting programs tell us about the current state of coordination.
- It points to next steps in building home visiting - medical home coordination.

### WHAT IS A MEDICAL HOME?

A medical home (Figure 1) is a way of organizing primary care so that the care delivered is:

- patient-&-family centered,
- accessible,
- coordinated,
- comprehensive, and
- focused on quality and safety.

Figure 1. Depiction of a Medical Home



### HOW ARE HV PROGRAMS AND MEDICAL HOMES SIMILAR?

- Both focus on the same families.
- Both aim to help families achieve the same goals for health and development.
- Both recognize that care and services should be family-centered and pivot around families’ needs, values, and preferences.

***Coordination can strengthen the impact of both home visiting and the medical home in eliminating health and developmental disparities by reinforcing messages to families, creating efficiencies, and decreasing service duplication.***

### WHAT HV PROGRAMS ARE TELLING US

Home visiting sites are more likely to communicate with prenatal and pediatric providers (Table 1).

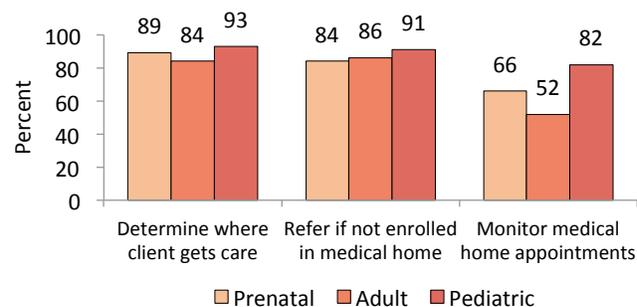
Only half of sites have ever contacted a mother’s adult primary care provider after delivery.

Table 1: HV Sites Ever Contact the Medical Home

Prenatal	70%
Adult	52%
Pediatric	86%

Most HV sites require staff to determine where families receive health care. Most sites refer families to health care, if not already enrolled. Some sites also monitor appointments (Figure 2).

Figure 2. Percent of Sites Requiring Coordination Activities



Home visiting sites have a variety of reasons for contacting medical providers. Sites are more likely to discuss a specific health concern, clarify or confirm medical advice, and communicate about child immunization records and missed appointments than to discuss the content of visits or what kinds of services the program provides (Table 2).

**Table 2: Reasons for HV Sites Contacting Medical Providers (%)**

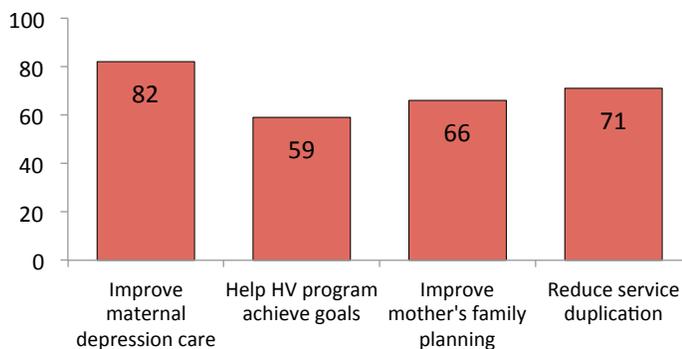
	Prenatal	Adult	Pediatric
Discuss a specific health concern	85	72	73
Clarify or confirm medical advice	79	79	79
Communicate missed appointments	62	52	79
Obtain child immunization record	-	-	87
Discuss HV service content	26	21	42

‘We have to ensure that all of our **families have the medical home** when they come into our program...

And need to be able to **connect with providers** to be able to assist the family effectively.’ -Program Manager

## BENEFITS AND CHALLENGES OF HV-MEDICAL HOME COORDINATION

**Figure 3: Percent of Sites Perceiving Benefits to Coordination**



Program managers endorse the belief that better communication with medical homes would improve maternal depression care and reduce service duplication (Figure 3).

A small minority of program managers perceive “big challenges” to coordination. Challenges include:

- Lack of time and resources (18%)
- Lack of information sharing procedures (14%)
- Medical providers not receptive to receiving communications (11%)
- Concern about interfering with client-home visitor trust (9%)

## CONCLUSIONS

The majority of program managers believe there are benefits to coordination with medical homes, yet communication remains limited. This suggests a need to develop procedures and build infrastructure to facilitate better coordination.

## SUMMARY AND NEXT STEPS

Home visiting programs want better coordination with medical homes. Programs perceive that coordination can improve maternal outcomes, reduce service duplication, and help programs achieve their goals. Maryland home visiting programs also acknowledge barriers to coordination such as lack of time and resources.

Next steps include assessing perspectives of home visitors and medical home providers with the goal of using all stakeholder input to develop and test new processes and infrastructure to enhance coordination and communication.

## METHODS

From January-March 2015, program managers participating in the Maryland Home Visiting Evaluation completed a web-based survey that asked about communication with medical providers and their experiences with care coordination. The survey was completed by 57 program managers, representing 81% of total home visiting sites across the state. Between June-September 2015, all 18 MIECHV-funded sites completed follow-up in-person semi-structured interviews to gather clarifying information. For additional information, contact Margo DeVoe, MS at [mdevoe@som.umaryland.edu](mailto:mdevoe@som.umaryland.edu).

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant D89MC28267 for \$1,005,000 in the current budget period. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

*Suggested Citation:* Barnet B, DeVoe M, Gagliardi L, O’Neill K, Minkovitz CS, Duggan AK. 2016. Strengthening Coordination Between Home Visiting Programs and Medical Homes. Maryland Home Visiting Evaluation.