

Denver Health Westside Pediatrics and Teen Clinic



With over 27,000 visits per year, we have 10.0 FTE of providers, 2.8 FTE of RNs, 8.0 FTE of clerks, and 10.4 FTE of HCPs on staff. Twenty-one percent of our patients are ages 10-19; 79% are 0-9 years old.

Patient Population:
More than 80% of our patients are Hispanic and most have Medicaid coverage.

SNMHI Team:

Steve Vogler, MD, Team Lead
Cynthia Lujan, Clinical supervisor
Heather Varnell, MD
Perla Garfio, HCP
Tricia Mestas, RN, Program Manager

Alan Dahline, MOA, medical assistant/
referral coordinator
Karyn Gregory, RN
Celina Magallenas, Clerk

PARTICIPATION

What motivated your practice site to participate in this initiative?

We wanted to learn what percentage of our patients referred for developmental evaluation services were being seen. It took a lot of time doing chart reviews to figure it out. When we did, we found that most patients weren't getting services, and we didn't even know it!

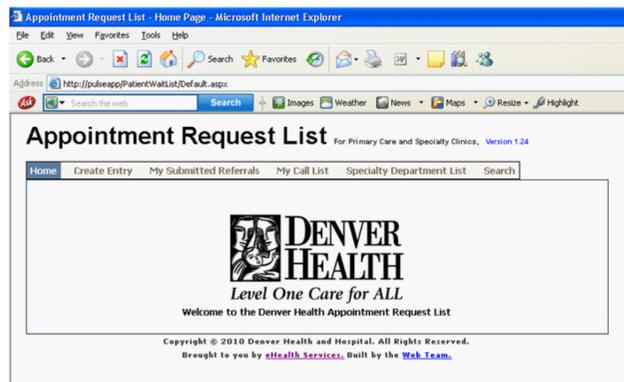
We decided we would need a system to track referrals. So we worked with our electronic health services (EHS) department to adapt an existing intranet-based tool then centralize and standardize work around the tool. We did this to not only help us track developmental evaluation referrals, but also outside medical referrals and internal referrals to various care coordination resources linked to our system, e.g., EPSDT, Health Care Program for Children with Special Health Care Needs, and social workers.

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CHANGES

Changes: Three Primary Changes in Care Coordination

1. **Referral Tracking Tool** for external and internal referral needs, including Early Intervention Referrals
2. Creation of a **Children with Special Health Care Needs Registry** and strong push to use an existing asthma registry. (Classification of asthma severity has increased from 39% to 88% over the last 12 months!)
3. **Referral handout** for parents to provide contact and logistical information when referred for specialty care



These initiatives are part of a systemwide effort to improve care coordination throughout the eight health centers in the Denver Health system.

What was the specific problem or issue being addressed?

We didn't have a central repository that we could use to track referral outcome. Providers had various methods and systems for tracking kids—for example, file folders, patient stickers on a piece of paper, etc.

What did you hope to achieve by making the change?

We wanted to stop children from falling through the cracks, and for providers to know what happened to referrals.

What was the plan for making the change?

We used a year-long quality improvement process with the Toyota Lean method.

What did you learn from the process of making the change?

Systemic changes take time, but the changes can be more easily sustained, especially if the new system makes work easier for providers!

What would you recommend to other sites trying to make a similar change?

If you are a large system, don't settle for Excel spreadsheets or ad hoc systems to track care.

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IMPORTANT REFERRAL INFORMATION

Your child or teen is being referred by your doctor for more care. Your doctor thinks this appointment is very important for your child's health. If you need help with this referral please call your clinic contact.

Clinic Contact: _____ Phone number: _____

Look at the checked boxes below for information about getting appointments for more care:

MEDICAL REFERRALS WITHIN DENVER HEALTH

<input type="checkbox"/> Allergy	<input type="checkbox"/> Minor Fracture	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Synagis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Neurology	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Surgery
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Rheumatology	

The clinics listed above will call you to schedule your appointment. The clinics are held in the Kid's Care Clinic, which is at the Denver Health Main Campus, 3rd floor of the Webb Building (Pavilion G). NOTE: If you have not been called by the clinic within two weeks please call Kid's Care at 303-602-8340.

For Dermatology please call the Kid's Care Clinic at 303-602-8340

<input type="checkbox"/> Audiology	<input type="checkbox"/> Eye clinic	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> ENT	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other...	

You will be called to make your appointment. You will get directions to the clinic then. If you don't get a call within 2 weeks, please call 303-436-4949 each week to check the status of your appointment.

MEDICAL REFERRALS OUTSIDE DENVER HEALTH

<input type="checkbox"/> The Children's Hospital Specialty clinic 1123 E. 16th Ave., Aurora, CO 80045 720-777-1314	<input type="checkbox"/> National Jewish Hospital 1400 Jackson St., Denver, CO 80206 303-398-1911	<input type="checkbox"/> You will be called within 2 weeks. Please call the clinic you were referred to or your clinic contact if you do not get a call within 2 weeks.
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BEHAVIORAL HEALTH REFERRAL

Your child or teenager has been referred for a mental health evaluation and possibly counseling.

Please call 303-436-8388 for a first visit. Your first visit will be on the main campus of Denver Health, Unit 9, at 667 Barnock St. If nobody answers, leave your name, phone number and medical record number if you have it available.

Mental Health Center of Denver (MHCD)
303-504-1250

DEVELOPMENTAL EVALUATION

A developmental exam to learn more about your child's or teen's learning and growth. There will be no cost to you. Your doctor thinks it is important for your child or teen to get this exam.

You will be called within 2 weeks. Please call your clinic contact if you do not get a call within 2 weeks.

CARE COORDINATION

Your child or teen has been referred for care coordination help.

OTHER

Other Care

TESTING

Your doctor would like your children to have a special test. It's important to your child or teen's health.

You will receive a phone call within two weeks to schedule these tests:

CT Scan MRI EEG Ultrasound

If you have any questions, call the WebB Building (Pavilion G). You do not need an appointment. Hours: 8:30 am-5:30 pm

INFORMACIÓN IMPORTANTE DE REFERENCIA

Su niño o adolescente ha sido referido por su médico para que reciba más atención médica. Su médico piensa que esta cita es muy importante para la salud de su niño.

Si necesita ayuda con esta referencia, por favor llame a su contacto en la clínica.

Contacto en la clínica: _____ Número de teléfono: _____

Si desea más información para conseguir citas para recibir más atención médica, fíjese en las casillas marcadas a continuación.

REFERENCIAS MÉDICAS DENTRO DE DENVER HEALTH

<input type="checkbox"/> Alergia	<input type="checkbox"/> Fractura menor	<input type="checkbox"/> Pulmonar	<input type="checkbox"/> Synagis
<input type="checkbox"/> Asma	<input type="checkbox"/> Neurología	<input type="checkbox"/> Rehabilitación	<input type="checkbox"/> Cirugía
<input type="checkbox"/> Cardiología	<input type="checkbox"/> Nutrición	<input type="checkbox"/> Reumatología	

Se le llamará de estas clínicas para hacer una cita. Estas clínicas están en la clínica infantil Kid's Care Clinic, en el campus principal de Denver Health, en el 3er piso del edificio Webb (Pavilion G). NOTA: Si no ha recibido una llamada de la clínica en dos semanas, por favor llame a Kid's Care al 303-602-8340.

Para Dermatología, por favor llame a la clínica Kid's Care al 303-602-8340.

<input type="checkbox"/> Audiología	<input type="checkbox"/> Clínicas de ojos	<input type="checkbox"/> Terapia ocupacional	<input type="checkbox"/> Terapia del lenguaje
<input type="checkbox"/> Otorrinolaringología (ENT)	<input type="checkbox"/> Neurocirugía	<input type="checkbox"/> Terapia física	<input type="checkbox"/> Otro...

Se le llamará para hacer su cita. Se le dará entonces la dirección para llegar a la clínica. Si no ha recibido una llamada en 2 semanas, por favor llame al 303-436-4949 cada semana para ver cuál es el estado de su cita.

REFERENCIAS MÉDICAS FUERA DE DENVER HEALTH

<input type="checkbox"/> The Children's Hospital Clínica especializada 1123 E. 16th Ave., Aurora, CO 80045 720-777-1314	<input type="checkbox"/> National Jewish Hospital 400 Jackson St., Denver, CO 80206 303-398-1911	<input type="checkbox"/> Se le llamará dentro de 2 semanas. Si no recibe una llamada dentro de 2 semanas, por favor llame a la clínica a la que se le refirió o al contacto de su clínica.
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REFERENCIA DE SALUD DEL COMPORTAMIENTO

Su niño o adolescente ha sido referido para una evaluación de salud mental y posiblemente para consejería.

Por favor llame al 303-436-8388 para su primera consulta. Su primer contacto será en el campus principal de Denver Health, Unidad 9, en 667 Barnock St. Si nadie contesta, deje su nombre, número de teléfono y número de registro médico si lo tiene.

Hospital Health Center of Denver (MHCD)
303-504-1250

EVALUACIÓN DE DESARROLLO

Un examen de desarrollo para averiguar más sobre el aprendizaje y crecimiento de su niño o adolescente. No habrá ningún costo para usted. Su médico piensa que es importante que se haga este examen a su niño o adolescente. Se le llamará dentro de 2 semanas. Por favor llame a su contacto en la clínica si no recibe una llamada dentro de 2 semanas.

COORDINACIÓN DE ATENCIÓN MÉDICA

Su niño o adolescente ha sido referido para que reciba coordinación de atención médica para...

OTRA

Otra atención médica.

EXÁMENES

Su médico desea que su niño/adolescente se le haga un examen especial que es importante para su salud.

Recibirá una llamada por teléfono dentro de dos semanas para programar este:

CT Scan MRI EEG Ultrasonido

Si tiene alguna pregunta, llame al edificio Webb (Pavilion G), 16.02.2008.10.4. Horario: 8:30 am-5:30 pm.

PATIENT IMPACT

"Better tracking and communication with outreach worker has been especially helpful for tracking down high-risk newborns who often miss their first appointment." —RN

"The new system has dramatically shortened the response time for our managed care patients and ensured better efficiency and parent satisfaction. Turnaround time has been reduced for an authorization from up to two weeks to one or two days—or with an e-mail or call, to no wait at all. We had a young lady referred urgently today to the Children's Hospital metabolic clinic. With our new system, her authorization is not only in place today, but has been electronically sent to the Children's Hospital system preventing a possible (and in the past often likely) cancellation of her appointment for lack of insurance authorization on file." —MOA, Referral Coordinator

PROVIDER OR STAFF IMPACT

"We are working better together as a team which has helped us to provide better care for our patients. The emphasis on having the right person do the right job is great. I'm being given requests to contact patients to schedule needed appointments instead of the medical assistants." —Clerical Team Member

"Creating registries for children with chronic conditions and having an electronic referral tool to make and monitor the status of both external and internal referrals within our integrated system has allowed me to proactively reach out to patients for ongoing needs and to better help those who have fallen through the cracks. I feel like I can provide better care to these needier patients than I was doing before." —Senior Leader

Assessing the Prevalence of Children With Special Health Care Needs in an Integrated Community Health Care System: Creating a Registry and Care Support Tools

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Introduction

Background
Children with special health care needs (CSHCN) constitute a clinical sub-population that has at least one chronic medical or behavioral condition which necessitates greater than average care. Within a large, integrated community health system, a better understanding of CSHCN—both in terms of what conditions warrant this designation and how this population is distributed within the system—can offer opportunities for improved allocation of resources as well as health outcomes.

Objectives
Identify patients who are CSHCN within the Denver Health Community Health Services system; characterize this population, and develop tools to facilitate proactive management for these families.

Results

CSHCN Characteristics
Based on the CSHCN inclusion criteria outlined in Table 1, there were 2,863 patients on the CSHCN registry as of October 31, 2010. This represents 5.4% of Denver Health's pediatric population. As shown in Table 2, this CSHCN population is slightly older and more likely to be male, white and English-speaking than the general pediatric population.

CSHCN Registry Use in Secondary Tools
Registry data are used to Denver Health's registration system, so that clinic staff can be alerted to patients' CSHCN status at check-in. A medical record number is entered into an electronic system that creates summaries with information tailored for providers and patients (in English and Spanish) using data pulled from registry (see Figure 1).

Conduct patient outreach
Registry data can be used to quickly identify patients that would benefit from various clinic-based initiatives such as effectively targeting appropriate community resources and facilitate the delivery of high level care coordination.

METHODS

Setting
Denver Health's Community Health Services Department (CHS) is the integrated public health care system for Denver. With its public hospital and federally qualified health centers and school-based clinics, CHS provides primary care to one in three children in Denver County.

Inclusion Criteria
Taking an iterative, literature-based approach, CHS care providers identified 17 clinical and administrative conditions deemed to constitute a special health care need. Pediatrics patients (<= 18 years old) with a medical visit in the last 18 months and who met one or more CSHCN conditions were put on the registry. (See Table 1)

Registry Development
After registry data elements and other requirements were identified, an electronic database was created using Microsoft SQL Server 2005. The registry database was programmed to update weekly using patient data routinely collected by Denver Health data warehouse system.

Registry Products
Using Microsoft SQL Server Reporting Service and Microsoft Access, registry data were used to characterize the population and its distribution among CHS clinics, as well as enhance secondary tools such as Care Summaries and referral information provided to community agencies.

Table 1. CSHCN Inclusion Criteria

Condition	Diagnostic / Administrative	Medication
Feder Care Clinic	Visit within 60 days from visit with Very Low Birth Weight	800 mg weight >1000 g and age < 2 yrs
Colic/Reflux	ICD-9 = 56.21, 56.22, 56.23, 56.24, 56.25, 56.26, 56.27, 56.28, 56.29, 56.30, 56.31, 56.32, 56.33, 56.34, 56.35, 56.36, 56.37, 56.38, 56.39, 56.40, 56.41, 56.42, 56.43, 56.44, 56.45, 56.46, 56.47, 56.48, 56.49, 56.50, 56.51, 56.52, 56.53, 56.54, 56.55, 56.56, 56.57, 56.58, 56.59, 56.60, 56.61, 56.62, 56.63, 56.64, 56.65, 56.66, 56.67, 56.68, 56.69, 56.70, 56.71, 56.72, 56.73, 56.74, 56.75, 56.76, 56.77, 56.78, 56.79, 56.80, 56.81, 56.82, 56.83, 56.84, 56.85, 56.86, 56.87, 56.88, 56.89, 56.90, 56.91, 56.92, 56.93, 56.94, 56.95, 56.96, 56.97, 56.98, 56.99, 57.00, 57.01, 57.02, 57.03, 57.04, 57.05, 57.06, 57.07, 57.08, 57.09, 57.10, 57.11, 57.12, 57.13, 57.14, 57.15, 57.16, 57.17, 57.18, 57.19, 57.20, 57.21, 57.22, 57.23, 57.24, 57.25, 57.26, 57.27, 57.28, 57.29, 57.30, 57.31, 57.32, 57.33, 57.34, 57.35, 57.36, 57.37, 57.38, 57.39, 57.40, 57.41, 57.42, 57.43, 57.44, 57.45, 57.46, 57.47, 57.48, 57.49, 57.50, 57.51, 57.52, 57.53, 57.54, 57.55, 57.56, 57.57, 57.58, 57.59, 57.60, 57.61, 57.62, 57.63, 57.64, 57.65, 57.66, 57.67, 57.68, 57.69, 57.70, 57.71, 57.72, 57.73, 57.74, 57.75, 57.76, 57.77, 57.78, 57.79, 57.80, 57.81, 57.82, 57.83, 57.84, 57.85, 57.86, 57.87, 57.88, 57.89, 57.90, 57.91, 57.92, 57.93, 57.94, 57.95, 57.96, 57.97, 57.98, 57.99, 58.00, 58.01, 58.02, 58.03, 58.04, 58.05, 58.06, 58.07, 58.08, 58.09, 58.10, 58.11, 58.12, 58.13, 58.14, 58.15, 58.16, 58.17, 58.18, 58.19, 58.20, 58.21, 58.22, 58.23, 58.24, 58.25, 58.26, 58.27, 58.28, 58.29, 58.30, 58.31, 58.32, 58.33, 58.34, 58.35, 58.36, 58.37, 58.38, 58.39, 58.40, 58.41, 58.42, 58.43, 58.44, 58.45, 58.46, 58.47, 58.48, 58.49, 58.50, 58.51, 58.52, 58.53, 58.54, 58.55, 58.56, 58.57, 58.58, 58.59, 58.60, 58.61, 58.62, 58.63, 58.64, 58.65, 58.66, 58.67, 58.68, 58.69, 58.70, 58.71, 58.72, 58.73, 58.74, 58.75, 58.76, 58.77, 58.78, 58.79, 58.80, 58.81, 58.82, 58.83, 58.84, 58.85, 58.86, 58.87, 58.88, 58.89, 58.90, 58.91, 58.92, 58.93, 58.94, 58.95, 58.96, 58.97, 58.98, 58.99, 59.00, 59.01, 59.02, 59.03, 59.04, 59.05, 59.06, 59.07, 59.08, 59.09, 59.10, 59.11, 59.12, 59.13, 59.14, 59.15, 59.16, 59.17, 59.18, 59.19, 59.20, 59.21, 59.22, 59.23, 59.24, 59.25, 59.26, 59.27, 59.28, 59.29, 59.30, 59.31, 59.32, 59.33, 59.34, 59.35, 59.36, 59.37, 59.38, 59.39, 59.40, 59.41, 59.42, 59.43, 59.44, 59.45, 59.46, 59.47, 59.48, 59.49, 59.50, 59.51, 59.52, 59.53, 59.54, 59.55, 59.56, 59.57, 59.58, 59.59, 59.60, 59.61, 59.62, 59.63, 59.64, 59.65, 59.66, 59.67, 59.68, 59.69, 59.70, 59.71, 59.72, 59.73, 59.74, 59.75, 59.76, 59.77, 59.78, 59.79, 59.80, 59.81, 59.82, 59.83, 59.84, 59.85, 59.86, 59.87, 59.88, 59.89, 59.90, 59.91, 59.92, 59.93, 59.94, 59.95, 59.96, 59.97, 59.98, 59.99, 60.00	

Table 2. CSHCN Demographics

	CSHCN Patients (n=2,863)	All Pediatric Patients (n=52,000,000)
Total	2,863 (4%)	52,000 (100%)
Median age	9.2 years	7.4 years
Gender		
Male	1,489 (52.0%)	25,559 (49.4%)
Female	1,374 (48.0%)	26,441 (50.6%)
Primary Language		
English	2,158 (75.4%)	29,752 (57.2%)
Spanish	688 (24.4%)	21,245 (40.5%)
Other	31 (1.1%)	1,603 (3.0%)
Race/Ethnicity		
Asian	37 (1.3%)	1,088 (2.1%)
Black	492 (17.2%)	4,832 (9.3%)
Hispanic	1,705 (59.6%)	37,838 (72.8%)
White	388 (13.6%)	4,286 (8.1%)
Other/Unknown	123 (4.3%)	2,448 (4.6%)

Table 3. Frequency of CSHCN Conditions*

	N
Asthma	1,287
Feder Care Clinic	147
Central Party	154
Autism Spectrum Disorder	107
Cognitive Impairment	102
Seizure in last 12 months	96
Down Syndrome	79
2+ newly onset oral or nasal health care program for children	75
Very low birth weight	66
Stroke/Cellulitis	44
Muscular Dysphasia	14
Congenital Heart Disease	7
Adrenal	4
Cardiomyopathy	4
Early Intervention referral	3
Early Intervention referral	3

*Some patients have multiple CSHCN conditions.

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Brought to you by eHealth Services, Built by the Web Team.

Safety Net Medical Home Initiative

This project was supported by grants from the Common Wealth Foundation and Kaiser Community Benefit and funding from Denver Health and Hospital Authority.