



The Bell Policy Center

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Concerning Medical Homes for Children

Testimony to the Senate Health and Human Services Committee

Blair Woodbury, Public Policy Fellow • February 22, 2007

My name is Blair Woodbury and I am a Public Policy Fellow at the Bell Policy Center, a non profit, public policy organization committed to making Colorado a state of opportunity for all. The Bell seeks to reinvigorate the debate on issues affecting the well-being of families and children.

The Bell Policy Center supports Senate Bill 07-130, Concerning Medical Homes for Children.

1. A medical home that coordinates all health related services provided to patients can improve health outcomes and reduce costs. While most children enrolled in private insurance and public health care programs have a medical home, many children receiving unassigned fee-for-service care through the Medicaid program do not have a medical home. The Department of Epidemiology at Children's Hospital estimates 140,000 children in Colorado lack a medical home.

2. While providing a medical home for children enrolled in Medicaid and CHP+ is included in contracts the state has with managed care organizations and primary care physicians providing care in Medicaid and CHP+, not all children enrolled in these programs have a medical home. This bill provides more direction to the Department of Health Care Policy and Financing and holds the department accountable for ensuring more children have a medical home.

3. Medical authorities believe that providing comprehensive health care services through medical homes is preferable to requiring patients to navigate a fragmented health care system on their own. The American Academy of Pediatrics, which has endorsed the medical home model for thirty years, the American Academy of Family Physicians and the American College of Physicians all encourage the implementation of the medical home model. The definition of a medical home used in this bill resembles those provided by physician groups, although it differs in some details.

4. Other states have already made medical homes an integral part of their health care delivery system. Hawaii included the concept of a medical home in its Child Health Plan in 1978-1979 and included it in other programs throughout the 1980s.¹ Pilot programs conducted in Massachusetts that focused on providing medical homes to children with special health care needs found some aspects of care were improved for children with a medical home.² The Washington State Department of Health has a program to encourage the implementation of medical homes. It has collected information on support services available to physicians at the state and county level to help them coordinate more comprehensive care for their patients. Training materials are also available on the department's website at <http://www.medicalhome.org/>.

5. Numerous studies report that health outcomes improved when children received care through a medical home. Some also suggest that costs of care could decline in the long run. A national study found that 72.3 percent of children eligible for a public vaccine program received all necessary vaccines when they had a medical home, compared to only 63.5 percent without a medical home.³ A different study, based in Massachusetts, found that children with complex medical conditions were hospitalized less frequently after their providers adopted a medical home model.⁴ Evidence indicates that adoles-



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cents with one regular source of health care are more likely than those without a consistent source of care to receive preventive services and less likely to go to the emergency room.⁵ Preventing illness and reducing the use of emergency medical care has the potential to lower the cost of providing health care to children enrolled in Medicaid and CHP+.

Thank you for the opportunity to share this information with you today. If you have any questions or if I can provide further information, please call me at 303.297.0456 or email me at woodbury@thebell.org

End notes

- ¹ Sia et al, "History of the Medical Home Concept," *Pediatrics*, Vol. 113, No. 5, May 2004.
<http://pediatrics.aappublications.org/cgi/content/full/113/5/S1/1473>
- ² "The Pediatric Alliance for Coordinated Care: Evaluation of a Medical Home Model," *Pediatrics*, Vol. 113, No. 5, May 2004.
<http://pediatrics.org/cgi/content/full/113/5/S1/1507>
- ³ Smith et al, "The Association Between Having a Medical Home and Vaccination Coverage Among Children Eligible for the Vaccines for Children Program," *Pediatrics*, Vol. 116, No. 1, July 2005, pgs 130-139.
<http://pediatrics.aappublications.org/cgi/content/full/116/1/130>
- ⁴ Palfrey et al, "The Pediatric Alliance for Coordinated Care: Evaluation of a Medical Home Model," *Pediatrics*, Vol. 113, No. 5, May 2004.
<http://pediatrics.aappublications.org/cgi/content/full/113/5/S1/1507>
- ⁵ "The Medical Home, Access to Care, and Insurance: A Review of Evidence," *Pediatrics*, Vol. 113, No. 5, May 2004.
<http://pediatrics.aappublications.org/cgi/content/full/113/5/S1/1493>