Massachusetts Care Coordination Work Group:
Many organizations that participate in the Consortium provide some level of care coordination for some segment of children with special health care needs. In order to weave this patchwork of services into a coherent and comprehensive system, Consortium members have established a work group to develop a unified and operational definition of care coordination for CSHCN, and a model for blending financing of these services across agencies and sectors. This definition will address the varied responsibilities of different agencies and levels of the health care system for providing components of the service. The Care Coordination Work Group began its work in December 2002 by reviewing the literature on care coordination for CSHCN. Under the leadership of Dr. Deborah Allen, the Work Group held a daylong workshop in February 2003 for fifty invited participants to conduct a critical review of expectations and models of care coordination in use within our own state and across the country. Following the February workshop, the Work Group began drafting a proposed operational definition for enhanced care coordination for consideration by the full Consortium. The second phase of this work will include: developing a structural model and a proposed mechanism for financing to an effective system of care coordination for CSHCN in the state, across multiple payers. This work is supported by the MCHB.

Practice-Based Care Coordination: an evolving model
Use generalist CCs
Backgrounds in Social Work, Case Management, Public Benefits & Resource expertise
Tasks primarily social, not medical
Team approach
Focus on “core” CSHCN
Systematize workflow and documentation
Gather encounter-based data

What do PBCCs Do?  What PBCCs don’t do
Help intake screening  Perform medical procedures or treatments
Assist in care planning  Give medical advice
Do home visits PRN  Write reports ordinarily prepared by MDs or nurses
Streamline common documentation chores  Perform routine bookkeeping, clerical, or billing functions
Optimize coverage  Serve as general-purpose medical social workers
Link families to public benefits
Train families in record keeping
Link families to parent supports, advocacy
Provide flex funding
Attend school meetings
Train practice staff in navigating the system
Arrange special training events
Help with transition planning
Manage CSHCN resource library
Provide emotional support to families
Advocate the principles of Medical Home

1150 families served
July-Dec 2002
25% between 3-5 years
86% have a Primary Care Provider
52% privately insured; 41% Medicaid
By disability category:
Neurological (25%)
Congenital Anomalies & Conditions of the Newborn Period (24%)
Learning, Cognition and Development disorders (14%)