

## **Practice Based Care Coordination Job Description**

### **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?**

Help intake screening

Assist in care planning

Do home visits PRN

Streamline common documentation chores

Optimize coverage

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

### **What PBCCs *don't* do**

Perform medical procedures or treatments

Give medical advice

Write reports ordinarily prepared by MDs or nurses

Perform routine bookkeeping, clerical, or billing functions

Serve as general-purpose medical social workers

### **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%)