Advocate Health Care

Community Health Needs Assessment Implementation Plan 2017-2019

Advocate Children's Hospital – Oak Lawn and Park Ridge

Date Created: May 2017 Date Reviewed/Updated:

PRIORITY AREA: Access to pediatric primary care for low income children
GOAL: To improve children's access to primary health care in the Advocate Children's Hospital's service areas.

LONG TERM INDICATORS OF IMPACT		
	Baseline Value, Date and Source	**Frequency**
1. Increase average percentage of students compliant for school physical and immunizations per school at schools served by the Ronald McDonald Care Mobile (RMCM)	Baseline not available until schools selected	Annually
2. Decrease low acuity Emergency Department usage by pediatric patients in Advocate's Medicaid Managed Care Plan	119.9 visits/1000 children Cerner HealtheAnalytics-AdvocateCare Index	Annually

STRATEGY #1: Improve compliance for school physical and immunizations at targeted schools through the Ronald McDonald Care Mobile (RMCM)	TYPE: Clinical care
PARTNERS: Healthy Schools Campaign, Chicago Public Schools, Metropolitan Health Services	
BACKGROUND ON STRATEGY **Evidence of effectiveness:** The existence of substantial barriers to access and use of primary care for low-income, minority and uninsured children is cause for significant concern especially in an era of program cutbacks. New initiatives are needed to address both financial and nonfinancial barriers to the receipt of primary care for disenfranchised children. Children's Access to Primary Care: Differences by Race, Income, and Insurance Status, Paul W. Newacheck, Dana C. Hughes, Jeffrey J. Stoddard) http://pediatrics.aappublications.org/content/97/1/26.short (click here)	

SHORT TERM INDICATORS			
	Annual Targets by December 31		
Process Indicators	**2017**	**2018**	**2019**
1. Number of physicals provided by staff on RMCM (1191 in 2016)	1,500	2,000	2,500
2. Number of patients seen by staff on RMCM (1512 in 2016)	2,000	3,000	3,500
3. Number of vaccines provided by staff on RMCM (2444 in 2016)	2,900	4,000	7,000
Impact Indicators	**2017**	**2018**	**2019**
1. Average percentage of students deemed compliant for physicals and immunizations at targeted schools as defined by state requirements	95%	95%	95%

STRATEGY #2: Establish medical, dental and mental health referral relationships for patients seen on the Ronald McDonald Care Mobile	TYPE: Clinical Intervention

PARTNERS: Healthy Schools Campaign, Chicago Public Schools providers, local FQHCs, Delta Dental

BACKGROUND ON STRATEGY
Evidence of effectiveness: The existence of substantial barriers to access and use of primary care for low-income, minority, and uninsured children is cause for significant concern, especially in an era of program cutbacks. New initiatives are needed to address both financial and nonfinancial barriers to the receipt of primary care for disenfranchised children. (Children's Access to Primary Care: Differences by Race, Income, and Insurance Status; Paul W. Newacheck, Dana C. Hughes, Jeffrey J. Stoddard)
http://pediatrics.aappublications.org/content/97/1/26.short (click here)

SHORT TERM INDICATORS

	Annual Targets by December 31		
Process Indicators	**2017**	**2018**	**2019**
1. Number of referral relationships established for medical, dental and mental health needs	5	10	15
2. Number of students requiring referral for follow up visit (1790 in 2016)	1800	1980	2180
3. Percentage of students requiring a referral who are provided a specific follow-up referral	Baseline	TBD	TBD
4. Percentage of students scheduled for follow-up visit on the RMCM	Baseline	TBD	TBD

STRATEGY #3 Integrate asthma education into primary care practice on Ronald McDonald Care Mobile at targeted schools in the hospital's PSA	TYPE: Counseling and education

PARTNERS: Care Mobile clinical team, Ronald McDonald House Charities; Americorps

BACKGROUND ON STRATEGY
Evidence of effectiveness: Research done by the National Asthma Education and Prevention Program (NAEPP), a program of the National Health and Lung Blood Institute, demonstrates asthma education for children is associated with reduction in the number of hospital and ED visits, and Nurse Practitioners and Physician Assistants in primary care settings are the patients' primary source of education. The American Academy of Pediatrics agrees, saying that the medical home model of care should be the foundation of care for all children and can mean the difference between control and the Emergency Department. (Effects of Asthma Education on Children's Use of Acute Care Services: A Meta-analysis) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875139/ (click here)

SHORT TERM INDICATORS

	Annual Targets by December 31		
Process Indicators	**2017**	**2018**	**2019**
1. Number of children identified with asthma	100	100	100
2. Number of 1:1 asthma education sessions conducted	50	75	75
Impact Indicators	**2017**	**2018**	**2019**
1. Percentage of students who are able to recognize asthma signs, symptoms, and triggers as measured by post survey	75%	75%	75%

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	**County IPLAN**	**SHIP (State Health Improvement Plan)**	**Healthy People 2020**
1	Healthy Chicago 2.0 Goal 2-Increasing Access to care Strategy: Improve quality of health and human services Goal 3-Children and Adolescents have resources and support to make healthy choices Strategy: Deploy innovative parental consent strategies to increase student participation in school-based health services Cook County WePLAN 2.2 Increase the proportion of young children with health insurance, access to a medical home and annual well-child check-ups	Assure accessibility, availability, and quality of preventive and primary care for all women, adolescents, and children, including children with special health care needs, with a focus on integration, linkage, and continuity of services through patient-centered medical homes	Access to health services/Clinical preventive services AHS-5.2 Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care
2	Same as above	Chronic Disease Goal: Increase community-clinical linkages to reduce chronic disease	Same as above
3	Same as above	Same as above	RD-7.3 Increase the proportion of persons with current asthma who receive education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results, according to National Asthma Education and Prevention Program (NAEPP) guidelines

Advocate Children's Hospital – Oak Lawn and Park Ridge have developed this implementation plan to meet a prioritized need identified through a community health needs assessment process. The medical center may refocus resources if necessary to best address the needs of its community.

05/17 MC 0760