

## **Dallas County Board of Health Medical Home Project**

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### **Problems Encountered**

Stakeholder and key informant interviews were conducted during May and June of 2008. Representatives from six medical clinics, one hospital and eight agencies/programs in Dallas County were interviewed. Common themes developed from these interviews included:

- Lack of common definition/understanding of “medical home”
- Limited access to specialty care for the uninsured/underinsured
- Patchwork of programs and eligibility with no one central point of information or assistance

### **Solutions Developed**

Technical assistance was received from the University of Iowa Medical Home Initiative team. To foster a common understanding, the team conducted three informational presentations for clinics and community partners regarding medical home elements. A medical home assessment tool, Transformed Medical Home Vitals, was identified and is designed to assist clinics in identifying their current medical home status and elements they could begin developing or further develop. The assessment was completed by the Perry Family Care Clinic and the Redfield Clinic.

Polk County Volunteer Physicians Network (VPN) was contacted. VPN agreed to allow Rural Health Clinics in Dallas County to utilize their specialty care referral network for uninsured individuals meeting income requirements. A lunch and learn was held for each of the three rural clinics in regard to VPN referral procedure.

The patchwork of programs with no central point of information was discussed by the Dallas County Partnership for Health at meetings in May and June. It was decided that the first step would be to establish a platform for resource and referral. The platform was envisioned as a website containing medical and human service related resources. This website could be utilized by medical providers, human service agencies and the general public. In December, the Dallas County Partnership for Health met again in a facilitated session to develop a plan for the second step. The group developed an overall goal: *Residents of Dallas County with a healthcare need will have access to available resources in the county through one point of contact with emphasis on more timely referrals, fewer steps to receipt of care, efficiency, increased options and improved outcomes.* This step involves a Health Navigation Coordinator to assist in linking individuals to appropriate programs/resources; and, track referrals from healthcare providers and facilitate greater continuity of care.

**Barriers & Lessons Learned**

Independent medical providers and small clinics have concerns regarding lack of resources (financial, staff, technology, etc.) needed to fully incorporate all medical home elements. Additional funding and substantial technical assistance will be required especially in regard to electronic medical records and continuous quality improvement.

**Successes**

Community partners have been engaged and supportive of this project. New collaborations with other agencies and county departments have emerged. As an example, the empowerment coordinator and county case management department are actively assisting in the development of the website and have committed to provide ongoing support with the site's content management.

The community resource website is in development and will be live soon. A content management system allows trained staff to make additions and revisions to the site without IT assistance. In addition to providing a search system and information about resources, the site will also allow a link to each resource's website. Items to promote the new website have been developed and printed including business cards, brochure size cards and posters.

We are actively seeking funding for the Health Navigation Coordinator and have submitted a proposal for partial funding to United Way of Central Iowa. In addition, we are talking to other interested county departments in regard to potential funding or in-kind support.