COMMUNITY OVERVIEW

The Children’s Comprehensive Care Clinic is a not-for-profit organization dedicated to finding innovative approaches to pediatric health challenges. With the support of the CHP program, the Children’s Comprehensive Care Clinic will work with its partners to improve care for families of children with medical and behavioral complexity throughout multiple counties in the Austin, Texas area. Through collaboration among multiple sectors including health care, social services, community-based organizations, and education, they will build and provide a patient-controlled common technology platform. The effort aims to bring together individuals and entities involved in the care of a child, with the patient and family at the center, and anticipates developing a sustainable, integrated, participatory health care data ecosystem.

PROJECT APPROACH

Children’s Comprehensive Care Clinic has designed a web-based technology platform called PATIENeT, which is composed of three concentric circles connecting data from families, clinicians, school resources, therapists, etc. In order to streamline processes used by different healthcare and community entities they will:

- Establish process integration procedures so that different entities can access or contribute data;
- Bring other entities into the care and data ecosystem;
- Establish procedures on privacy and data sharing guidelines;
- Identify and formulate a financial sustainability plan; and
- Recognize and address the challenges of computer illiteracy and digital divide.

ANTICIPATED IMPACT

The clinic proposes to serve as a nucleus to bring together a community of stakeholders committed to eliminating health data silos. This will enable the development of a sustainable, integrated, participatory health care data ecosystem and provide a streamlined system of care for families and children with behavioral and medical complexity.

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“Children with behavioral and medical complexity represent the top tier of the healthcare pyramid in terms of intensive care needs, medical fragility, cost and negative population health outcomes.”

**PROJECT SNAPSHOT**

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Practice (Primary/Specialty Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Focus</td>
<td>Well-being Health</td>
</tr>
<tr>
<td>Health Objective</td>
<td>Care for families of children with medical and behavioral complexity</td>
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<tr>
<td>Anticipated Products</td>
<td>Sustainable, integrated, participatory health care data ecosystem / platform</td>
</tr>
<tr>
<td>Sectors</td>
<td>Lead: Clinical Health Care</td>
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<tr>
<td></td>
<td>Data contribution: Clinical Health Care, Social / Human Services, Education / Schools, Other Community-based</td>
</tr>
<tr>
<td>Data Types</td>
<td>Administrative: insurance claims; Community-generated; Geographic; Personally Generated Health; Service (EHRs, case management)</td>
</tr>
<tr>
<td>Target Population</td>
<td>Children (under 18), Special Needs</td>
</tr>
<tr>
<td>Impact Level</td>
<td>Individual / Family</td>
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</table>
LEAD AGENCY

Children's Comprehensive Care Clinic (https://www.dellchildrens.net/services-and-programs/childrens-comprehensive-care-clinic/) is a primary care clinic dedicated to the care of children with complex medical issues. This innovative model creates a cohesive family-centered care delivery system to provide wraparound care for children with challenging medical needs. The clinic was established with four main objectives: reduce stress and burden on families; improve patient outcomes and quality of life; reduce preventable emergency room visits; and decrease avoidable hospitalizations.

PARTNERS/COLLABORATORS

Superior Healthplan: Superior is a managed health care company that works with the State of Texas Health and Human Services Commission to provide health care for Texans enrolled in Medicaid, Children’s Health Insurance Program (CHIP), CHIP Perinatal Care, and STAR+PLUS in many cities and counties across the state.

PROJECT TIMELINE

<table>
<thead>
<tr>
<th>MONTHS 1-6</th>
<th>MONTHS 7-12</th>
<th>MONTHS 13-17</th>
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</thead>
</table>
| • Convene stakeholders to define and build a common understanding  
• Clearly define goals, accountability, and ownership  
• Work on principles of process integration by the different entities that address the same health challenge; data sharing; privacy procedures, audits, and accountability  
• Delineate ways in which data flows to support the interventions and to track and evaluate processes and outcome. | • Optimize and enhance technology to allow proposed data sharing and streamline processes  
• Implement (rapid prototyping) with built in mechanisms to iteratively optimize processes | • Implement (rapid prototyping) with built in mechanisms to iteratively optimize processes |

MEET THE PROJECT TEAM!

Rahel Berhane, M.D.  
Medical Director  
CHP Role: Project Lead  
Contact: rberhane@seton.org

Ask her about:  
• Creative team building  
• Innovative health care strategies

Mari-Ann Alexander, Ph.D., R.N.  
Nurse Research Scientist  
CHP Role: Co-PI  
Contact: malexander@seton.org

Ask her about:  
• Data management and evaluation  
• Research and quality improvement

Mark Shen, M.D.  
President, Dell Children’s Medical Center  
CHP Role: Stakeholder  
Contact: mshen@seton.org

Ask him about:  
• Health care leadership  
• Pediatric health care utilization

Kendall Sharp, R.N., M.S.N., C.P.N.P.  
Practice Manager  
CHP Role: Project Coordinator  
Contact: ksharp@seton.org

Ask her about:  
• Clinical pediatrics  
• Leading a team for innovative care

Kristin Chandler  
Planning Consultant, Innovation  
CHP Role: Design Expert  
Contact: kvchandler@seton.org

Ask her about:  
• Innovation methods and design thinking  
• Clinical quality measurement

COMMUNITY HEALTH PEER LEARNING PROGRAM  www.academyhealth.org/CHPhealthIT