Montana Collaborative Technology-Enabled Family-Centered Care and Care Coordination Project

Project Overview: The Montana Collaborative Technology-Enabled Family-Centered Care and Care Coordination Project is being implemented within a collaborative care network across the state of Montana, designed to create sustainable, family-centered solutions for children with medical complexity (CMC). The care model advances two clear and synergistic aims: (1) increasing access to care where and when there are inadequate options, and (2) creating a virtual care coordination model using a shared care plan for CMC that is unbound by geography or organizational affiliation. This methodology brings pediatric expertise to children who otherwise have no access to pediatric care. It also enacts a state-of-the-art, family-centered care coordination model that relieves burdens on families while supporting and complementing primary care providers (PCP) across the state.

Lead Organizations

University of Montana, Center for Population Health Research

University of Montana, School of Public and Community Health Sciences

Family Leads

Dorothy Goldbar

Gail Neal

Partner Organization

Montana Pediatrics

Principal Investigators

James Caringi, PhD, School of Public and Community Health Sciences, College of Health, University of Montana

Chelsea Bodnar, MD, MPhil, FAAP, Montana Pediatrics

Geographic Region

Montana

Project Period

August 2022-July 2027

Contact

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Population Served

Children with medical complexity with a focus on American Indian/Native American populations living in the state of Montana.

Collaborations

The University of Montana's (UM) Center for Population Health Research (CPHR) is directly collaborating with Montana Pediatrics and Logan Health.

Additional collaborations include:

- Native American Development Corporation
- Shodair Children's Hospital
- UM's School of Public and Community Health Sciences (SPCHS)
- Montana Family-to-Family Health Information Center (F2F)
- Supporting hospitals who care for CMC
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC), and
- Montana Department of Public Health and Human Services (DPHHS) Title V partners

Family Engagement

To ensure that family/caregivers, as well as representatives of under- and unserved communities are integral to designing systems of care, the University of Montana's CPHR convenes members representing the following communities and experiences to function as the governing board of care model innovation: CMC, caregivers of CMC, youth and adults with disabilities, American Indian families, pediatric healthcare providers, and rural family practitioners.

Project Aims

- Improve and integrate access to high-quality, convenient, pediatric-specific telehealth care for all children and families in the state of Montana.
- Develop a statewide care coordination model through the use of a shared care plan to enhance healthcare access for CMC unbound by geographical barriers.
- Grow access to telemedicine care for American Indian children and their families who live both in urban and rural Montana communities in partnership with Indian Health Services, Tribal Health, and Urban Indian Health Centers.

Notable Features

- **Telemedicine:** The project is utilizing telehealth due to the geography of Montana. Telemedicine capabilities allow for simple and unique workflow integration with primary care offices, creating shared services that would not otherwise be feasible to offer in small primary care settings.
- **Family Leadership:** The Community Advisory Board (CAB) is composed of eleven CMC families, representing different regions throughout the state of Montana. They provide expert family feedback in the development of the care coordination program. The CAB is helping to define the problem of care for CMC, as well as shape the most meaningful solutions.

Evaluation Overview

Because little is known about the CMC population in Montana, the team will analyze Medicaid data to clearly identify and describe the characteristics and experiences of this population, including rural and Native American children. To assess the impact and value of the grant project, the team will conduct a comprehensive mixed-methods evaluation study. The process study will describe the type and extent of family engagement in the development of the care model and will examine factors that facilitate and hinder its implementation. The outcome study will assess whether and how virtual and care coordination services improve family experiences of receiving care, including greater access to care and engagement in creation and utilization of a shared plan of care. The cost study will analyze the extent of savings to families and payers associated with the care model, such as travel cost savings for rural families and savings from avoiding unnecessary ER visits.

"As parents, it's our responsibility to handle the coordination of care for our children. But as parents of medically complex children, that responsibility is so much bigger. We're managing so much across so many different doctors, yet we struggle with being taken seriously about our child's health needs and updates, especially from new or emergency providers. Having someone step up and say, 'I can help coordinate this for you' will be life changing."

– Parent and member of the Community Advisory Board, Missoula, Montana

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