

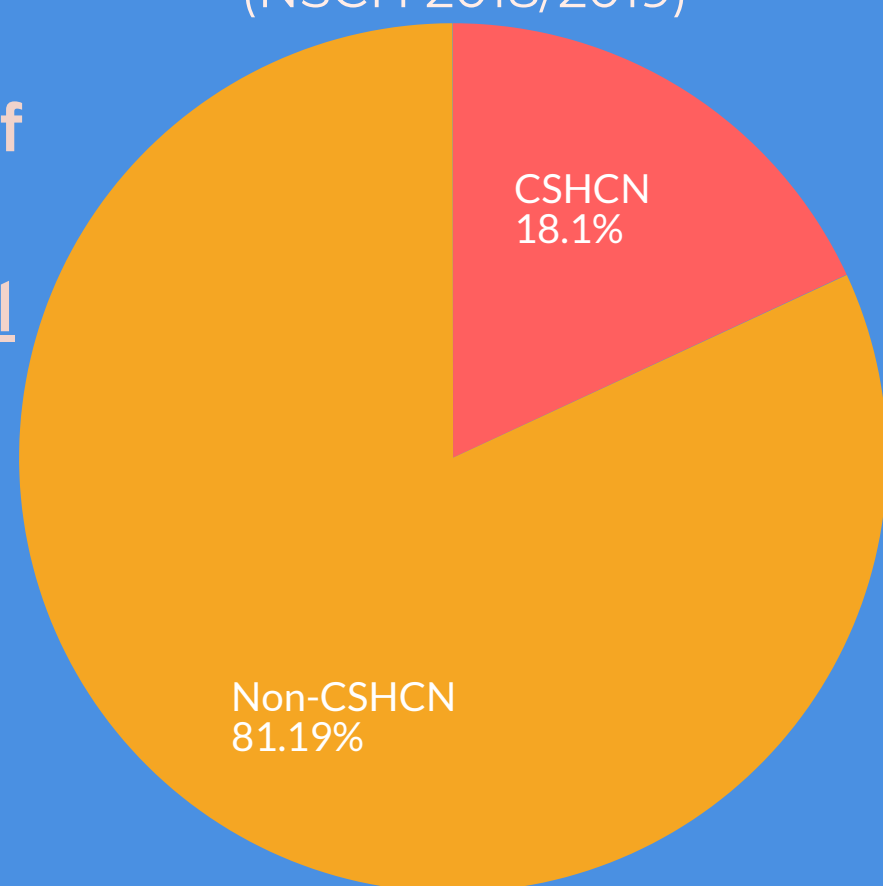
Medical Home for Children with Special Health Care Needs (CSHCN) in Wyoming

The National Survey of Children's Health (NSCH, 2018/2019) estimates **18.1%** (24,351 children) of Wyoming children ages 0-17 meet the definition of a child with special health care needs (CSHCN).

Per the NSCH, a child is considered to have special health care need if he/she is reported by a parent to meet the following criteria based on the CSHCN screener:

- need for or use of prescription medication,
- elevated need for or use of services
- functional limitations
- need for or use of specialized therapy
- ongoing emotional, behavioral, or developmental problems for which treatment or counseling is needed

Percent of CSHCN and Non-CSHCN (ages 0-17) in Wyoming (NSCH 2018/2019)

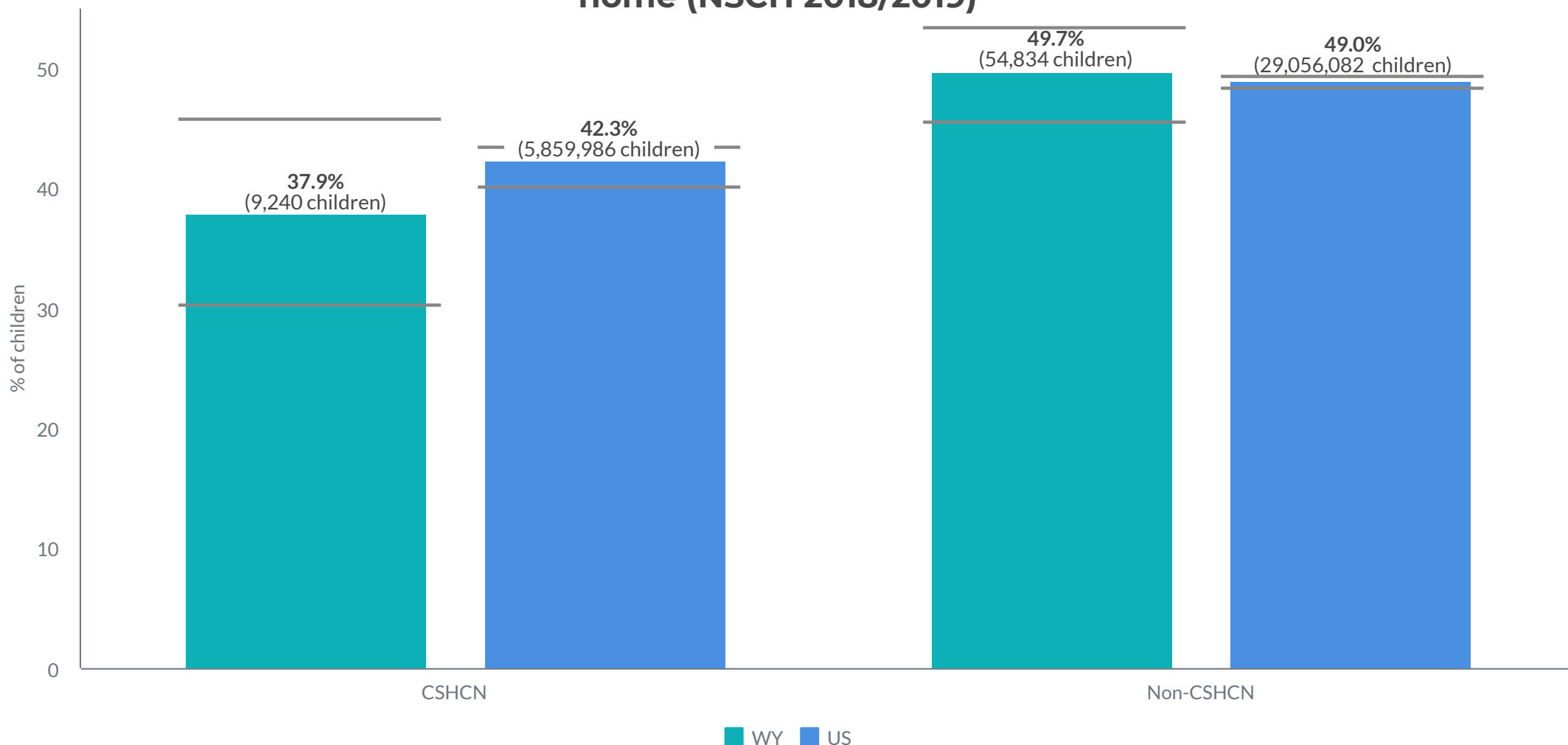


The Wyoming MCH Unit's Children's Special Health Care (CSH) Program has chosen to Improve Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN) as its Title V 2021-2025 Priority, with a focus on increasing the percentage of children having a Medical Home.

The American Academy of Pediatrics (AAP) specifies seven qualities essential to medical home care, which include accessible, *family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective*.

In the 2018 and 2019 NSCH, the presence of a medical home was measured by a composite measure based on five components constructed from a total of 14 survey items.

Percent of children, ages 0 through 17, who have a medical home (NSCH 2018/2019)



In Wyoming, the proportion of CSHCN who received care in a medical home was less than the proportion of Non-CSHCN.

In the U.S., the proportion of CSHCN who received care in a medical home was significantly less than the proportion of Non-CSHCN.

The proportion of CSHCN in Wyoming who received care in a medical home was less than the proportion in the U.S. (NSCH 2018/2019)

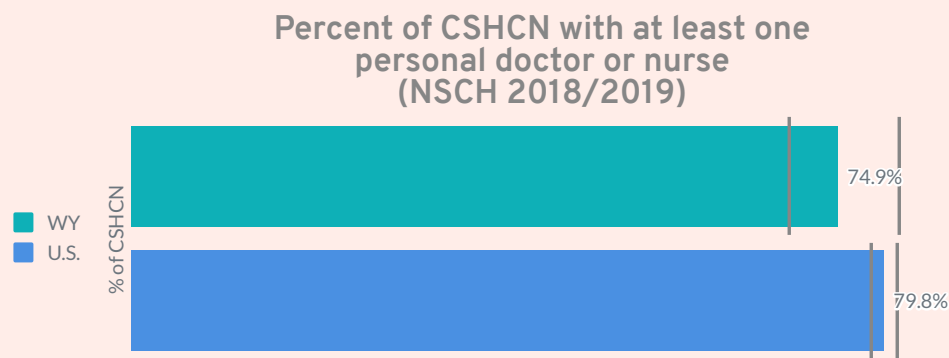
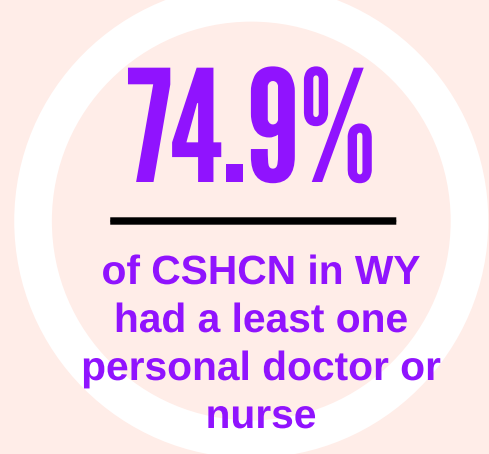
The 5 component measures comprising the Medical Home measure in the National Survey of Children's Health (NSCH 2018/2019) are below.

Personal doctor or nurse

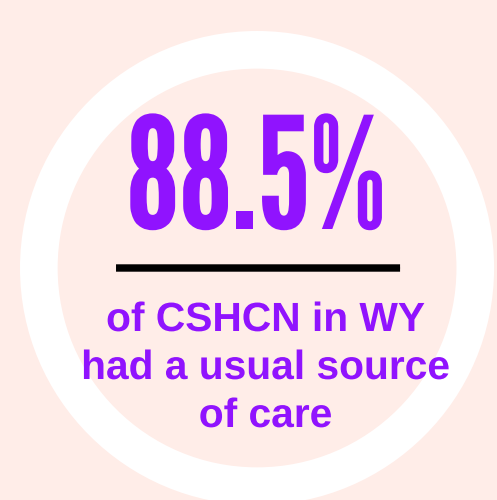
Children who do not have a personal doctor or nurse cannot qualify as having a Medical Home regardless of their status on the other four components.

A child's "personal doctor or nurse" could be one or more health care professionals who knows the child well and is familiar with the child's health history.

A "healthcare professional" is defined as a general doctor, pediatrician, specialist doctor, nurse practitioner, or physician's assistant.



The proportion of CSHCN in Wyoming with at least one personal doctor or nurse was less than the proportion in the U.S.

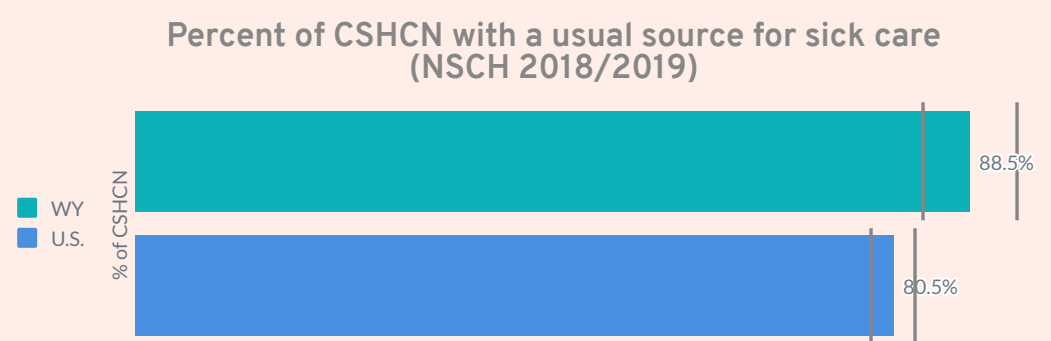


Usual source for sick care

This measure is derived from two NSCH questionnaire items: (1) whether child has a usual place to go when they are sick and (2) what type of place they go for medical care when they are sick.

Criteria for meeting this component of the Medical Home measure are having a usual place for sick care that is categorized as a doctor's office, hospital outpatient department, clinic or health center, retail store clinic or "Minute clinic", school (nurse's office, athletic trainer's office), or some other place.

The proportion of CSHCN in Wyoming with a usual source for sick care was significantly higher than the proportion in the U.S.

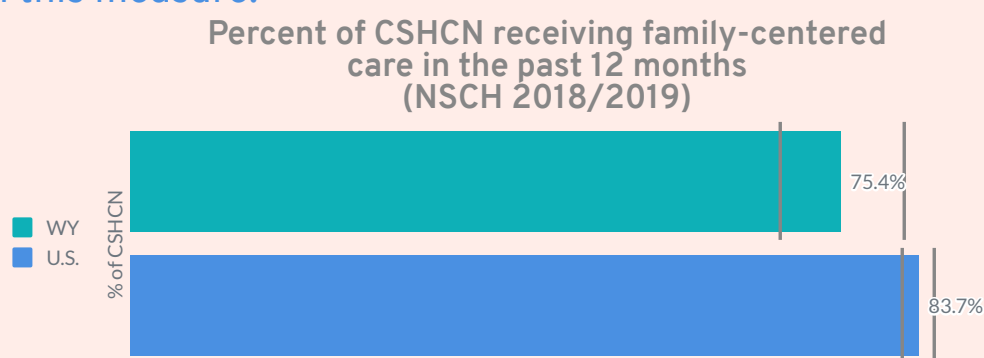
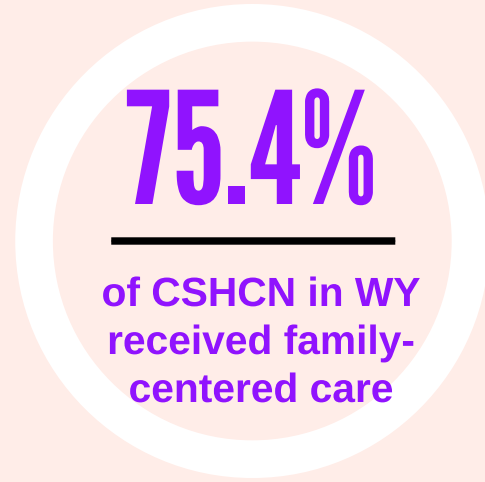


Family-centered care

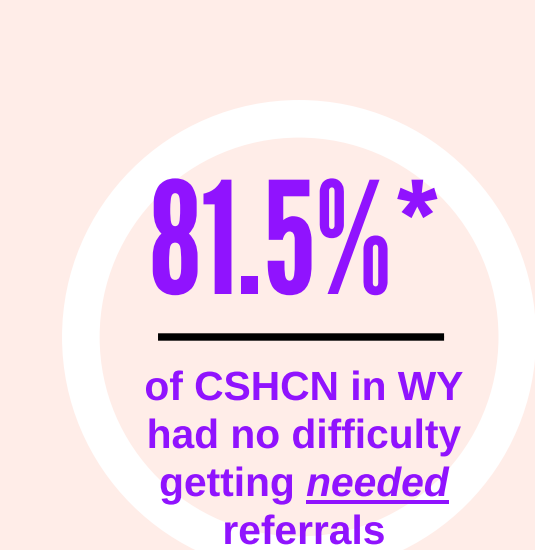
Family-centered care is comprised of responses to five experience-of-care questions in the NSCH: (1) doctor/provider spends enough time with child, (2) doctor/provider listens carefully to you, (3) doctor/provider sensitive to family values/customs, (4) doctor/provider gives needed information, and (5) doctor/provider helps family feels like partner.

A valid, either "Usually" or "Always" response to at least one item, and the remainder of the items missing was categorized as receiving family-centered care.

Children who had no health care visits in the past twelve months were not included in this measure.



The proportion of CSHCN in Wyoming who received family-centered care in the past 12 months was less than the proportion in the U.S.



Problems getting needed referrals

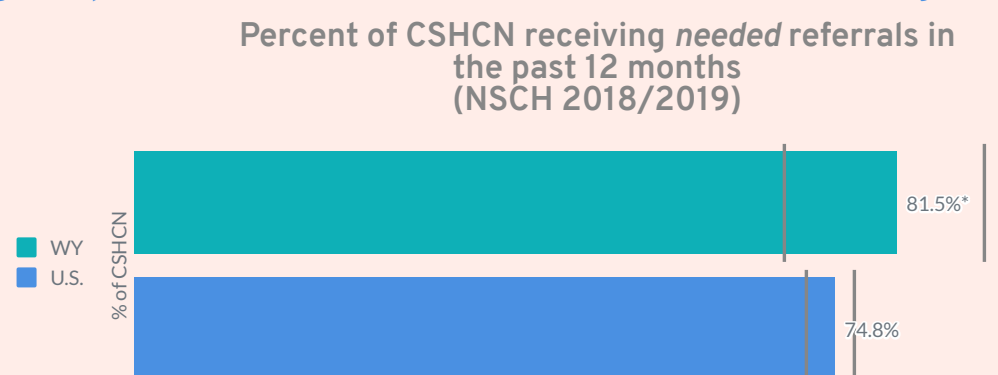
This measure is based on two NSCH questions: (1) "Needed referral to see doctors or receive any services during the past 12 months" and (2) "How difficult was to get referrals to see any doctors or receive any services?"

Those who needed referrals were coded according to whether it was "not difficult", "somewhat difficult", "very difficult" or "not possible" to get them.

Children who did not need a referral to see doctors or did not receive any services during the past 12 months were considered as not needing referrals.

* interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable

The proportion of CSHCN in Wyoming who had no problems getting needed referrals in the past 12 months was higher than the proportion in the U.S.

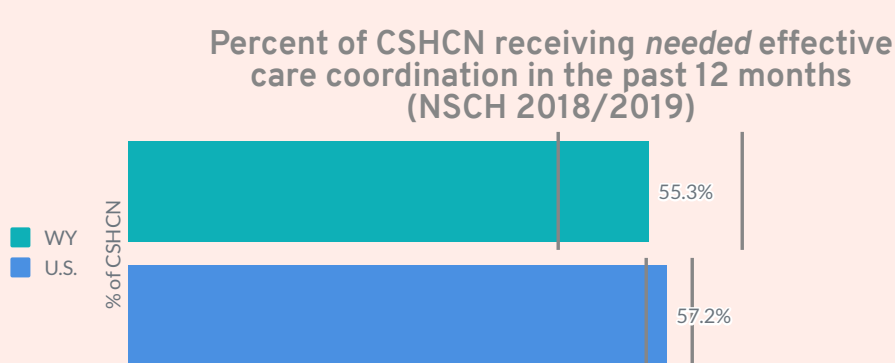
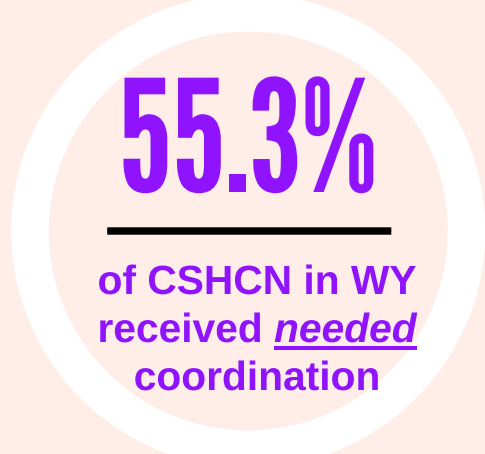


Effective Care Coordination

This measure is constructed by assessing (1) communication between doctors when needed, (2) communication between doctors and schools when needed, and (3) getting needed help coordinating care.

The composite care coordination measure is only considered missing if all components are missing. A valid, positive response to at least one component, with the remainder of the components missing or legitimately skipped is considered as "received effective care coordination."

All questions used to create this measure were asked among children who had a health care visit in the past 12 months. Children who did not see more than one health care provider were considered not needing care coordination.



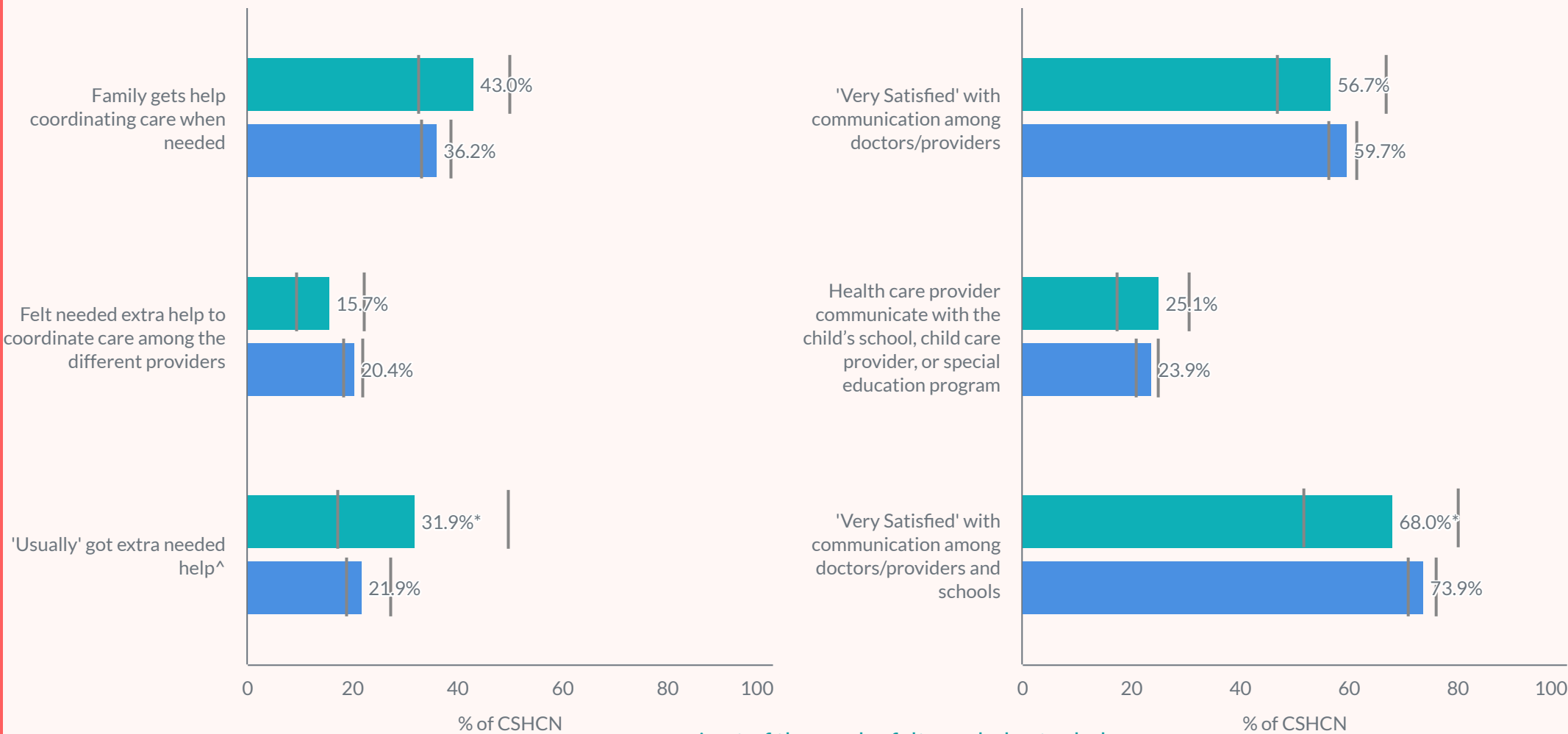
The proportion of CSHCN in Wyoming who received needed effective care coordination in the past 12 months was less than the proportion in the U.S.

Effective Care Coordination Component

In Wyoming and the U.S., significantly less CSHCN received needed effective care coordination in the past 12 months compared to all other medical home components.

Below, the care coordinator is broken down further into its component part for CSHCN in Wyoming and compared to the U.S.

Percentage of CSHCN reporting:



^out of those who felt needed extra help
*interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable

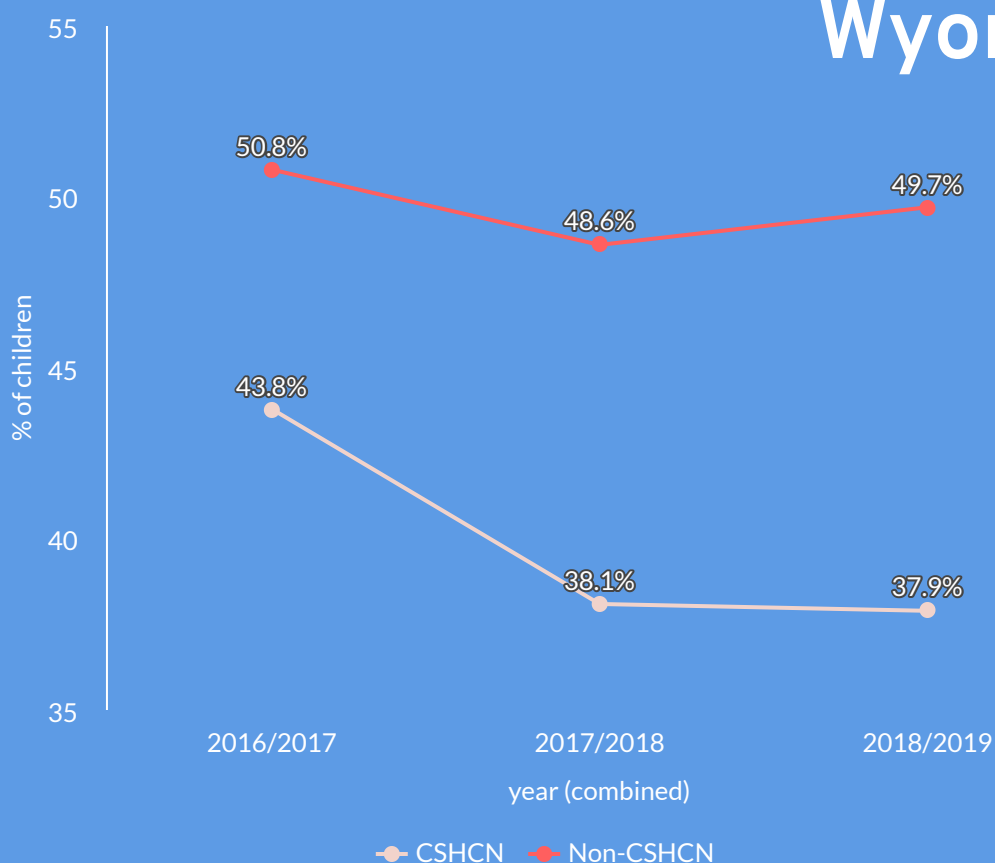
The Next 5 years ...

The CSH Program plans to focus efforts on expanding care coordination as part as its continued effort to increase the number of children receiving care in a medical home in Wyoming.

The CSH Program, with the MCH Epidemiology Program will continue to monitor the prevalence of medical home, including its components parts.



Wyoming Medical Home Trends



Since 2016, the proportion of Non-CSHCN children were reported as receiving care in a medical home was higher compared to proportion of CSHCN children.

Since 2016/2017, the proportion of CSHCN receiving care in a medical home has decreased.

The NSCH used nested z-tests to determine statistical significance with a 0.05 significance level. 95% confidence intervals are displayed by two grey bars on either side of the estimates in the bar graphs.

All data is from the National Survey of Children's Health <https://www.childhealthdata.org/>

Produced by the Wyoming Department of Health, Maternal and Child Health Epidemiology Unit