

# DD Plus: An Interdisciplinary Learning Collaborative to Improve Rural Primary Care for Children with Complex Needs

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**Please Complete Getting to Know You Questions as You Are Seated**

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# Faculty Disclosure

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The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Objectives

At the conclusion of this session, the participant will be able to:

- List key components that made the model successful
- Identify potential target primary care practices based upon services available at the practice.
- Describe the design of the education model used to increase primary care provider confidence.

# Bibliography / Reference

1. Jury, S.C., Walker, A.M., and Kornberg, A.J. (2013). The introduction of web-based video-consultation in a paediatric acute care setting. *Journal of Telemedicine & Telecare*, 19(7), 383-387.
2. Lin, E., Balogh, R. Cobigo, V., Ouellette-Kuntz, H., Wilton, A.S. & Lunskey Y. (2013). Using administrative health data to identify individuals with intellectual and developmental disabilities: a comparison of algorithms. *Journal of Intellectual Disability Research*, 57(5), 462-477.
3. Giannarou, L. & Zervas, E. (2014). Using Delphi technique to build consensus in practice. *International Journal of Business Science and Applied Management*, 9(2), 65-82.
4. Hackerman, F., Schmidt, C.W., Syson, C.D., Hovermale, L., Gallucci, G. (2006). Developing a model program for patients with intellectual disability in a community mental health center. *Community Mental Health Journal*, 42(1), 13-24.

# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

Where Are You From?

How has Your IC Project  
Been Successful?

Where Are We From?



Anyone Heard of  
Asheville?











# “Bunk”

Is from Buncombe County

DD Plus Arose in Response  
to Our Geographic Setting

# DD Plus Project

- Purpose
- Eligibility
- Structure
- Initial Outcomes
- Struggles

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# Purpose

- To increase knowledge, capacity and willingness to engage in Integrated Care for persons with disabilities with complex needs
  - Physician practices: Received Collaborative Office Rounds (COR) on a monthly basis
  - Behavioral Health Practices (BHP): Received BHP targeted trainings, case presentations and vignette practice monthly
  - Some practices have embedded family navigator

# Eligibility

- 3-21 years, *and*
- I/DD - including GDD (3-6 yrs), ID, ASD, CP and other DD, *and*
- Established behavioral health diagnosis, *and*
- Any 1 of the following:
  - Seeing 2 or more health care providers
  - Receiving multiple treatments/interventions
  - Interacting with multiple systems (clinics, behavioral health, EC programs, social services)
  - Technology-dependent (gastrostomy, communication device, orthotics, hearing aids)
  - History of frequent or prolonged hospital admission
  - Evidence of heightened family stress or challenging transitions
- ID = significant limitations in intellectual function, adaptive behavior, onset in childhood. Prevalence 2-3%
- DD = severe chronic disability, resulting in substantial functional limitations (DD may include some children with ADHD, LD, FASD, birth defects). Prevalence 15-20%

# Structure

- Collaborative meetings, focus groups and online surveys were used to determine and develop content for BHP and COR
- Video-conferencing facilitated conferencing
- Post-training surveys collected outcome and satisfaction data
- Semi-structured interviews with participants (in progress) provides detail to assess impact

# Initial Outcomes

## Outcome

1. Participant satisfaction
2. Quality of information for didactic portions
3. Increased confidence/self-efficacy
4. Perceived impact of training for consumers treated in practices
5. Increased understanding of community resources

## Impact/Findings

1. 99% agreed/strongly agreed with overall satisfaction
2. 94% agreed/strongly agreed with quality of information
3. 88% agreed/strongly agreed with increased self-efficacy
4. 74% agreed/strongly agreed that the training has directly benefited consumers
5. 83% agreed/strongly agreed that they improved knowledge about community resources

# Struggles

- Finding the right time for participation
- Recruiting practices
- Getting providers to consistently reach out for consult outside of COR's

# Group Activity

Please take a few minutes to discuss the question assigned to your group, and jot down some notes on your group's thoughts in response to that question.

# Discussion

Each group will take a few minutes to present key concepts that came up in response to their question

# What have we done?

- Sustainability
- Feedback
- Provider Engagement
- Impact



Questions?  
Further Discussion

# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



**Join us next year in Philadelphia, Pennsylvania! Thank you!**