



Children and Youth with Special Health  
Care Needs National Research Network

# Research Project Brief

## **PROJECT** | Traditional vs virtually-integrated co-management of Children with Medical Complexity (CMC) between complex care and community-based primary care providers

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**Background** | The components of the medical home, including providing a care manager and having a care plan, are beneficial to CSHCN, particularly those with CMC. However, the ideal locus for medical home services, a tertiary care center or community primary care practice, is unknown. Some CMC (e.g., those living far from academic children’s hospitals) are co-managed by a community-based PCP and a hospital-based general pediatrician/complex care provider (CCP). Better integration between primary care and complex care programs may result in more efficient utilization and improved family experience of care and quality of care coordination, while leveraging the benefits of care in each location.

Telehealth, or the provision of health services remotely using telecommunications technology, is an important tool for delivering care to patients in rural areas or whose conditions make it difficult to travel to healthcare settings. Furthermore, telecommunications technology has the potential to connect specialists with primary care physicians to expand the capacity of PCPs to manage complex illness. Telehealth has many forms, and in pediatrics it has been shown to be effective in managing several chronic conditions and impart information to local physicians to manage problems without patients having to travel to specialty centers.

Specifically, this study examines the feasibility and effect of having joint telehealth visits between PCPs, caregivers, and Complex Care providers. We are evaluating the quality of the communication, the usability of the technology (caregivers are using their own devices), and effect on perceived quality of care coordination.

**Potential Impact** | This intervention may have the potential to expand primary care’s capacity to manage CMC and improve the overall delivery of care for a child with CMC. It will contribute to the growing literature on primary/specialty co-management. Evolving financial arrangements (e.g., accountable care organizations) may further support such co-management strategy, priming it for broad implementation.



**Jeanne Van Cleave,  
MD**  
Principal Investigator

**Family Partner**  
Jennifer Arneson

**Organizations Involved**  
University of Colorado  
Denver



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