

Access to Specialty Care and Services

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

Children with special health care needs require access to a variety of specialized services. Of those children who needed specialty services in Minnesota, 22,698 (14.1%) have one or more unmet needs for specific health care services.¹

- An estimated 7,300 children and youth with special health care needs did not get all needed mental health care;
- 4,600 did not get needed specialty physician care;
- 4,350 did not get needed therapies;

National data suggest that 8% of children do not get needed hearing aids or hearing care, and 5% will not get needed vision care.

Health insurance is essential for accessing needed care. Data from the 2005 National Survey of Children with Special Health Care Needs (CSHCN) indicates that 7% ((12,436) of CSHCN in Minnesota were without health insurance at some point in the past year and 30% (53,300) had insurance that was inadequate. Having adequate referrals to specialists is another factor that impact access to specialty care. In Minnesota, nearly 20% of CSHCN needing a referral from a primary care provider had difficulty getting it.²

While Minnesota compares favorably to the nation as a whole, Minnesota ranks fourth out of the four States it borders (Iowa, North Dakota, South Dakota and Wisconsin) in the percentage of children with unmet needs for services.

An analysis and comparison of unmet need by age grouping among Minnesota and bordering states within the Upper Midwest Region revealed that 3 of the 4 states did a better at meeting all health care needs among children birth to five years old than did Minnesota.

State	Percentage of CSHCN with One or More Unmet Need for Specific Health Care Services	
	2001	2005
Iowa	10.6	10.7
South Dakota	10.9	11.6
Wisconsin	12.5	15.5
North Dakota	12.8	10.9
Minnesota	14.1	12.9
US	17.7	16.1

Children in rural areas are less likely to have access to specialty care due to professional shortages. Children from different cultures in both rural and urban areas may face challenges accessing specialty care due to cultural norms, health beliefs and social factors.

Failure to receive needed specialty care and services impacts both child and family negatively. Lack of appropriate equipment for instance, increases the care giving burden both at home and at school. Lack of needed hearing, vision and therapy services decreases the likelihood that the child will reach his or her full potential and increases the likelihood the child will remain dependent on others into adulthood. Lack of specialty care and mental health services may result in an improper diagnosis and ineffective treatment regimens.

Evidence-Based Strategies

Telehealth

Telehealth is one methodology that has been used successfully in reaching CSHCN in rural, medically underserved communities with subspecialty care. An article in the January 2004 issue of *Pediatrics* reported that as a result of 130 telemedicine consultations with 55 CSHCN, overall satisfaction with telemedicine care was rated either "excellent" or "very good."³



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The Minnesota Telehealth Network is a partnership between Tri-County Hospital of Wadena, North Region Health Alliance, SISU Medical Systems and the University of Minnesota to share and implement telemedicine to rural medical facilities across northern Minnesota and eastern North Dakota.

The Minnesota Telehealth Registry was created in July 2007 as a joint project of the Minnesota Department of Health's Office of Rural Health and Primary Care and the University of Minnesota's Institute for Health Informatics to: aid in policy and budget planning by state agencies; enable research into telemedicine services by investigators, and promote the use of telehealth among providers, patients and the general public.

Health Care Home

A “health care home,” known nationally as a “medical home,” is an approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. The development of health care homes in Minnesota is part of the ground-breaking health reform legislation passed in May 2008. The legislation includes payment to primary care providers for partnering with patients and families to provide coordinated care. Children who have a health care home are more likely than those without one to have their need for other services met.³

Medical Home Status	No Unmet Needs (%)
No Medical Home	78.5
With Medical Home	96.5

Current Resources and Capacity

The Minnesota Children with Special Health Needs (MCSHN) section will continue to work towards improved access to specialty care for children with special health care needs through the following key program areas:

- Newborn Screening and Long Term Follow-Up
- Information and Assistance Line
- Follow Along Program
- Help Me Grow (Part C)

MCSHN District staff, assigned to districts throughout the state will continue to assist in identifying resources to:

- Promote coordinated, comprehensive care for children with special health needs
- Support the establishment of health care homes throughout the state
- Develop local capacity in assuring access to quality services for children with special health needs.
- Promote interagency collaboration and coordination between other state agencies including the Department of Human Services and the Department of Education to assure access to high quality care for children throughout the State.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005.

² Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2005.

³ Marcin JP, Ellis J, Mawis R, Nagraampa E, Nesbitt T, and Dimand RJ. *Using Telemedicine to Provide Pediatric Subspecialty Care to Children with Special Health Care Needs in an Underserved Rural Community*. Pediatrics. 2004 Jan; 113(1): 1-6.