

Using Kindergarten Readiness as an Accountability Metric for Coordinated Care Organizations in Oregon

PURPOSE

The purpose of this document is to describe the rationale for including measures of Kindergarten readiness, such as the EDI, in the metrics for which Coordinated Care Organizations (CCOs) in Oregon should be held accountable.

BACKGROUND

Oregon's health care reform efforts allow for the opportunity to make true, meaningful, lasting changes in how health care is perceived and delivered. This type of transformation requires thinking beyond the traditional boundaries of healthcare; outcomes can only be impacted by addressing the factors outside the current health system that can have profound impacts on health. These social determinants of health play a critical role in the overall health of the individual, and the health care system should be held accountable for assessing and addressing these risks.

There is an emerging body of evidence that describes how factors in early childhood can impact lifelong health and well-being. Identification of vulnerable children and families coupled with early and appropriate interventions can prevent abnormal health and developmental trajectories for the remainder of the lifespan. However, the early identification of these risk factors is crucial; by the time children enter Kindergarten, research suggests that their developmental trajectory is more or less set. True prevention calls for specific health promotion activities within the first five years of life.

Simultaneously with the health care reform efforts, the State of Oregon's Early Learning Design Team has proposed redesign of the early childhood education services. Embedded within this proposal are recommendations for screening in multiple domains of risk, including maternal mental health; family risk; general development; physical health; and behavioral / psychosocial development. These screening recommendations address many of the social determinants that negatively impact a child's Kindergarten readiness; however the recommendations were largely made to the community of early childhood educators with little mention of the role of the health care system in assessing risks and providing interventions. These two efforts – health care reform and early learning design – need to be better integrated for pediatric health care providers.

The Early Development Instrument (EDI) is a population measure of how children are developing, and is used as a predictor for Kindergarten readiness. The EDI measures five areas of early childhood development: physical health and wellbeing, social competence,

emotional maturity, language and cognitive skills, and communication skills. It is useful in predicting health, education, and social outcomes, but is an outcome measure in and of itself. Results are reported at a population level in terms of the percentage of children who are “vulnerable” in each of these domains. These results can be used within a broad community coalition to plan interventions that impact child health and development from that community from which the data is collected.

Pediatric providers are well-positioned to impact measures of Kindergarten readiness. For a child to be ready to learn in Kindergarten, specific processes must be in place:

1. Family risk factors must be identified and addressed
2. Developmental, relational, and social-emotional delays must be identified and treated
3. Appropriate preventive services, including immunizations, nutrition counseling, vision and hearing screening must be completed
4. Chronic diseases must be diagnosed, managed, and controlled, including mental health disturbances
5. Coordination of care is conducted between the health care system, home visiting, Early Intervention / Early Childhood Special Education and other early childhood community resources.

These processes are all compatible with the Patient Centered Primary Care Home (PCPCH) Standards, which suggest that a high-functioning medical system has a whole-person orientation, and is coordinated, comprehensive, and continuous. It is also in concordance with the Governor’s agenda to improve early childhood education outcomes, and would match well with the Early Learning Design Team recommendations for screening, prenatally forward, in multiple domains of health including family risk, physical health, developmental health, and social emotional/relational health. Acceptance of a Kindergarten readiness measure like the EDI would demonstrate true transformation of primary care practices into Primary Care Homes linked, coordinated and integrated with early childhood community system. This linked measurement system would represent a true state-of-the-art innovation that “builds health and kindergarten readiness” for Oregon’s children.

RECOMMENDATIONS

1. **The CCOs in Oregon should adopt, in collaboration with local education systems, the EDI as a measure of Kindergarten readiness as one of the CCO accountability metrics.**
2. **Further metrics for developmental and psychosocial screening, maternal depression screening, and family risk assessments should be adopted. CCOs**

should further adopt measures that access to, and completion of, preventive service recommendations (such as those described in Bright Futures) as accountability metrics.

- 3. Primary care homes within CCOs should be required to document clinical processes for referral and coordination of care between primary care and community-based systems.**
- 4. CCOs should foster and support process innovations in how practices work to impact Kindergarten readiness.**
- 5. The role of Home Visiting Nursing programs in family risk assessment and referral should be integrated into CCO structures.**