Opportunities, Levers, & Potential Barriers to Improving Systems and Services for Children and Youth With Special Health Needs (OCCYSHN)

Stakeholder Meeting with Richard Antonelli, MD

October 8th, 2015

OPIP
Oregon Pediatric Improvement Partnership

Goals

Provide a high-level summary of levers, opportunities and potential barriers to a focus on CYSHCN in order to:

- Provide context around discussion relative to Oregon
- Foster discussion about anything that is missing
- Help Dr. Antonelli tailor his comments and insight for all of us

Oregon Pediatric Improvement Partnership (OPIP)

- OPIP is meant to create a meaningful, long-term collaboration of stakeholders invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.

- **OPIP is dedicated to building health and improving outcomes for children and youth by:**

  1) Collaborating in **quality measurement and improvement** activities across the state;
  2) Supporting **evidence-guided quality activities** in clinical practices;
  3) Incorporating the **patient and family voice** into quality efforts; and
  4) Informing **policies that support optimal health** and development for all children and youth.

OPIP Steering & Partners Committees:

OPIP Steering Committee

- **Oregon Health Authority – Office of Health Analytics:** Charles Gallia, PhD; Sarah Bartelmann, MPH
- **Oregon Health Authority – Center for Prevention & Health Promotion, Title V:** Cate Wilcox, MPH
- **Consultant to Oregon Health Authority:** Dana Hargunani, MD, FAAP (former OHA Child Health Director)
- **Oregon Pediatric Society:** Dana Nason, MD, FAAP; Greg Blaschke, MD, MPH, FAAP
- **Oregon Center for Children & Youth with Special Health Needs:** Marilyn Hartzell, M.Ed
- **Oregon Health & Science University, Department of Pediatrics:** Douglas Lincoln, MD, MPH, FAAP
- **Oregon Health & Science University, School of Medicine:** George Mejicano, MD, MS
  Oregon School-Based Health Alliance: Tammy Alexander, M.Ed
- **Children's Health Alliance Provider:** Albert Chaffin, MD
- **Front-Line Health Care Providers:** Sandra Rood, MD (Oregon Medical Group, Eugene)
- **OPIP Parent Partner:** Alicia DeLashmutt; Pamela Dye

OPIP Partners Committee

Partners are those members listed above, plus those listed below:

- **Children's Health Alliance/ Children's Health Foundation:** Deborah Rumsey
- **Family and Community Together:** Noelle Sisk
- **Oregon Academy of Family Physicians:** Kerry Gonzales
- **Oregon Family-to-Family Health Information Center:** Tamara Bakewell
- **Oregon Health & Science University, Department of Pediatrics:** Windy Stevenson, MD; Dana Braner, MD, FAAP, FCCM
- **Oregon Health Authority – Patient-Centered Primary Care Home Program:** Evan Saulino, MD, PhD
- **Oregon Pediatric Society:** Peg (Margaret) King, MPH; Ken Carlson, MD, FAAP
- **Our Community Health Information Network:** Erika Cottrell, PhD, MPP
- **Front-Line Health Care Providers:** Ann Tseng, MD (Family Medicine, OHSU)
- **Kaiser Permanente:** Joyce Liu, MD
- **Providence Health & Services:** Resa Bradeen, MD
- **AllCare Health:** Susan Fischer

Selected Levers and Opportunities …
and potential reasons there are barriers to a focus on CYSHCN

1. Health care & measurement of health

2. Early Learning System & Early Learning Hubs

"Levers" Related to Health Care & CYSHCN

1. Development of Oregon Health Authority
2. Participation in CHIPRA Demonstration Grant
3. All Payer- All Claims Database
4. Child Health and Well-Being measures dashboard
5. **Medicaid Waiver – Some Key Elements**
   - Creation of **Coordinated Care Organizations**
     - Metrics
       - CCO-level incentive metric
       - State-level also includes "Test Measure"
     - Hold in growth of health care costs
       - Alternative Payment Methodologies
     - External quality review – Required performance improvement projects for CCOs

Coordinated Care Model

Within OHA:

- Coordinated Care Organizations (CCOs)
  - Network of all types of health care providers (physical health care, addictions and mental health care and sometimes dental care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).
  - 16 CCOs operating in communities around Oregon
- Public Employees' Benefit Board for state employees
  - Multiple plans available to employees across the state, all of which include levers and a focus on coordinated care to bring about better health and better care at lower costs.

2012-2017 Medicaid Waiver - Goals

- **Goal 1:** Medicaid Statewide Spending Growth Reduction. The demonstration will bend the Medicaid cost curve to achieve a **2 percentage point reduction** in Medicaid per capita trend by June 30, 2015 of the demonstration. Progress toward and ultimate achievement of this goal will be measured by reviewing the state and federal cost of purchasing care for individuals enrolled in Coordinated Care Organizations (CCOs).

- **Goal 2:** Improving Statewide Care **Quality and Access**. Oregon Medicaid beneficiaries will experience improved access to care and quality of care over the five-year program period of July 2012 – June 2017, compared to a baseline level of performance.

2015 Incentive Metrics

1. Adolescent well-care visits
2. Alcohol or other substance abuse
3. Ambulatory care: Emergency department utilization
4. CAHPS Composite: Access to care
5. CAHPS Composite: Satisfaction with care
6. Colorectal cancer screening
7. Controlling high blood pressure
8. Dental sealants on permanent molars for children
9. Depression screening and follow-up plan
10. Developmental screening in the first 36 months of life
11. Diabetes: HbA1c Poor Control
12. Effective contraceptive use among women at risk of unintended pregnancy
13. EHR Adoption
14. Follow-up after hospitalization for mental illness
15. Mental, physical and dental health assessments within 60 days for children in DHS Custody
16. Patient Centered Primary Care Home Enrollment
17. Prenatal and postpartum care: Timeliness of prenatal care

State Performance Test Measures for 2015

Includes all incentive metrics PLUS the following:

18. Appropriate testing for children with pharyngitis
19. CAHPS: medical assistance with smoking cessation
20. Childhood immunizations status
21. Cervical cancel screening
22. Child and adolescent access to primary care practitioners
23. Chlamydia screening in women ages 16-24
24. Comprehensive diabetes care: LDL-C Screening
25. Comprehensive diabetes care: Hemoglobin A1Ca
26. Elective delivery before 39 weeks
27. Follow-up care children prescribed ADHD meds
28. Immunization of adolescents
29. Plan all-cause readmission
30. Prenatal and postpartum care: Postpartum Care Rate
31. Diabetes, short term complication admission rate
32. Chronic obstructive pulmonary disease admission
33. Congestive heart failure admission rate
34. Adult asthma admission rate
35. Well-child visits in the first 15 moths
36. Provider Access Questions from the Physician Workforce Survey (Accepting patients. Have Medicaid/OHP patients, current payer mix)

2015 Incentive Metrics that Include Children in the Denominator

1. Adolescent well-care visits
2. Alcohol or other substance abuse
3. Ambulatory care: Emergency department utilization
4. CAHPS Composite: Access to care
5. CAHPS Composite: Satisfaction with care
6. Dental sealants on permanent molars for children
7. Depression screening and follow-up plan
8. Developmental screening in the first 36 months of life
9. EHR Adoption
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2015 Incentive Metrics Where the Denominator is CYSHCN

Oregon's Patient Centered Primary Care Home (PCPCH Program)

- State-specific definition and accreditation
  - General definition, not specific to certain populations
  - Component of a CCO incentive metric
- Scoring used to identify practices within "Tiers", with Tier 3 being the highest
  - 94% of accredited practices are Tier 3
  - CCOs get incentive monies based on number of members who go to a PCPCH
    - High variability within CCO on use of PCPCH tiers for alternative payment reform, in some – there is none
  - Some incentive to privately insured OHA members for reduction in co-pays
- Currently a Standards Advisory Committee (SAC) is considering revisions
  - Strengthen standards
  - Consideration of behavioral health integration
  - Behavioral health homes

Performance Improvement Projects

CCOs are required to conduct **three PIPs** and **one focus study** that target improving care in at least four of the following seven areas:

1. Reducing preventable re-hospitalizations
2. Addressing population health issues (such as diabetes, hypertension, and asthma) within a specific geographic area by harnessing and coordinating a broad set of resources, including community workers, public health services, and aligned federal and state programs
3. Deploying care teams to improve care and reduce preventable or unnecessarily costly utilization by "super-users"
4. Integrating primary care and behavioral health
5. Ensuring that appropriate care is delivered in appropriate settings
6. Improving perinatal and maternity care
7. Improving primary care for all populations through increased adoption of the Patient Centered Primary Care Home (PCPCH) model of care throughout the CCO's network
    - Of the three PIPs, one is the statewide PIP which falls under integrating primary care and behavioral health focus area and has been focused on opioid use

Performance Improvement Projects Primarily Focused on CYSHCN

Early Learning System & Early Learning Hubs

- Senate Bill 909 (2011) established the Oregon Education Investment Board (OEIB) and Early Learning Council (ELC)

Goals:

1. Children arrive at kindergarten ready to succeed
2. Families are healthy, stable and attached
3. Early Learning System is coordinated, aligned and family-centered

What is an Early Learning Hub?

- Early Learning Hubs support underserved children and families in their region to learn and thrive by making resources and supports more available, more accessible and more effective.
- Hub functions:
  1. **Identify the populations** of children most at-risk of arriving at kindergarten unprepared for school.
  2. **Identify the needs** of these children and their families
  3. **Work across sectors** to connect children and families to services and support that will meet their needs.
  4. **Account for outcomes** collectively across the system.
- Hubs are not direct providers of services.
- Currently there are N=16 HUBS regionally distributed across the state

Potential Levers in ELS for CYSHCN

- Focus on identifying and coordinating care for at-risk children
  - Home visiting
  - Early Intervention
- Family resource management
- Quality childcare for all children
  - Inclusive programs for CYSHCN

Joint Committee of the Early Learning Council and Oregon Health Policy Board

- The Joint Committee of the Early Learning Council and Oregon Health Policy Board worked together in 2013 to make sure all children in Oregon are healthy and Kindergarten ready.
  - Goal is to integrate health care and early learning policies, share resources, and align goals to help children in Oregon get the health care and the education they need to thrive and be healthy.

Areas Where Wisdom & Insight Would be Invaluable

- Levers within Coordinated Care Model
  - Heavy investment in these fundamental restructures CCOs & Early Learning Hub Structures
- Thinking ahead:
  - Next Waiver and opportunities to enhance a focus on CYSHCN
    - Definition of CYSHCN, specific strategies to ensure quality for them
    - Metrics
    - PIP
    - Alternative payment models for CYSHCN
  - Metrics used to gauge success and guide efforts across health and education