NEW YORK STATE | Department of Health | Office of Health Insurance Programs

Preventive Pediatric Care Clinical Advisory Group:

A Recommendation from First 1000 Days

May 29, 2018

Agenda

Morning

- Welcome and Introductions
- Introduction of Co-Chairs
- Context for First 1000 Days and Children's VBP
- Problem Statement
- Charge from NYS Department of Health
- Framework for Implementation toward Pediatrics 3.0

Afternoon

- Discussion Questions
- Homework
- Next steps

Welcome and Introductions

First 1000 Days on Medicaid

Context for Preventive Pediatric Care Clinical Advisory Group

Suzanne Brundage

Director, Children's Health Initiative

United Hospital Fund

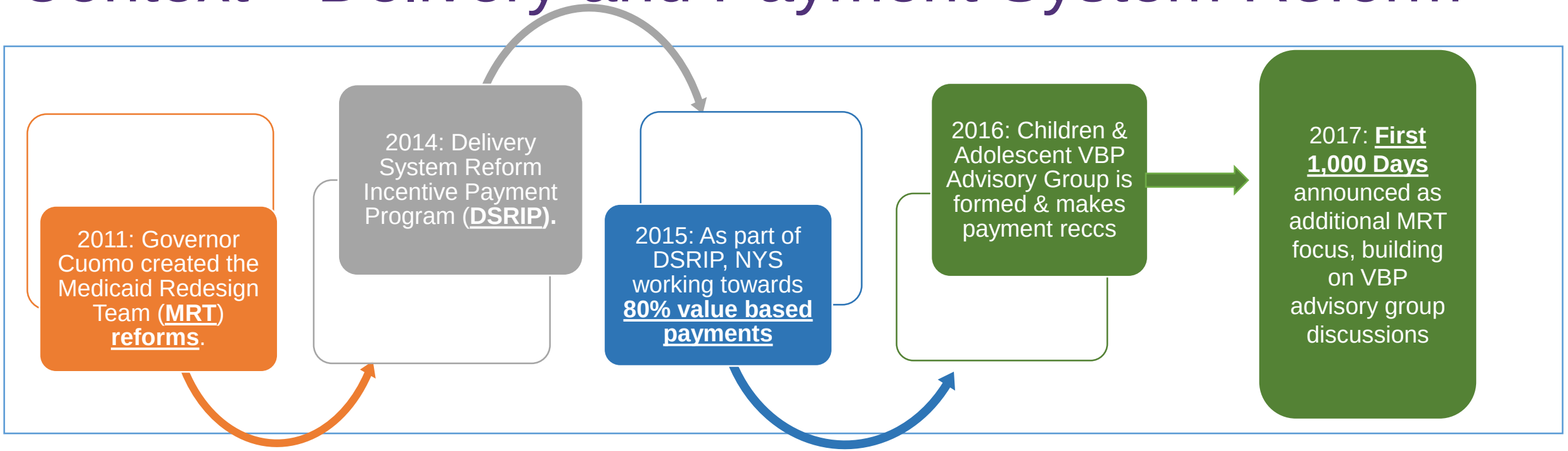
Context—Children in NY Medicaid

- Medicaid covers 43% of all children under age 21 in New York State
- Children account for 37% of all NYS Medicaid Enrollees
- Most, but not all, children are in managed care
- VBP only applies to children in managed care

Enrollment Aug 2017	2,259,071
Managed Care	2,037,665
Fee For Service	221,406
Age Breakdown	> age 1: 6% 1-4: 22% 5-9: 26% 10-13: 18% 14-17: 17% 18-20: 11%

Sources: New York State Medicaid Program Enrollment by Month – Health Data NY; Census Bureau American Fact Finder ACS Demographic and Housing Estimates; United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Context—Delivery and Payment System Reform



Additional State Efforts

- Children's Health Homes
- State Innovation Model (SIM) and NYS PCMH
- NYS Office of Mental Health: Healthy Steps Pilot
- NYS Early Childhood Comprehensive Systems (ECCS) grant

Regional Efforts

- Multiple "collaborative impact" initiatives
- NYC maternal depression collaborative
- NYC Partnerships for Early Childhood Development grant program

Importance of First 1,000 Days of Life

A child's brain develops rapidly in the first 3 years of life, and we now know what kinds of interventions can help or hinder this process.

Early experiences' effect on the brain and body partially explain significant disparities in health and learning by school entry – especially for children living in poverty.

Synapses (Connection between brain cells) at birth, 3 months, and 2 years

Long-Term Perspective

40% of children enter kindergarten not ready*

42% of 3rd Graders are Proficient in Reading

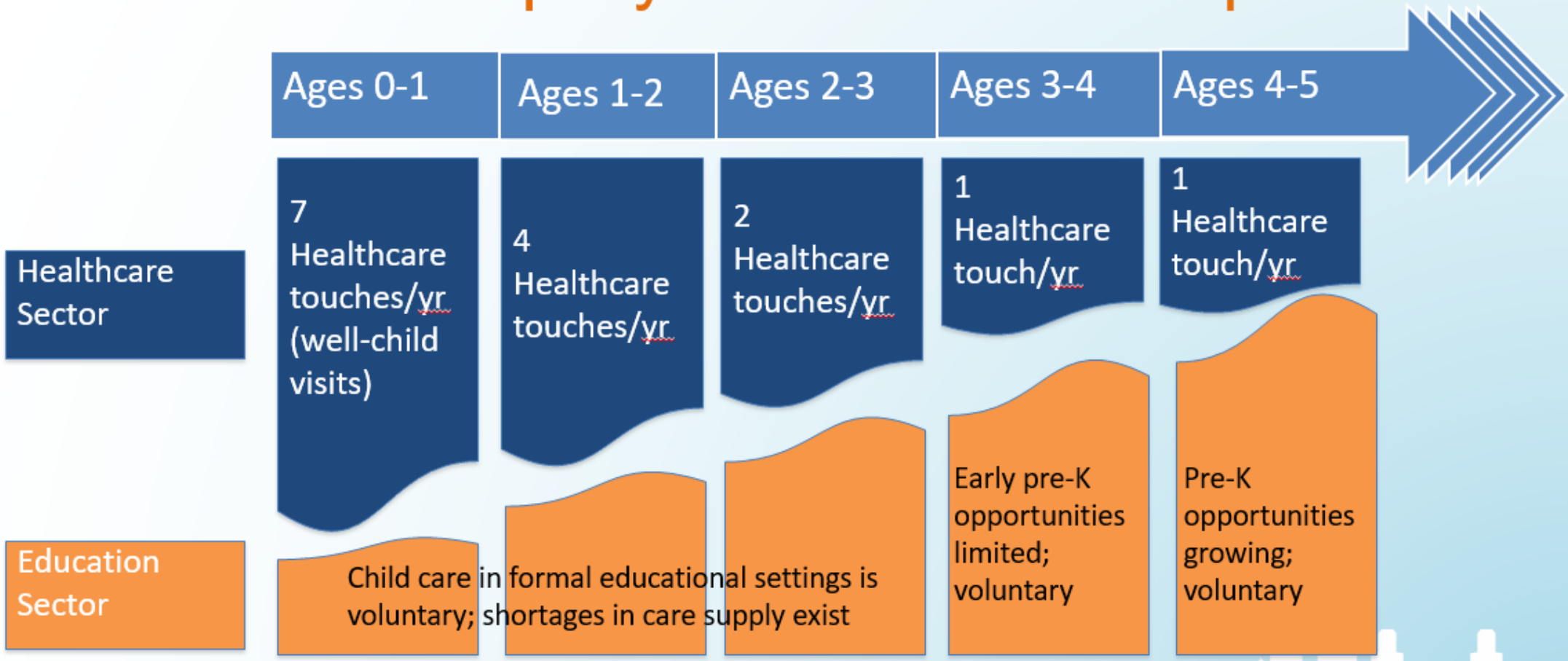
24% of 8th Graders are Proficient in Math*

80% of High Schoolers Graduate in 4 Years

65% of graduates enroll in post-secondary

50.5% of SUNY 4-yr students complete in 4 years; 67% complete in 6yrs

Healthcare Uniquely Positioned for Impact



Medicaid's Role

- 51% of all births are covered by Medicaid
- 48% of New York's children 0-18 are covered by Medicaid
- 59% of children 0-3 in NYS are covered by Medicaid

Pediatricians and family physicians play an important role in the early years. Over 80% of publicly insured children in New York make 5 or more well-child visits in the first 15 months of life.

First 1,000 Days on Medicaid: Charge

Develop a 10-point plan for how Medicaid can improve health/development of children ages 0 to 3 that is:

- **Affordable** – Reasonable cost to state Medicaid
- **Cross-sector** – Collaboration beyond health care
- **Feasible** – Able to be implemented in near term through Medicaid levers
- **Evidence-based** – Proposed interventions or approaches are backed by strong evidence
- **High Impact** – Likely to improve outcomes for children, reduce disparities, and encourage systems change

First 1,000 Days on Medicaid: 10-Point Plan

Final Rank	Proposal Description
1	Proposal 17 - Braided Funding for Early Childhood Mental Health Consultations
2	Proposal 10 - Statewide Home Visiting
3	Proposal 1 - Create a Preventive Pediatric Clinical Advisory Group
4	Proposal 4 - Expand Centering Pregnancy
5	Proposal 2 - Promote Early Literacy through Local Strategies
6	Proposal 14 - Require Managed Care Plans to have a Kids Quality Agenda
7	Proposal 5 - New York State Developmental Inventory Upon Kindergarten Entry
8	Proposal 20 - Pilot and Evaluate Peer Family Navigators in Multiple Settings
9	Proposal 18 - Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy
10	Proposal 16 - Data System Development for Cross-Sector Referrals

Related Issue: Children's Value-Based Payment

- ❑ State-sponsored Children's Advisory Group worked from August 2016 – September 2017.
- ❑ Developed three core Advisory Group "products."

1. Conceptual "North Star" framework intended to guide the State's future deliberations about children enrolled in Medicaid;
2. Draft recommendations pertaining to a child-specific VBP model, measures, and future work focused on children with complex needs; and
3. Measure set which could be applied to VBP arrangements for children in 2018 and proposed expansion of some maternity measures for other VBP arrangements beginning in 2019.

Value Based Payment (VBP) Recommendations

1. **VBP Principles and Payment Models** – Creating an additional, voluntary Level 3 Pediatric Primary Care Capitation (PPCC) VBP arrangement focused on generating health improvements for the 90 percent of children who are considered “low-cost” in Medicaid.
2. **Quality Measures** – Creating a Universal Child Measure Set applicable to Total Care for the General Population (TCGP), Integrated Primary Care (IPC), and PPCC arrangements, drawing heavily on existing TCGP and IPC measures. Encouraging the Maternity CAG to consider an additional measure and recommending the inclusion of four existing maternity measures in the TCGP arrangement due to their applicability to child health.
3. **Additional Work / Deliberations** – Supporting further work by DOH and appropriate advisory bodies on: VBP appropriateness and opportunities for vulnerable subpopulations of children and adolescents; continued development and refinement of the North Star Framework and child-specific measures; and developing pilots towards the *broader goals of pediatric system transformation* and cross-system accountability.

United Hospital Fund

Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age

	Preterm to 1 Month	1 Month to 1 Year	1 Year to 5 Years
Overarching "North Star" Goals	**Optimal birth outcomes for mother and child**	**Optimal physical health and a secure attachment with a primary caregiver**	**Optimal physical health and developmentally on track at school entry**
Key Indicators	• Birthweight <2500 grams • Preterm births • Severe maternal morbidity	• On-target developmental and social-emotional screens • Reported cases of abuse and neglect	• On-target developmental and social-emotional screens • ED visits for unintentional injury • Expulsions/suspensions • Kindergarten readiness using standardized tool (aspirational) • Reported cases of abuse and neglect
High-Value, Often Underutilized Primary Care Strategies	**Early and regular prenatal care visits including:** • Birth spacing/contraceptive use counseling • Breastfeeding encouragement • Care transition plan for use by obstetrician, newborn nursery and primary care doctor • Screening/treatment for preterm birth risks and tobacco/substance use **Co-located/integrated behavioral health services** **Screening/referrals for:** • Adverse Childhood Experiences (ACEs) • Social determinants of health • Domestic violence/personal safety • Maternal depression **Enhancing parental skills through evidence-based education/home visitation programs** **Seamless information exchange between women's health and child health providers**	**Regular well-child visits including:** • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral **Co-located/integrated behavioral health services** **Screening/referrals for:** • ACEs • Social determinants of health • Domestic violence/personal safety • Maternal depression **Enhancing parental skills through evidence-based education/home visitation programs** **Seamless information exchange between women's health and child health providers (when mother is primary caregiver of child)**	**Regular well-child visits including:** • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral • Dental screening/treatment • Eye and hearing examination/referral • Vaccinations **Co-located/integrated behavioral health services** **Screening/referrals for:** • ACEs • Social determinants of health **Enhancing parental skills through evidence-based educational programs** **Management/treatment of chronic conditions**

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United Hospital Fund

Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age

6 Years to 10 Years	11 Years to 14 Years	15 Years to 21 Years
Overarching "North Star" Goals		
Staying healthy and strengthening social, emotional and intellectual skills	**Staying healthy and coping effectively with challenges of early adolescence**	**Staying healthy and able to succeed in the world of work, school, and other adult responsibilities**
Key Indicators		
• Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Grade progression • Standard 3rd-grade reading scores	• Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use	• Algebra 1 Regent passing • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use • Cohort graduation • Post-secondary enrollment • Pregnancy, ages 15-17
High-Value, Often Underutilized Primary Care Strategies		
Regular well-child visits including: • Weight/nutrition/physical activity counseling • Dental screening/treatment **Co-located/integrated behavioral health services** **Screening/referrals for:** • ACEs • Social determinants of health • Behavioral health risks **Enhancing parental skills through evidence-based educational programs** **Management/treatment of chronic conditions**	**Regular adolescent visits including:** • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations **Co-located/integrated behavioral health services** **Screening/counseling/referrals for:** • ACEs • Social determinants of health • Behavioral health risks **Enhancing parental skills through evidence-based educational programs** **Management/treatment of chronic conditions**	**Regular adolescent visits including:** • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations **Co-located/integrated behavioral health services** **Screening/counseling/referrals for:** • ACEs • Social determinants of health • Behavioral health risks **Management/treatment of chronic conditions**

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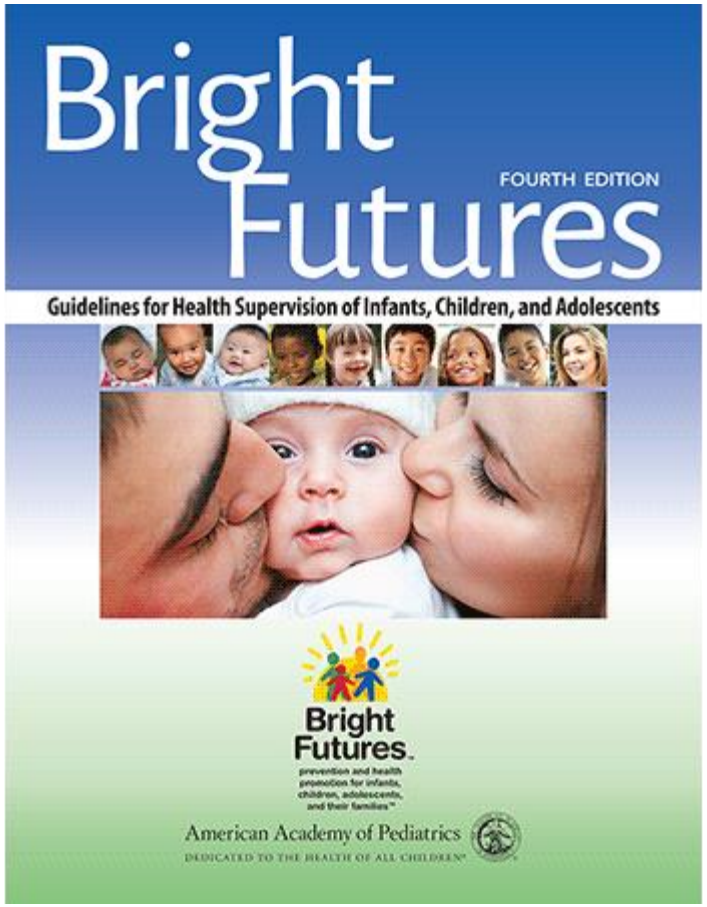
Summary

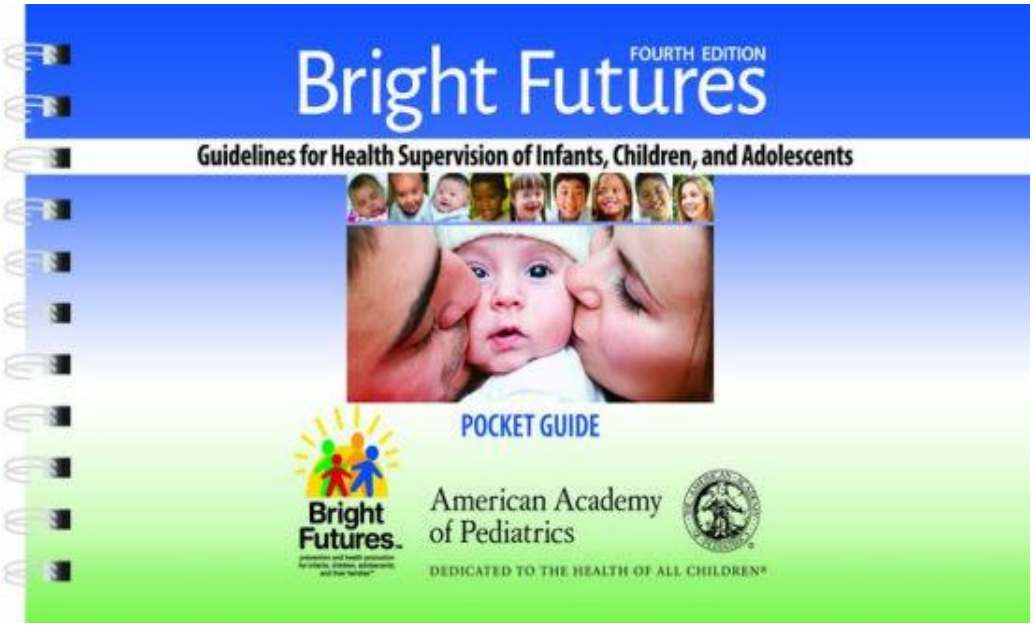
- State-level recognition of importance of earliest years of life in shaping long-term health and well-being
- State-level recognition of unique role played by Medicaid and children's primary care providers, *along with other sectors*, during those critical years
- Pathway in place for reforming payment to better support children's primary care, including behavioral health integration
- Widespread consensus on need to improve structure and capacity of pediatric primary care to more fully deliver on its potential to improve child health and development

Problem Statement

Mary McCord MD MPH Director of Pediatrics, Gouverneur Health
Dennis Kuo, MD, MHS, Associate Professor, University at Buffalo; Chief, Division of General Pediatrics

- Pediatrics 1.0:
  - Effectively addressed infectious disease and nutrition-related morbidity
- Pediatrics 2.0:
  - Added chronic disease management and developmental/ behavioral morbidity as a focus
- Pediatrics 3.0 ???



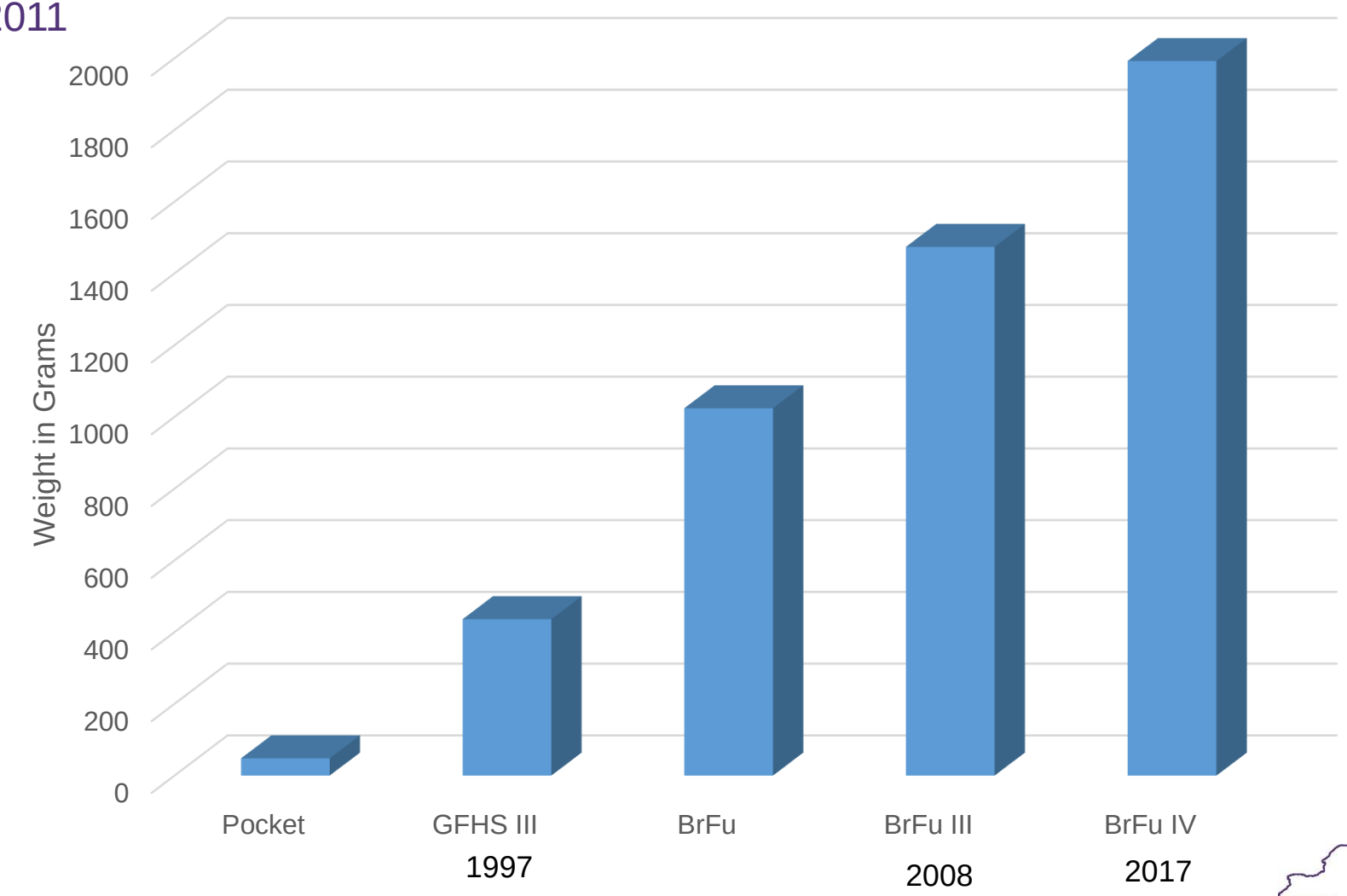


Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition, AAP, 2017

Well-Child Visit Guidelines:

Trend in Book Weight

Robert Needleman 2011



Drowning in a Sea of Advice

Belamarich *et al. Pediatrics* Oct 2006

- 57 AAP policies with 192 discrete advice directives
- 96% created 1993-2002
- 41% required a screening question to identify target population (~78 questions).
- None offered evidence that office-based intervention was effective.

Our Objective

- Outline NY State vision for Pediatrics 3.0
- Bright Futures as the backbone
- Consider practice level
- Consider reimbursement

Department of Health Charge to Preventive Pediatric Care Clinical Advisory Group

Douglas Fish, MD, Medical Director, OHIP – DOH
Christopher Kus, MD, MPH, Associate Medical Director, DFH, OPH - DOH

First and Foremost!

- *Thank you for agreeing to participate!*
- You are the experts on the front lines of pediatric care
- How do we support Primary Care Practitioners in all setting types to be able to better care for the children in their practices?

Charge 1 (of 3)

- To develop a framework/model for how to best organize well–child visits/pediatric care in order to implement the *Bright Futures* Guidelines (the American Academy of Pediatrics standard of care).

https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/2017-12-01_proposal_desc.htm

Charge 2 (of 3)

- To identify barriers, incentives, and new system approaches for doing what is expected of pediatricians as identified by *Bright Futures*.
  - Children ages zero to three are expected to make at least thirteen recommended preventive pediatric care (well–child) visits during that time period.
  - Each of these visits is an opportunity to identify risks to health and development and to strengthen the capacity of families to promote a child´s developmental trajectory.

https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/2017-12-01_proposal_desc.htm

Charge 3 (of 3)

- The group will make recommendations to the New York Medicaid program on how to work with managed care organizations and providers to turn *Bright Futures* implementation guidance into routine practice.

https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/2017-12-01_proposal_desc.htm

Considerations (1 of 2)

- How to risk stratify families and match families to a practice´s available supportive resources;
- How to work collaboratively with a parent/guardian´s health providers and health supportive community partners;
- Use of care coordination tools and protocols;
- Review and selection of proposed models for the integration of maternal and child mental health into pediatric primary care;
- Selection and timing of specific early childhood screening tools, including developmental screeners and social determinants of health screeners;
- How to incorporate trauma–informed care into practice, including how to identify and address Adverse Childhood Experiences (ACEs);

Considerations (2 of 2)

- Use of multi–disciplinary teams for delivering evidence–based programs;
- How to integrate behavioral health care for children into primary care settings;
- How to incorporate vision, hearing, and dental screens and/or interventions;
- Development of systems to receive follow–up after screening and referral to offsite programs, including to Early Intervention providers;
- Delivering culturally and linguistically appropriate care; and
- Integration of primary prevention programs, particularly those that support families with parenting skills.

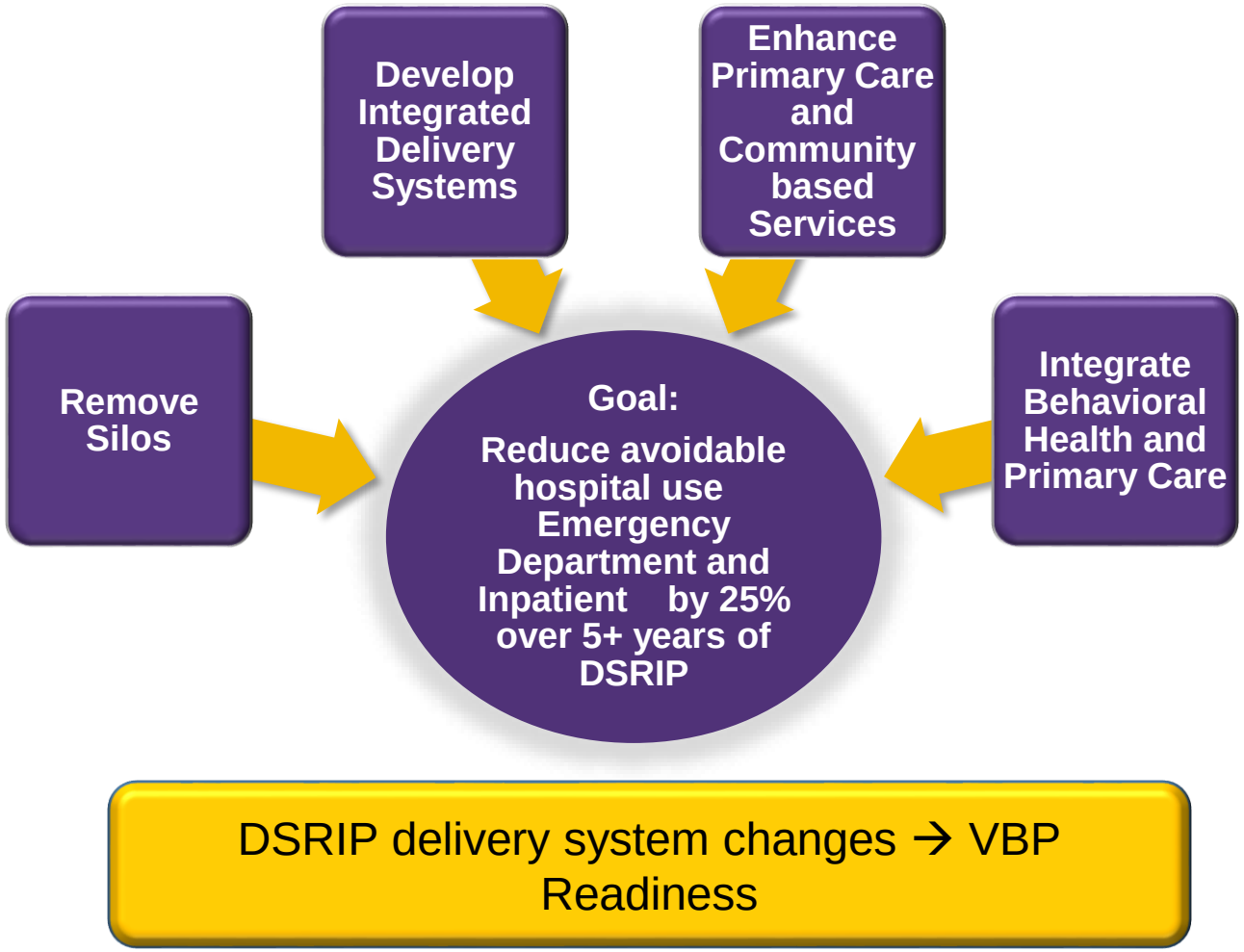
Goal

- The end goal of addressing these structural components of well–child visits/pediatric practice is to ensure that all children visiting primary care receive the most effective care possible.

Timeline

- *Meeting 1 (5/29/18)* Background, Defining the Problem & Charge
  - Reviewing available models
  - Developing initial sketch/outline of a model
- *Meeting 2* Model Refinement
  - Implementing Bright Futures
  - Beginning of recommendation development for how to move from where practices are today to the new model
- *Meeting 3* Continued Development of Recommendations
- *Meeting 4* Finalize Model and Recommendations

Delivery System Reform Incentive Payment (DSRIP) Program Objectives

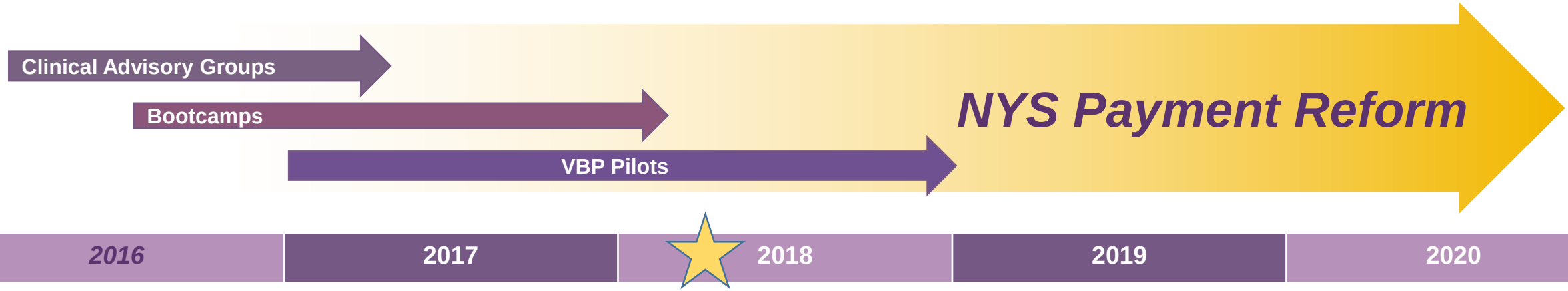


- DSRIP was built on the CMS and State goals in the Triple Aim:
  - Improving quality of care
  - Improving health
  - Reducing costs
- 25 Performing Provider Systems (PPS) were recognized by New York to lead Medicaid's health care transformation efforts.

Source: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/. Accessed May 5, 2016.

VBP Transformation: Overall Goals and Timeline

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.



DSRIP Goals

April 2017

PPS requested to submit growth plan outlining path to 80-90% VBP

April 2018

≥ 10% of total MCO expenditure in Level 1 VBP or above

April 2019

≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 15% of total payments contracted in Level 2 or higher

April 2020

80-90% of total MCO expenditure in Level 1 VBP or above
≥ 35% of total payments contracted in Level 2 or higher

Acronyms: NYS = New York State; PPS = Performing Provider System; MCO = Managed Care Organization

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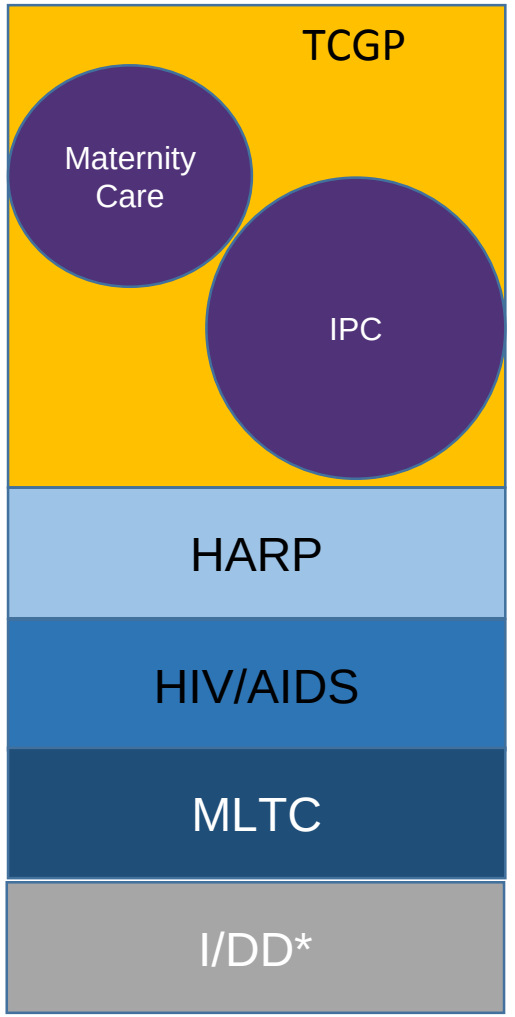
VBP Arrangements

There is no single path towards Value Based Payments. Rather, there are a variety of options from which MCOs and providers can jointly choose:

Arrangement Types

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC, HARP, HIV/AIDS, and I/DD* subpopulations.
- Episodic Care
  - **Integrated Primary Care (IPC):** All costs and outcomes associated with primary care, sick care, and a set of chronic conditions selected due to high volume and/or costs.
  - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for mother.
- Total Care for Special Needs Subpopulations: Costs and outcomes of total care for all members within a subpopulation exclusive of TCGP.
  - **HARP:** For those with Serious Mental Illness or Substance Use Disorders
  - **HIV/AIDS**
  - **Managed Long Term Care (MLTC)**
  - **I/DD***



VBP Contractors can contract TCGP as well as Subpopulations as appropriate; nothing mandates that the Roadmap-defined arrangement types must be handled in standalone contracts.

*Total Care for the I/DD Subpopulation will be available as an arrangement when the population is moved to managed care.
Acronyms: MLTC = Managed Long Term Care; HARP = Health and Recovery Plans; I/DD = Intellectually/Developmentally Disabled

Children's Transition Timeline	
Health Home Care Management	
Milestone	Implementation Dates
Current 1915c Waiver Care Manager Transitioning to Health Home Care Management	Beginning 10/1/2018
VFCA 29I Licensure	
Licensure of all VFCAs	November 15, 2018 – December 31, 2018
Applications Due	July 31, 2018
VFCA contract and claims test with Managed Care Plans	January 1, 2019 – June 30, 2019
State Plan Services	
Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports (OLP, PSR, CPST)	January 1, 2019
Family Peer Support Services (FPSS)	July 1, 2019
Youth Peer Support and Training & Crisis Intervention (YPS, CI)	January 1, 2020
1915c Waiver(s) Transition to 1115 Waiver	
Authority for the following six 1915c Children's waiver(s) will transition to 1115 Waiver: • OMH SED • DOH Care at Home (CAH) I/II • OPWDD CAH • OCFS Bridges to Health (B2H) SED • OCFS B2H Developmentally Disabled • OCFS B2H Medically Fragile	January 1, 2019
HCBS will be part of Managed Care benefit	January 1, 2019
OMH SED, DOH CAH and OPWDD Care at Home will transition to Managed Care	January 1, 2019
A child that is in B2H, receiving HCBS services and that is no longer in Foster Care will transition to Managed Care and receive their HCBS from the plan	January 1, 2019
B2H transitioning children in Foster Care will receive HCBS through fee-for-service	January 1, 2019 through June 30, 2019
B2H children in Foster Care will transition to Managed Care	July 1, 2019
Note: Children transitioning to 1115 that are currently receiving crisis intervention, family peer supports, and youth peer supports and training under a 1915c waiver will continue to receive these services under the 1115 authority; this ensures no break in service for these children.	

Summary

- The Medicaid program is transforming to a value based system of care.
- Children are now the focus of many efforts in Medicaid.
- Wise investments in the early years of life will have benefits in healthier and more productive communities.
- We are grateful for your wisdom, expertise, and experience to help New York continue to be a leader in these national transformation efforts.

Framework for Implementation toward Pediatrics 3.0

Mary McCord MD MPH Director of Pediatrics, Gouverneur Health
Dennis Kuo, MD, MHS, Associate Professor, University at Buffalo; Chief, Division of General Pediatrics

Pediatric Primary Care Patient Centered Medical Home

- Well Child Care
  - Health Promotion and Disease Prevention
  - Managing Childhood stages to optimize outcomes

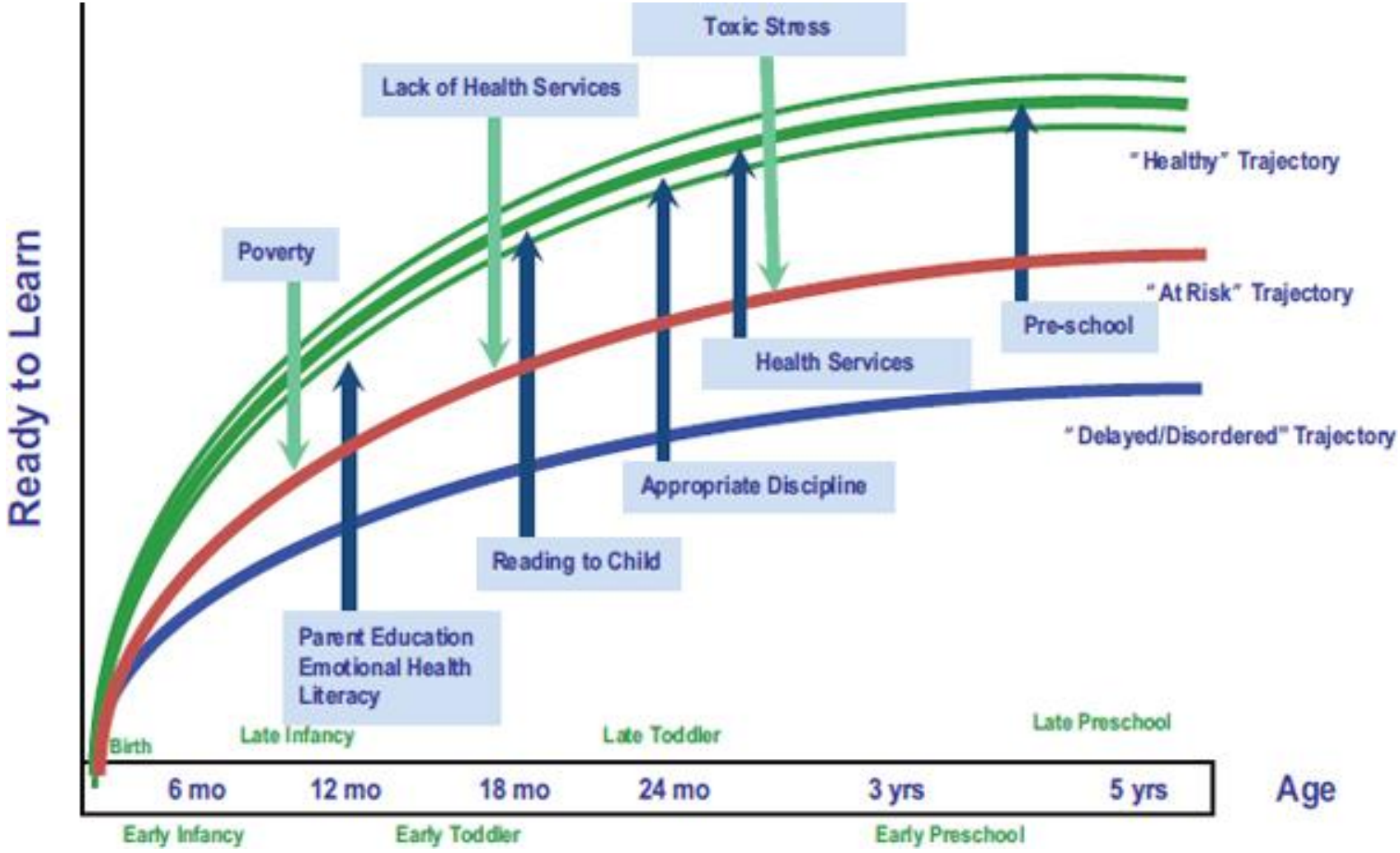
- Illness Care
  - Chronic Conditions
    - Mental Health (ADD, Depression, Maternal Depression)
    - CSHCN – Diverse group
    - Asthma – Small group, adult model applicable

- Acute illness care

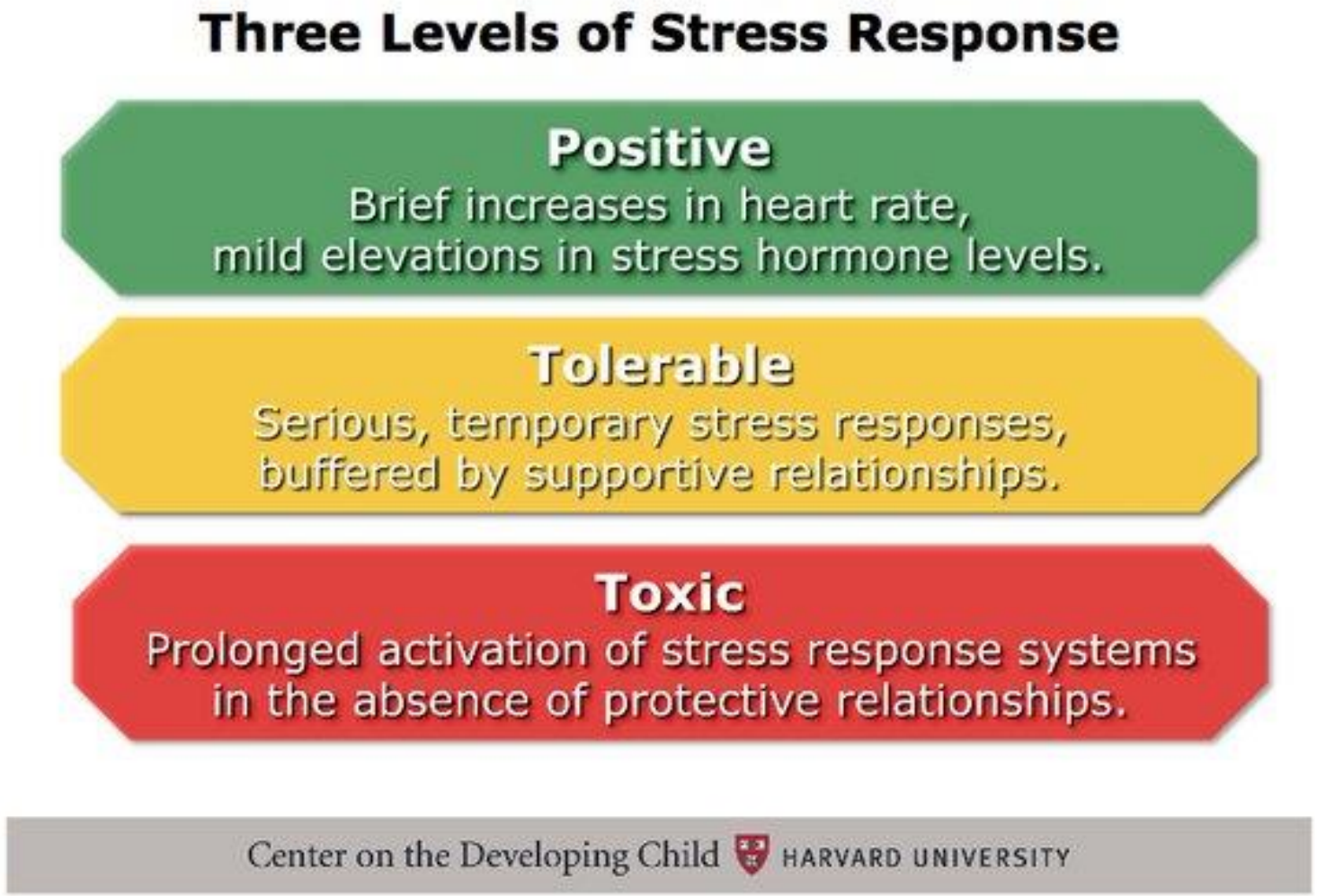
Argument for First 1000 Days Focus

- 90+% of children attend Well Child Care (WCC) multiple times in first 3 years.
- No other system interacts systematically with 0-3 age group.
- Brain science says this is where the population health impact opportunity is for Pediatric primary care.

Early Childhood – Opportunity for Long-term Impact



Toxic Stress



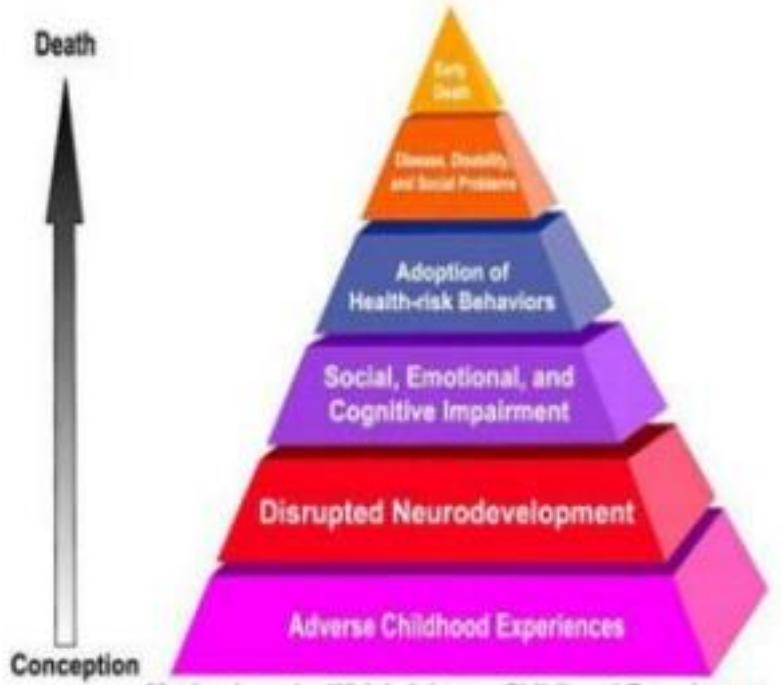
STANFORD COORDINATED CARE
Care with the Patient at the Center

The Often *Hidden* Driver:

Adverse Childhood Events

ACE Score = 1 point each for positive responses to 10 questions inquiring about exposure to:

- **Physical abuse**
- **Emotional abuse**
- **Sexual abuse**
- **Physical neglect**
- **Emotional neglect**
- **Divorce/separation**
- **Domestic violence in the home**
- **Parent that used drugs or alcohol**
- **Parent that was incarcerated**
- **Parent that was mentally ill**



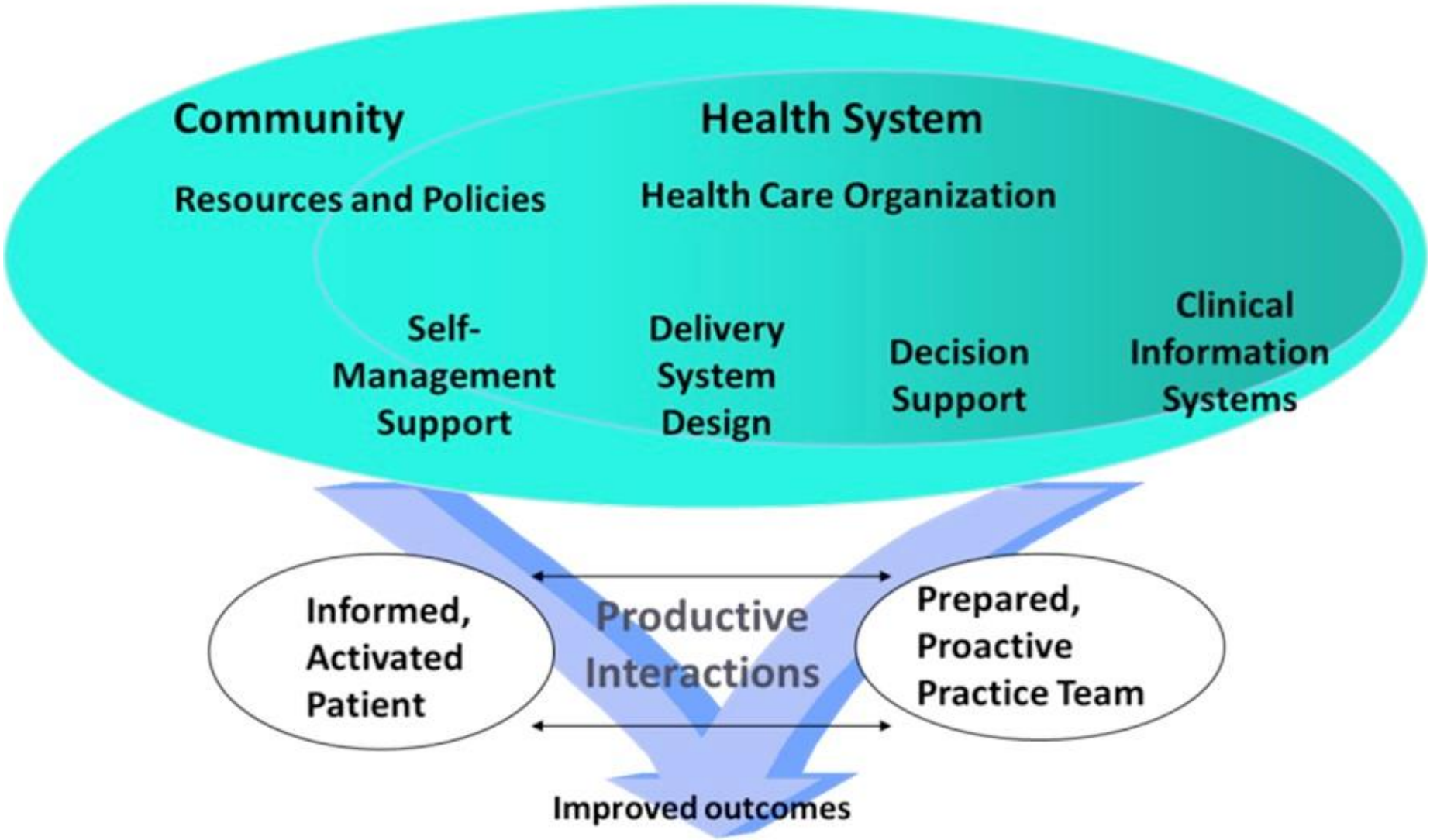
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

From: www.acestudy.org

Managing Early Childhood to Optimize Long-term Outcomes

- Early Childhood Focus – strong science tells us there is an opportunity for long-term impact
- Maximize Public Health Impact of Pediatric WCC
  - Population Health Outcomes
- 2 Generation Care – Attending to parent needs will help children
- PCMH and DSRIP Program resources should be focused on Early Childhood care

Chronic Care Model



2 Generation Care – Vision Mother is Your Patient, too

- Address Maternal Depression
- Support positive parenting with focus on trauma-exposed mothers
- Prevent unintended pregnancy for mothers of young children
- Address Social Determinants of Health (SDH) (poverty needs)

Screening for Development and Social Determinants of Health
Link to Community Resources

- Maternal ACEs
- Specific needs – food, housing
- Maternal Depression
- Specific risks – Domestic violence, Substance Use, other mental illness, homeless
- Child behavior and development
- Geo-mapping to high risk census tracts

Apply Chronic Disease Model to Support Early Childhood

- Risk Stratify
- Define Care Bundles for different risk levels and follow with registry
- Develop systematic linkages with Community-based EC services
- CHWs to work closely with high risk mothers
- Make Positive Parenting the focus of “Anticipatory Guidance”
- Practice re-design and Quality Improvement focused on this agenda

Challenges

- Screen effectively
  - ALL patients
  - Risk Stratify
  - Reliable follow-up

- Resources needed
  - Allocate PCMH and DSRIP resources to Pediatric care
    - Care Coordinators
    - QI data resource

- Maternal care documented in infant chart

Challenges (continued)

- Too much to do, too little time
  - Prioritize this agenda
  - Team approach
    - Link to OB/GYN – don’t do double work
    - MAs and nursing roles in health education

- Limit required items and focus on outcomes – Focus Quality Agenda here

Early Childhood – Opportunity for Long-term Impact

"*Brains continue to be built after birth, primarily through interactions with family members and other important adults in a child's life.* …it is not commonly accepted by the scientific community that individuals are shaped through a dynamic interplay between their genetic makeup and the environments in which they live. This theory of gene-environment interaction has been described as 'nature dancing with nurture'."

Jack Shonkoff, Harvard Center for the Developing Child, *Neurons to Neighborhoods*

References

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- Olin et al
  - Can Postpartum Depression Be Managed in Pediatric Primary Care? *J Womens Health* Nov 2015
- Samaan ZM *et al.*
  - Implementation of a Preventive ServicesBundle in Academic Pediatric Primary Care Centers. *Pediatrics*. 2016;137(3):e20143136

Lunch

Discussion Questions

How do we move from Pediatrics 1.0 to 3.0?

What goals should lead model development (e.g. adoption of North Star goals, other goals)?

Based on the models presented today (or other models out there), what are the best features or components on which NY should focus?

What does the evidence suggest is most important to include in the model?

How do we effectively integrate behavioral health care for children into primary care settings?

Homework

- Review articles sent out with meeting notice, if you haven't already.

- Bring 3 ideas for key components of what an "Advanced Pediatric Primary Care" practice should look like in NY State in 2018.

Next Steps

- *Meeting 2* – Model refinement/Beginning of recommendation development for how to move from where practices are today to the new model
- *Meeting 3* – Continued development of recommendations
- *Meeting 4* – Model and review of recommendations

Meeting Dates

- July 10 for Meeting #2
- Sept. 11 for Meeting #3
- October 30th for Meeting #4
- Proposal is to convene #2 & 3 as WebEx meetings, with Meeting #4 again in person

Resources

- First 1000 Days
  - https://www.health.ny.gov/health_care/medicaid/redesign/1000_days/2017-12-01_proposal_desc.htm
- Bright Futures Guidelines Summary
  - https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
- DSRIP Program
  - https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/
- VBP Resource Library
  - https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/