Achieving the Promise of the Children's Medicaid Benefit through an Integrated Health Care Delivery System

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Nemours Integrated Child Health System

- Nemours is a non-profit organization dedicated to children's health & health care
- Nemours offers pediatric clinical care, research, education, advocacy, and prevention programs. Nationally, the goal is to improve child health and wellbeing, leveraging clinical and population health expertise
- Nemours operates Alfred I. duPont Hospital for Children and outpatient facilities in the Delaware Valley and a new state-of-the-art Children's Hospital in Orlando and specialty care services in Northern/Central Florida.
- Nemours focuses on child health promotion and disease prevention to address root causes of health
 - Preventing childhood obesity and emotional/behavior health were the first initiatives
 - Complements and expands reach of clinicians using broader, community-based approach



Roots of Problem/Environmental Drivers

Main Determinants of Health

- 40% Behavior (tobacco, alcohol, obesity, auto safety, etc.)
- 20% Environment and social circumstances
- 30% Genetics
- 10% Health care delivery



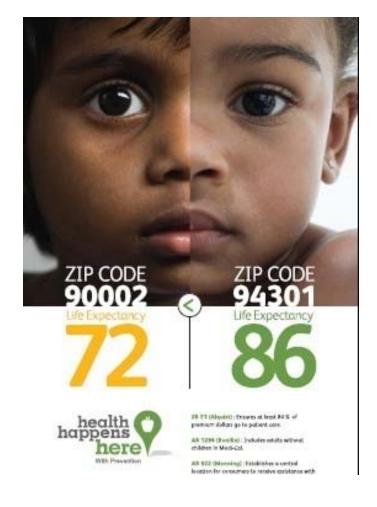
High Cost

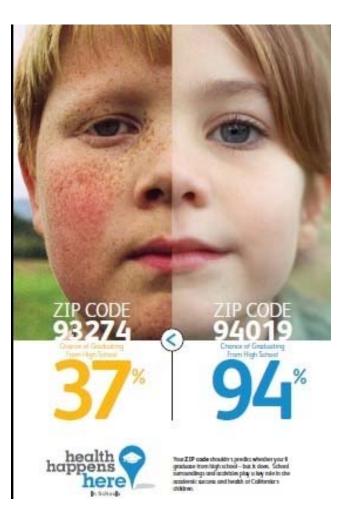
- In 2007, \$7,123 per person spent on health care in U.S.
- Below average life expectancy compared to 30 other developed countries
- Children: 26% of population, 13% of health care dollars
- 15% of children have chronic diseases accounting for 70%+ of pediatric health costs

McGinnis JM & Foege WH. Actual causes of death in the United States. JAMA 1993; 270(18):2207-12 McGinnis JM, Williams-Russo P, & Knickman JR. The case for more active policy

attention to population health promotion. Health Affairs 2002; 21(2):78-93 Slide content borrowed from Dr. Bailey 10/26/10 LDI presentation

Place Matters





Promoting Health and Prevention

Traditional Medical Model

Rigid adherence to biomedical _____ view of health

Focused primarily on acute episodic illness

Focus on Individuals

Cure as uncompromised goal

Focus on disease



Expanded Approach

Incorporate a multifaceted view of health

Chronic disease prevention and management

Focus on communities/

populations

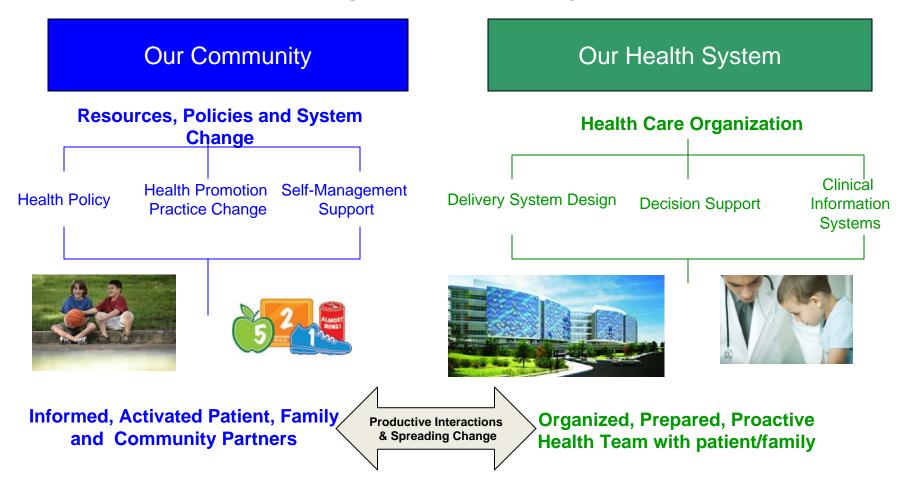
Prevention as a primary goal

Focus on health





Connecting Clinical Care and Population Health An Integrated Health System



Source: Chang, Hassink, Werk, October, 2011 Improved Health Among Patients Improved Health for Delaware's Children

Key Elements of Our Strategy

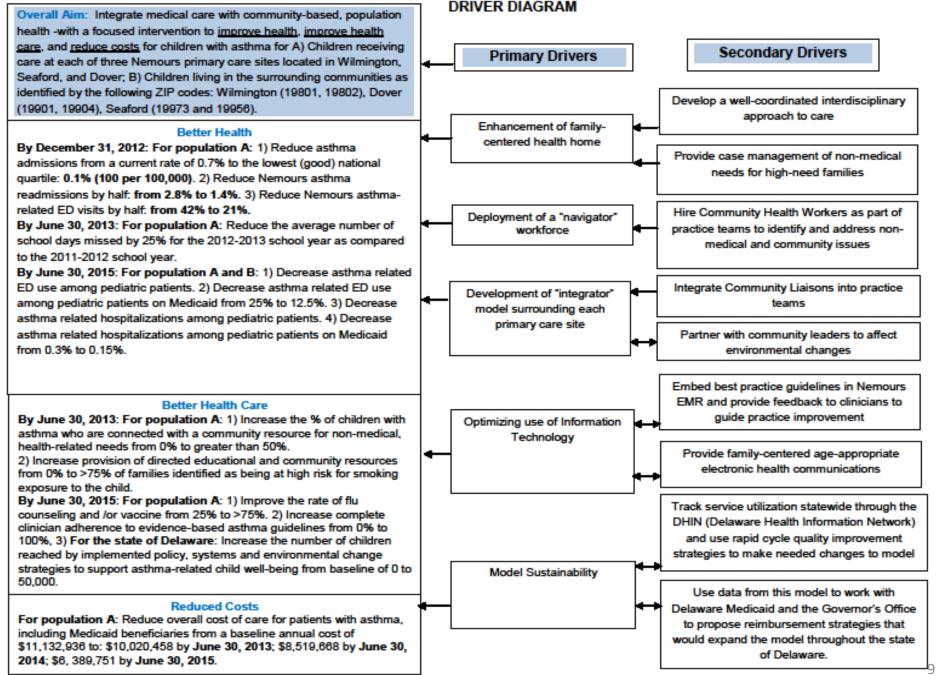
- Defined the geographic population and a shared outcome
- Established multi-sector partnerships where kids live, learn and play
- Pursued policy and practice changes
- Developed social marketing campaign
- Leveraged technology
- Serve as an "integrator" that works intentionally and systematically across sectors to improve health and well-being



Health Care Innovation Award: The Nemours/AIDHC Model

- Nemours expanded its population-based strategy to explicitly link to primary care
- Project Goals
 - To reduce asthma-related emergency department use among pediatric Medicaid patients in Delaware by 50% and asthma-related hospitalization by 50% by 2015, with incremental declines in 2013 and 2014.
 - Other goals include:
 - Reduce asthma-related admissions and readmissions.
 - Improve the rate of flu counseling and/or vaccinations
 - Increase complete clinical adherence to evidence-based asthma guidelines
 - Increase the number of children reached by implemented policy, systems and environmental change strategies to support asthma-related child well-being from baseline of 0 to 50,000

Optimizing Health Outcomes for Delaware's Children



Nemours Pediatrics patients with asthma

- Care coordination facilitated by registry
- One-on-one education
- Follow-up with care team, community health workers, psychologists and others as needed

Nemours Pediatrics patients

- Team-based care
- Prevention focused
- Family centered medical home
- Patient and family education
- Shared decision making and parent/family empowerment

Children with asthma in 6 targeted ZIP codes

- Increased community capacity to work with children with asthma
- Coordination with school nurses and child care providers
- Community-wide asthma education
- Increased access to physical activity

All children in 6 targeted ZIP codes

•Policy and practice changes to support healthy living

•Community Leadership Teams •Environmental health training for providers

•Triple P and other parenting supports

•Smoking cessation and youth tobacco prevention programs

Nemours' Proposed Model: DE Pilot

Current Status and Next Steps

- Partnerships/relationships
- Recruiting, hiring, training and deploying workforce
- Implementing Family Centered Medical Home
- Integrating Psychologists in Primary Care
- Integrating Navigator Workforce
- Establishing an Integrator Model
- Establishing the Student Health Collaborative
- Apply for NCQA recognition
- Ongoing monitoring and support
- Continued attention to implementation and integration
- Dissemination of early wins and lessons learned
- Population Health Learning Collaborative
- Peer to Peer learning

Next Steps

And beyond – Spread, Scale and Sustainability

- Sustain change through impacting policies and practices in collaboration with community partners
- Pursue financial sustainability via various methods
 - Investigate opportunities to employ multiple funding streams simultaneously (pooling, blending, braiding, connecting, reallocating)
 - Develop innovative financing and payment systems to optimize population health and contain costs
 - Explore points of leverage (e.g., community benefit, civic goals, and/or cross-sector savings)
- Apply the model to other populations

Lessons Learned

- Myths about allowable use of Medicaid funds persist despite demonstrated success in the states in leveraging Medicaid for prevention initiatives.
 - Utilizing non-traditional providers
 - Providing services in non-traditional settings
 - Providing non-medical services
 - Reaching beyond enrolled individuals
 - Providing local programs



Lessons Learned

- Lessons from the innovation of CMMI awardees should be disseminated and translated into new policy and practice.
- Partnerships and collaboration between public health and Medicaid leaders are needed to increase investments in community-based prevention services.
- Financing is needed to support integrators who lead efforts to integrate Medicaid and public health to achieve goals.
- Evaluation of integrated payment models over a longer period of time is needed to give prevention strategies time to demonstrate return on investment and support actuarial analyses of prevention.
- Pathways for incremental reforms are needed to help states achieve the long term goals of delivery reform and population-based health.

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