



Leveraging Medicaid Quality Metrics to Improve Care for Children with Chronic and Complex Health Care Needs

Monday, November 27, 2017
2:00-3:00pm ET



Logistics



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About NASHP



- An independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice.
- As a non-profit, nonpartisan organization, NASHP is dedicated to helping states achieve excellence in health policy and practice by:
 - Convening state leaders to solve problems and share solutions
 - Conducting policy analyses and research
 - Disseminating information on state policies and programs
 - Providing technical assistance to states

Webinar Overview and Agenda



Welcome, Introductions, and Overview

- **Karen VanLandeghem**, Senior Program Director, NASHP
- **Edward Schor**, Senior Vice President, Lucile Packard Foundation for Children's Health

Opportunities and Challenges in Medicaid Quality Measurement

- **Rita Mangione-Smith**, Professor and Chief, Division of General Pediatrics and Hospital Medicine, University of Washington Department of Pediatrics

State Strategies and Approaches to Quality Measurement: New York

- **Lana Earle**, Deputy Director, Office of Health Insurance Programs, Division of Program Development and Management, New York State Department of Health
- **Sherry Piscitella**, Program Director, Performance Management, Division of Program Development and Management, New York State Department of Health
- **Susan Slade**, Director, Bureau of Child Health, Division of Family Health, New York State Department of Health

Questions and Discussion

Wrap Up

About LPFCH



- To provide information and encouragement that promotes and enables improvements in the systems of care on which children and youth with special health care needs (CYSHCN) depend.
 1. Document and raise awareness of the special needs of children with chronic and complex conditions and their families
 2. Identify, disseminate and promote standards for systems of care for CYSHCN
 3. Promote the adoption of health status and quality of care measures specific to the needs of CYSHCN
 4. Advocate for public policies that improve the system of care for CYSHCN
 5. Encourage redesign of public health and pediatric care systems to better meet the needs of CYSHCN and their families

Poll Question #1



What is your organizational affiliation?

- State Medicaid/CHIP agency
- State public health agency
- Other state agency
- Health plan
- Researcher
- Provider
- National organization
- CYSHCN Family Representative
- Advocate
- Other

Poll Question #2



What is your familiarity with Medicaid quality measurement for children with chronic and complex health care conditions?

- Not at all familiar
- Familiar with the topic
- Well-versed in the field

Challenges and Opportunities in Medicaid Quality Measurement

Rita Mangione-Smith, MD, MPH

Professor and Chief, Division of General Pediatrics
and Hospital Medicine

University of Washington Department of Pediatrics

National Academy for State Health
Policy Webinar on Medicaid Quality
Measurement for Children with
Chronic Complex Health Care
Needs

November 27th, 2017



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Presentation Outline

- Why is quality measurement important for CYSHCN?
- Key questions to answer before implementing a quality measure
- Structure, process, and outcome measures:
 - Why not just measure outcomes?
- Opportunities for improving quality measurement now
- Opportunities to expand our ability to do better quality measurement in the future



What do we know?

- CYSHCN with medical homes and access to care coordination services have better outcomes
- Care coordination requires substantial investment
- Need to prioritize and incentivize care coordination in context of limited resources
- Very little is known about the quality of care coordination services received by CYSHCN



What are the key services we should provide?

- Evidence for what works well:
 - Having a medical home
 - Having a care coordinator
 - Having an individualized shared care plan
 - Regular contact with the coordinator – single point of access
 - Help with obtaining subspecialty appointments
 - Help with obtaining community services
 - Help with school issues



Why is quality measurement important for CYSHCN?

- We believe that all of these care structures and processes are important
- If we don't measure whether families have these services in place
 - Then we can't understand:
 - What structures and processes lead to better health outcomes for CYSHCN
 - What structures and processes are most cost effective
 - How we can best increase the value of the care we provide to CYSHCN



Key questions to answer before implementing a quality measure



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Key questions to answer before measure implementation starts

- What is the purpose of the quality measurement?
 - Accountability: public reporting, payment
 - Quality improvement
 - Both
- At what level of aggregation do you want to measure?
 - State, ACO, health plan, hospital, clinic, provider?
- Actions to improve quality
 - Who is accountable for improving quality based on reporting measure results at the selected level of aggregation?



The answers drive subsequent decisions regarding quality measure selection

- **Data sources for measurement – feasibility**
 - What data sources are available to support reporting at the selected level of aggregation?
- **Sample sizes needed**
 - Feasibility of achieving minimum acceptable sample sizes at the selected level of aggregation
- **Reliability and validity**
 - The need to establish reliability and validity of reporting at the selected level of aggregation
- **Unintended consequences**
 - Rewarding or penalizing performance not reliably measured at the selected level
 - Acting on data not reliably measured at the selected level



Structure, process, and outcome measures:

Why not just measure outcomes?



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Donabedian's Framework for Quality of Care Assessment

Donabedian Model



Challenges with Measuring Outcomes: 3 D's to Consider

- Three fundamental differences to consider when assessing outcomes for children
 - Their developmental trajectory
 - Their dependence on adults
 - Their differential morbidity



Child's Normal Developmental Trajectory

- What constitutes a normal outcome?
- What constitutes a poor outcome?
- Different standards for children with developmental delays or disabilities
- Outcomes are delayed



Dependence

- Children depend on adults
 - To obtain care
 - To evaluate the care they receive
- Children depend on a broad range of services
 - The medical system
 - Community intervention programs
 - Social programs
 - School-based services



Differential Morbidity

- Low incidence and prevalence of disease
 - Morbidity rates as outcomes
- Disease severity
 - Mortality rates as outcomes



What are the Key Advantages to Structure and Process Measures?

- Ability to *directly change* structures and processes of care through quality improvement activities
 - Impacts of QI on outcomes will almost always be *indirect and delayed*
- Accountability for improving the care/services being provided
 - Outcomes are influenced by multiple medical, community, and social factors
 - Who is accountable for improving performance on the measure?



Additional Data Challenges

- Quality measurement is often driven by what we can easily assess
 - What data is currently available and the least costly to assess?
- Eight NQF endorsed care coordination measures for children with medical complexity: Family Experiences with Coordination of Care (FECC) Quality Measures
 - Developed with multi-stakeholder in-put including families of children with complex needs
 - Validated
 - Reliable
 - Developed for use at the health plan/Medicaid agency level
- Why so little uptake?
 - Measures are survey-based and thus very expensive to implement



Opportunities for Improving Quality Measurement Now



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Take advantage of ongoing measurement efforts

- Consider stratifying pediatric quality measures you are already assessing by child level of medical complexity
- Pediatric Medical Complexity Algorithm (PMCA) Version 3.0 is now publically available for use with ICD-10 administrative claims
 - Sensitivity/specificity of PMCA Version 3 (ICD-10 version) for correctly identifying children by level of medical complexity using medical record review as the gold standard:

PMCA version 3.0	Complex Chronic Disease	Non-complex Chronic Disease	No Chronic Disease
Sensitivity:	86%	65%	77%
Specificity:	86%)	84%	93%



Take advantage of ongoing measurement efforts

- For Medicaid agencies already assessing CAHPS surveys for children consider adding:
 - Any of the NQF FECC Measures
 - Measures from the National Survey of Children with Special Healthcare Needs
 - Other caregiver reported measures that are particularly relevant to CYSHCN



Consider newly NQF Endorsed COC Measure for Children with Medical Complexity

- Endorsed in June of 2017
- Examines level of continuity of care in the primary care setting for CMC
- Measure:
 - The percentage of children with medical complexity aged 1-17 years old who have a COC index ≥ 0.5 in the primary care setting over a 12 month period
- Uses Administrative Claims Data
 - PMCA implemented to identify CMC
 - SAS code developed and publically available to determine COC index
 - Successfully implemented using MAX data from 17 states
- Higher scores demonstrated to have an association with:
 - Decreased ED utilization for CMC
 - Increased caregiver reports of receiving needed care coordination services



Opportunities for Improving Quality Measurement in the Future



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Infrastructure Development

- Invest in infrastructure to routinely collect patient-reported outcomes data at the point-of-care and in our communities
 - Expand our ability to measure population health with more meaningful quality measures
 - Expand our ability to assess whether structural and process improvements lead to better outcomes
- Enhance electronic health records to enable e-specification of a much broader range of quality measures
- Break down the many data silos that limit our ability to measure what matters for pediatric quality
 - Social complexity
 - School readiness
 - Missed school days
 - Graduation rates



Always Remember....

- Just because you *can* measure something it doesn't mean you should

AND

- Just because you want to measure something doesn't mean you can



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Poll Question #3



What is your biggest challenge with Medicaid quality measurement for children with chronic and complex needs (check one)?

- Resource challenges (e.g., limited staff capacity or expertise, lack of funding to support targeted quality measurement)
- Lack of system capacity or infrastructure to support targeted quality measurement for this population
- Challenges in identifying the target population of children with chronic and complex needs
- Lack of available data or measures that can be applied to children with chronic and complex needs
- Challenges in linking quality measures to quality improvement activities (e.g., holding plans/providers accountable, rewarding or penalizing performance)
- Other



**Department
of Health**

Office of
Health Insurance
Programs

Medicaid Quality Measurement for Children and Youth with Chronic and Complex Health Care Needs

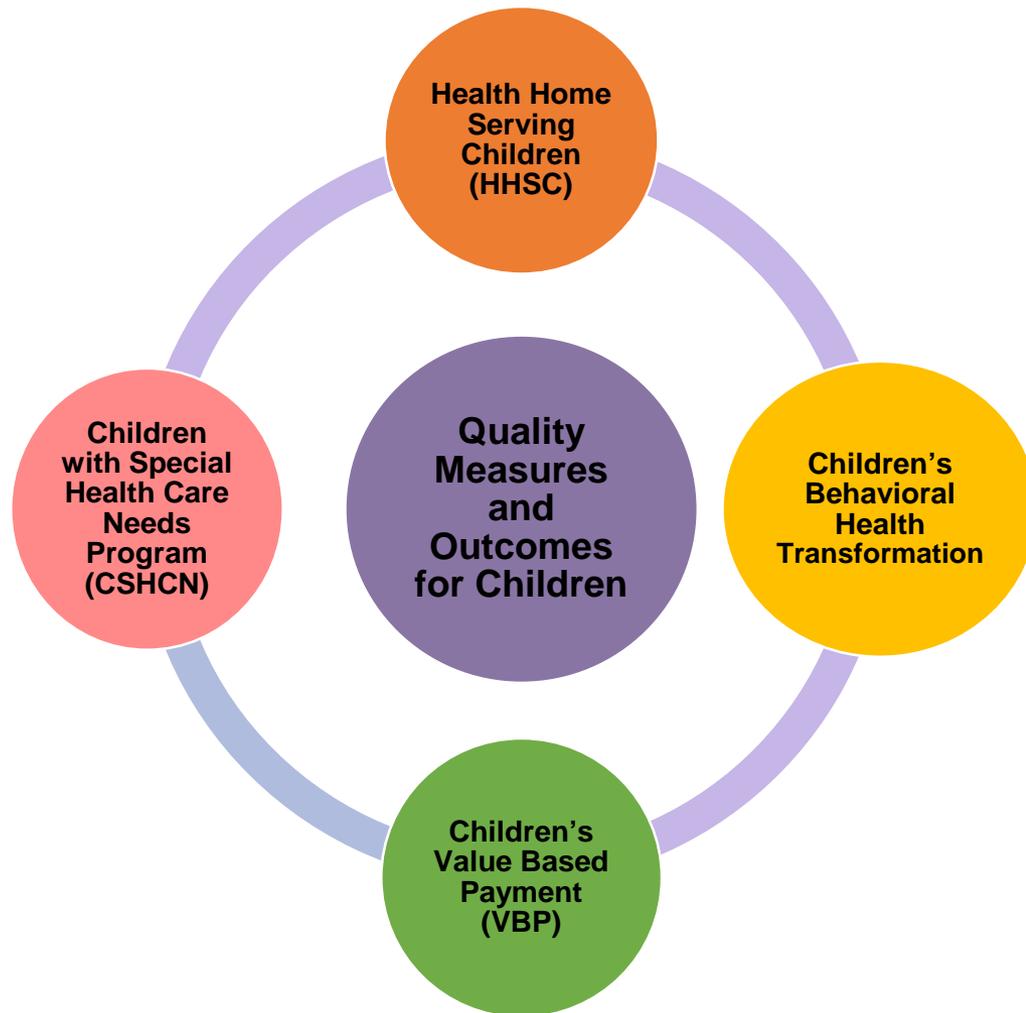
November 27, 2017

Overview – Identifying Quality Metrics to Evaluate Health Outcomes for Children with Chronic and Complex Needs

- Quality Measurement for Children with Chronic and Complex Health Care Needs multi-faceted approach that is critical part of New York’s overall Medicaid Redesign Team (MRT) initiatives that are in early stages of implementation or now under development, including the State’s transition to Managed Care, the Children’s Medicaid System Transformation, and Value Based Payments
- Quality measures are developed with direct input of stakeholders
- Recognition that quality measures will continue to grow and evolve over time
 - ✓ Readily available, valid and feasible (“Category 1”)
 - ✓ Present some concern regarding feasibility, but can be operationalized (“Category 2”)
 - ✓ Not currently feasible (“Category 3”)
 - ✓ Focus and evolve to outcome versus process measurements
- Initial development of quality measures for children with complex needs has focused on quality measures for children in Health Home and quality measures for Value Based Payment (VBP) arrangements

Quality Measurement for Children and Youth with Chronic and Complex Health Care Needs – Key Component of MRT Initiatives

Multi-faceted approach to quality measurement and outcome improvement



Children's Medicaid System Transformation Goals

Transformation focuses on children/ populations with chronic and complex conditions including:

- Behavioral Health (serious emotional disturbance, substance use disorders)
- Complex Trauma
- Medically Complex/Fragile Children
- Children in foster care

Goals

- ✓ Keep children on their developmental trajectory
- ✓ Maintain child at home with support and services
- ✓ Maintain the child in the community in least restrictive settings
- ✓ Identify needs early and intervene
- ✓ Focus on recovery and building resilience
- ✓ Prevent escalation and longer term need for higher end services
- ✓ ***Maintain accountability for improved outcomes and delivery of quality care***

Children's Medicaid System Transformation- Achieving the Goals

- ✓ Increase access to appropriate interventions by enhancing service array available in the continuum of care – remove silos and provide right services at the right time
- ✓ Expand services and eligibility for those services - More “tools” in the tool box to develop care plan
- ✓ Offer children Medicaid services within a Managed Care delivery system
 - Integrate the delivery of physical and behavioral health services
 - Integrate approaches to care planning and service provision, leverage Health Home model
- ✓ Shift to managed care in Children's Transformation facilitates key goal of fundamentally shifting the focus to improving and achieving high quality outcomes
 - State's continual move towards value based payments by year 2020 – rewarding value instead of volume (value based payment arrangements apply to payments made through Managed Care plans)

Timeline for Implementing Key Components of Children's Medicaid System Transformation

Timeline for implementing key components relates to the development of quality measures for children with chronic and complex conditions

- December 2016 - Implement Health Home for Children (December 2016)
- July 2018
 - Transition six 1915(c) authorizations to 1115 Waiver Authority,
 - Remove managed care exemptions for children now in 1915(c) waivers,
 - Align all current 1915(c) HCBS services under one single array under the 1115 Waiver
 - Transition HCBS care management to Health Home
 - Transition certain carved out behavioral health services to managed care benefit package
 - Add six new State Plan services (prevent escalation to HCBS)
- January 2019
 - Expand eligibility for HCBS from Level of care to Level of need (extended impairment in functioning)
 - Transition Volunteer Foster Care Agency Children to Managed Care

Health Home Serving Children (HHSC)

- Health Homes* for Children launched in December 2016 – just one year old!
 - ✓ First component of Children’s Medicaid System Transformation – provide comprehensive, integrated, person-centered, child/youth family driven care management for children with complex and chronic conditions
- Health Home model tailored* to recognize children are different than adults, including:
 - ✓ Expanding criteria to include Complex Trauma as single qualifying Health Home chronic condition – first in the Nation
 - ✓ Expand Health Home quality measures to measures relevant for children with chronic conditions
 - ✓ System of Care Grant for regional pilot to integrate High Fidelity Wrap care management model in Health Home

*New York’s Health Home Model initially launched in 2012 and designed to manage care of adults with chronic illness (Serious mental illness, HIV, or two or more chronic conditions)

Development of Quality Metrics for Children's Health Homes

- Process for Identifying Quality Measures
 - NYS State Plan Amendment and CMS Health Home Core Quality Measures
 - Stakeholder Input as part of tailoring Health Home model for children
 - Collaboration with State agency partners that have expertise in children with behavioral health needs (mental health and substance abuse), AIDS, trauma and child welfare (abuse, maltreatment neglect), medically fragile/complex
 - Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse Services (OASAS), AIDS Institute (AI), Office of Children and Family Services (OCFS), Office for People with Developmental Disabilities
- Current Health Home Quality Measures in Play
 - 33 clinical measures
 - 5 process measures
 - Developed in advance of VBP measures – include Category 1 and Category 2 measures

Health Homes Quality Measures – Children Focused

#	Clinical Measures – Children only	Universal Child Quality Measure Set	Steward
1	Follow-up care for children prescribed ADHD medication (init. & cont.)	Category 1	NCQA
2	Annual Dental Visit	Category 1	NCQA
3	Multiple Concurrent Antipsychotic Use in Children and Adolescents	No	NCQA
4	Metabolic Monitoring for Children and Adolescents on antipsychotics	No	NCQA
5	Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics	Category 2	NCQA
6	Adolescent well-care visit rate	Category 1	NCQA
7	Childhood Immunization Status	Category 1	NCQA
8	Appropriate Testing for Children with Pharyngitis	No	NCQA
9	Immunizations for Adolescents	No	NCQA
10	Lead Screening in Children	No	NCQA
11	Appropriate Treatment for Children with Upper Respiratory Infection	No	NCQA
12	Well-Child Visits in the First 15 Months of Life	Category 1	NCQA
13	Well-Child Visits in the 3rd, 4th, 5th & 6th Year	Category 1	NCQA
14	Weight Assess. and Counseling for Nutrition/Physical Activity for Children/Adolescents	No	NCQA

Health Home Quality Measures - Children and Adult Measures

#	Clinical Measures – Children and Adult	Universal Child Quality Measure Set	Steward
1	Antidepressant medication management (Effective Acute Phase treatment)	No	NCQA
2	Adherence to mood stabilizers for individuals with bipolar I disorder	No	NYS-DOH
3	Controlling High Blood Pressure	No	NCQA
4	Comprehensive diabetes care (HbA1c test)	No	NCQA
5	Chlamydia Screening in Women	Cat. 1	NCQA
6	Follow-up After ED Visit for Alcohol and Other Drug Dependence	Cat. 2	NCQA
7	Follow-up After ED Visit for Mental Illness	Cat. 2	NCQA
8	Follow-up After Hospitalization for Mental Illness	No	NCQA
9	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	No	NCQA
10	Medication management for people with asthma	Cat. 1	NCQA
11	Persistence of beta-blocker treatment after heart attack	No	NCQA
12	Potentially Preventable Readmissions	No	NYS-DOH
13	Potentially Preventable Emergency Room Visits	No	NYS-DOH
14	PQI-92 – Chronic Condition Hospital Admission Composite	No	AHRQ
15	Viral Load Suppression	No	NYS-DOH

Health Homes Quality Measures – Utilization and Process Measures

#	Utilization Measures – Children and Adult	Universal Child Quality Measure Set	Steward
1	ED Utilization	No	NCQA
2	Inpatient Utilization – General hospital/Acute Care	No	NCQA
3	Primary Care utilization	No	NYS-DOH
4	Plan All-Cause Readmission Rate	No	NCQA

#	Process Measures	Universal Child Quality Measure Set	Steward
1	Members without outreach	No	NYS-DOH
2	At Risk - Lost to Follow-up	No	NYS-DOH
3	Inpatient Discharge Contact	No	NYS-DOH
4	Response to ED	No	NYS-DOH
5	Time from HH referral to O/E	No	NYS-DOH

Dashboards that monitor Health Home outreach and enrollment also a key focus – Health and Recovery Plan Members (adults with high end behavioral health needs) and enrollment of children with December 2016 launch of Health Homes

New York's Transition to Value Based Payments (VBPs)

- By 2020, all Managed Care Organizations (MCOs) must employ VBP systems that reward value over volume for at least 80 – 90% of their provider payments – currently 38.23% of Medicaid payments are value based.
- VBPs are an approach to Medicaid reimbursement that reward value over volume and incentivize providers through shared savings and financial risk
 - ✓ Quality measures are intended to be used to determine the amount of shared savings or risk that is distributed between MCOs and providers
- VBP Transition is guided by workgroups and committees that provide the New York Medicaid program with clinical guidance or high-level recommendations on how to implement value-based payment for certain populations
- In Fall 2016, the State established a Children's Health VBP Subcommittee and Clinical Advisory Group (the Group) to bring a uniquely child-focused perspective to payment reform – Group developed Guiding Principals and Value Statement (see Appendix)
 - Group includes clinical experts, providers, universities, health plans, state agencies, medical societies and medical centers

Children in Medicaid – Data Observations

- About 2 million children enrolled in Medicaid
- Children are generally a low-cost population, compared to adults
 - ✓ Average expenditure in 2014 for a child \$4,253 compared to adult of \$11,154
- Within the child population, most children have expenditures well below the \$4,253 average
 - ✓ The average expenditure for 90 percent of the population was \$2,400.
 - ✓ *The remaining 10 percent of child enrollees accounted for a full 50% of total Medicaid expenditures for children in 2014.*
- The high-cost child population (the top 10%) is heterogeneous in terms of the conditions driving those expenditures
 - ✓ Behavioral health needs, developmental disabilities, and complex chronic conditions drive a large portion of the health care utilization for this high-need population.
 - ✓ Children with these conditions have much higher rates of inpatient and emergency department utilization than other continuously enrolled children

Charge of Children's VBP Subcommittee and CAG

- Review composition of the child and adolescent population within Medicaid and assessing the relative fit for VBP arrangements
- *Identify child-specific measures and assess them for inclusion within existing VBP arrangements in 2018*
 - ✓ *Total Care for the General Population (TCGP), Integrated Primary Care (IPC) (14 chronic condition episodes), Maternity Care (episode bundle), Total Care for Special Needs Populations (HARP, HIV)*
- Identify quality measures for potential VBP arrangements – Group proposed new Pediatric Primary Care Capitation (PPCC) arrangement
- *Make policy recommendations to ensure needs of children are addressed in VBP*

Final Report Released in September 2017 – Value Based Payment for Children, Report to the New York State Medicaid VBP Workgroup

https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/vbp_library/docs/2017-09-12_child_cag.pdf



Subcommittee/CAG Recommendation Addressing Needs of Complex Children and Families through VBP

- The committee discussed a number of options for addressing the unique needs of children and families with chronic and complex children and families through VBP
- Based on the following considerations, the group concluded additional work and deliberation is required
 - Time and data constraints,
 - The heterogeneity of subpopulations within the group of complex children and families (e.g., medically complex, medically fragile, behaviorally complex, and children with social services involvement),
 - The recognition that some of these children are not yet in managed care and some relevant services remain carved-out (i.e., the timing of the Children's Medicaid System Transformation discussed earlier)

Recommendation for Next Steps for VBP for Children with Complex Needs

Utilize this committee or a subgroup thereof, or develop a new advisory group, to make recommendations on payment models and measures for children with complex health needs and consider:

- The definition of children with complex health needs for VBP purposes and the issue of feasibility of VBP models for small and unique population subsets (e.g., children with medically and/or behaviorally complex needs, children who fall under the State's definition of "medically fragile," and children with social services involvement) and substantial regression to the mean.
- Whether a payment model for families with behaviorally complex needs (which would include children and their caretakers on Medicaid) is viable and feasible, and whether it should be piloted.
- What measures from current VBP arrangements (TCGP/IPC/PPCC) measure set should apply to children with complex health needs (and/or redefined subsets thereof) and what additional measures are required.
- Whether centers of excellence for very small subsets of children with complex health needs (e.g., medically fragile) could be a viable strategy for achieving VBP goals without creating unnecessary risk for providers and MCOs.

Subcommittee/CAG Recommendations for Quality Measures for VBP Arrangements Implemented in 2018

In developing measures the group applied the following criteria:

- The measure is relevant to one of the strategies identified to achieve a particular “North Star” goal (from North Star framework which identifies goals, indicators and high value primary care strategies, by Age group)
- The measure is evidence-based (i.e., has been tested for validity and reliability, and, preferably, is endorsed for use by the National Quality Forum).
- The measure should be feasible for providers to use and report with minimal additional burden (i.e., does not require expensive medical records review or sophisticated health information technology capacity).
- The final recommended measure set should be parsimonious, with outcome measures having priority.
- Align measures with other performance reporting programs (e.g., NY’s Quality Assurance Reporting Requirements (QARR), DSRIP Measures, federal Medicaid Child Health Measurement Set, NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS) and other VBP quality measures (TCGP/IPC)

Subcommittee/CAG Recommendations for Quality Measures for VBP Arrangements Implemented in 2018

- Group reviewed library of more than 70 measures
- Group challenged by lack of feasibility/development of cross-sector outcome measures (implementing measures that link data from diverse sources such as schools)
- Group developed Universal Child Measure Set applicable to TCGP, IPC, and PPCC arrangements

Universal Child Measure Set

Green – Already Included in TCGP/IPC

Orange – New Measure

#	Measures 1-13: Category 1, Measures 14 – 20: Category 2	Steward
1	Adolescent well-care visit rate	NCQA
2	Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)	NYS
3	BMI assessment and counseling	NCQA
4	Child immunization status, age 2	NCQA
5	Children ages 2-20 having annual dental visit	NYS
6	Chlamydia screening, ages 16–21	NCQA
7	PDI #14 asthma admission rate, ages 2 through 17 years	AHRQ
8	Follow-up care for children prescribed Rx for ADHD	NCQA
9	Frequency of well-child visits, ages 3 to 6	NCQA
10	Frequency of well-child visits during the first 15 months of life	NCQA

Universal Child Measure Set

#	Measures 1-13: Category 1, Measures 14 – 20: Category 2	Steward
11	Medication management for children with asthma, ages 5–18	NCQA
12	Screen for depression using age appropriate tool and follow-up, ages 12+	CMS
13	Adolescent immunization rate, including rate for HPV	NCQA
14	Screening for Reduced Visual Acuity and Referral in Children	CMS
15	Maternal depression screen done during child's first 6 months of life	NYS
16	Children at elevated risk of caries who received fluoride varnish applications	ADA
17	Developmental screening using standardized tool, first 36 months of life	Oregon HSU
18	Follow-up after ED visit for mental illness, ages 6 and older	NCQA
19	Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older	NCQA
20	Use of first-line psychosocial care for children and adolescents on antipsychotics	NCQA

Subcommittee/CAG Recommendations for Quality Measures for VBP Arrangements Implemented in 2018

- Due to its relevant importance to child health, the group also recommended additional measures for consideration in Maternity Care VBP, and four current maternity measures be added to the TCGP set
 - Infants exclusively fed with breast milk
 - Live births less than 2,500 grams
 - Timeliness and frequency of prenatal and postpartum care visits
 - Women provided more or moderately effective methods of contraceptive care within 3 to 60 days of delivery
 - Behavioral risk assessment for pregnant woman (new measure)

Next Steps for Quality Measures for Children with Chronic and Complex Needs

- Implement Subcommittee/CAG Recommendation (see slide 16)
- Further integrate quality measures developed in VBP arrangements in Health Home measures
- Identify quality measures related to complex trauma in Health Home
- Develop cross system measures for children (e.g., education)

NYS Title V is a Partner in Medicaid Redesign Efforts for Children with Special Health Care Needs (CSHCN)

- The state Title V funded Children with Special Health Care Needs Program seeks to identify specific strengths and gaps in systems, services and supports for families of CSHCN through:
- Analysis of NYS data from the national survey data of CSHCN (2009-2010)
- Plan to review the NYS sample of the 2016 national Child Health survey data over the next year
- Conducting a systems mapping initiative whereby information is gathered from families about their roles, responsibilities, needs and wishes regarding their CSHCN

NYS CSHSN and Their Families

Impact of Special Health Care Needs on the Child

- One in four of the NYS CSHCN surveyed reported that their daily activities were consistently and often greatly affected by their health condition(s);
- One in seven of the NYS CSHCN surveyed missed 11 or more school days over the past year due to illness.

Impact of Special Health Care Needs on the Family

- One in four families with a CSHCN had one member who reduced or stopped work due to the child's special health care needs;
- One in five families with a CSHCN paid >\$1000 per year out-of-pocket for the child's medical expenses;
- One in six families with a CSHCN experienced financial problems due to the child's health-related needs;
- One in eight families with a child with special health care needs spent 11 hours or more each week coordinating their child's care.

NYS Families Told Title V Staff They Want

- Help with finding appropriate resources once a diagnosis was made rather than trying to find resources on their own
- Referrals to appropriate services and programs
- Increased communication among physicians and other providers
- Social outlets for their CSHCN and supports for themselves
- Advocates who are knowledgeable about school systems and programs

Care Management Can Help Address These Needs

Appendix

Children's VBP Subcommittee/CAG Developed Guiding Principles

Purpose of Principles: Ensure Subcommittee/CAG's recommendations reflect the ways in which children's health differs from adult health—and therefore how “value” might differ for children's health services

1. An efficient and effective way to achieve the Triple Aim is to identify opportunities in childhood for health improvement, thereby reducing demand for health care services in the future.
2. Evidence-based childhood interventions can be linked to improvement in overall lifetime health and well-being.
3. Maximizing the healthy growth and development of children today will reduce future health care needs and bring long-term value to Medicaid and other public systems, including but not limited to education, child welfare, and juvenile justice. For these reasons a longer horizon for assessing cost savings must be considered.
4. VBP participation and quality measurement across child-serving sectors will yield better improvements in child health, development, and well-being.

Children's VBP Subcommittee/CAG Developed Guiding Principles

5. Children are not “little adults.” Typical value-enhancing strategies and disease-oriented quality measures may miss key aspects of child well-being, and might not be appropriate for all developmental stages.
6. Due to rapid brain growth during early childhood and adolescence, social determinants of health are especially important for children. Reducing exposure to—and mitigating effects of—Adverse Childhood Experiences is also critical.
7. Strengthening systems of care, including family systems, is fundamental to improving outcomes for children.
8. The health and mental health of parents/caregivers significantly influences the health and mental health of children. In particular, quality maternity care and behavioral health care for caregivers is critical for setting children on an equal footing toward lifelong health.

Children's VBP Subcommittee/CAG Developed Guiding Principles

9. Access to specialty care, especially for maternal and child behavioral health, should be integrated into primary care settings to ensure appropriate access.
10. Access to community-based services that support health should also be improved.
11. Current investment in children's health may not be sufficient to fully meet the unique needs of children.

Value Statement Derived from Guiding Principles

“Focusing on the healthy growth and development of children will improve their quality of life. Children require a value-based payment approach that acknowledges the specific needs attendant to each developmental stage and the unique opportunity to improve health and life trajectories, as well as the near-term improvements that are possible from direct health interventions. Support and recognition of families and caregivers are central to improving children’s lives.”

Questions?



Please type questions into the chat box.

Resources



- NASHP:
 - [State Medicaid Managed Care Program Design for Children and Youth with Special Health Care Needs](#)
 - State Strategies for Medicaid Quality Improvement for Children and Youth with Special Health Care Needs (forthcoming; release date: 11/28)
- LPFCH: [CYSHCN Publications](#)
- Additional Quality Measurement Resources:
 - [CAHMI's Maternal and Child Health Measurement Portal](#)
 - [CHIPRA Pediatric Quality Measures Program \(PQMP\)](#)
 - [CMS Child Core Set](#)
 - [Family Experiences with Care Coordination \(FECC\) measurement set](#)
 - [National Quality Forum \(NQF\) Pediatric Measures Project](#)
 - [Pediatric Integrated Care Survey \(PICS\)](#)

Thank You



- Thank you for joining today's webinar!
- Please take a moment to complete a brief evaluation survey.
- The following resources will be emailed to all registrants next week:
 - Webinar slides and recording
 - NASHP issue brief: "State Strategies for Medicaid Quality Improvement for Children and Youth with Special Health Care Needs"