Engaging Adolescents Through the Medicaid Benefit for Children and Adolescents

Wednesday, May 21, 2014
2:00 – 3:00 pm ET

For audio, please listen through your speakers or call:
800-734-8592

Supported by the Centers for Medicare & Medicaid Services
under a contract to NORC at the University of Chicago

Agenda

2:00 – 2:05 pm
Welcome and Introductions
Neva Kaye, Managing Director for Health System Performance, NASHP

2:05 – 2:15 pm
Federal Perspective on Adolescent Health Services under the Medicaid Benefit for Children and Adolescents
Elizabeth Hill, Health Insurance Specialist, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services

2:15 – 2:40 pm
Insights from States
Marian Earls, Director of Pediatric Programs, Community Care of North Carolina
Sarah Nickels, Coordinator and Co-Director of the School-Based Health Center Improvement Project, Colorado Department of Public Health and Environment

2:40 – 2:55 pm
Question and Answer
Facilitator: Neva Kaye

2:55 – 3:00 pm
Wrap-up
Resources for States

• NASHP has launched a Resources to Improve Medicaid for Children and Adolescents map:

• The map offers:
  • State-specific resources on several topics, including data collection, care coordination, and behavioral health
  • Strategies that state policymakers and Medicaid officials are using to deliver the Medicaid benefit for children and adolescents
  • Additional national resources

A Federal Perspective on the Medicaid Benefit for Children and Adolescents

Elizabeth Hill
Health Insurance Specialist
Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services
Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits

- One of a series of strategy guides to help states improve the delivery of health services to children and adolescents in Medicaid and CHIP.

- *Paving the Road to Good Health* provides:
  - An overview of the Medicaid benefit for children & adolescents;
  - Strategies to increase the rate of adolescent well-care visits;
  - Ideas to expand existing resources and improve adolescent well-care visits; and
  - Details of successful strategies with state examples.

### Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits

- **Strategy 1:** Adopt Current *Bright Futures* Guidelines for Adolescents
- **Strategy 2:** Incentivize Providers, Adolescents and Their Parents to Encourage Preventive Care
- **Strategy 3:** Encourage Teen-Centered Care
- **Strategy 4:** Leverage Missed Opportunities to Increase Adolescent Well-Care Visits
- **Strategy 5:** Use Social Media to Increase Well-Care Visits
- **Strategy 6:** Develop Partnerships with Key Community Stakeholders
Children’s Core Set Measure: Adolescent Well-Care Visit

Percentage of Adolescents (Ages 12 to 21) with a Well-Care Visit
FFY 2012
(n = 43 states)

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>25th</td>
<td>38.0</td>
</tr>
<tr>
<td>50th</td>
<td>41.7</td>
</tr>
<tr>
<td>75th</td>
<td>53.5</td>
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Source: Mathematica analysis of FFY 2012 CARTS reports.

2013 Annual Report on the Quality of Care for Children in Medicaid and CHIP:

CHIPRA Demonstration Grant Program

- Unprecedented opportunity and funding provided by CHIP Re-authorization Act (CHIPRA) of 2009 to focus on quality improvement and children’s health care in Medicaid/CHIP programs
  - Five year (2010-2015) grant program
  - 10 grantees across 18 states
  - Grantees engaged in over 50 projects
  - Awarded $20 million per fiscal year for five years
CMS’s Goals for the CHIPRA Quality Demonstration Grant Program

• Creating opportunities for Medicaid/CHIP to be leaders in quality improvement

• Identifying effective strategies to improve quality of children’s health and health care

• Demonstrations as a means for learning what works and what doesn’t

• Emphasis on disseminating information about replicable, effective efforts

• More Information:
  • http://www.ahrq.gov/policymakers/chipra/demoeval/

Insights from States

Colorado

North Carolina
Tell us about your intervention with school-based health centers (SBHCs): what is it and what kinds of supports do you give to SBHCs?

School-Based Health Center Improvement Project (SHCIP)

- Twenty School-Based Health Centers (SBHCs) in New Mexico and Colorado
- Quality Improvement areas:
  - Clinical Quality Indicators- EPSDT, Depression/Anxiety, STIs, Pediatric Overweight and Obesity, and Immunizations
  - Medical Home
  - Youth Engagement

CMS Grant Award number: 1ZoC30559-01-00
Practice Transformation during SHCIP

**Methods**

- On-site, telephone, and web-based coaching, using the PDSA model for improvement
- Formal assessments, data collection, analysis, and reports
- Electronic tools – electronic Student Health Questionnaire (eSHQ) and YEHS!
- Learning Collaboratives

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**eSHQ**

The electronic Student Health Questionnaire (eSHQ) is a comprehensive clinical tool used to routinely assess for risk and protective factors among individual youth.

**FOR A PATIENT**

Improve care for individuals

**WITHIN AN SBHC**

Support management of the patient population including health promotion and recruitment

**ACROSS SBHCs**

Provide data for quality improvement as well as evaluation and research for multiple stakeholder groups
Why focus on SBHCs?

- **Access**: SBHCs are located in the most accessible location for young people: their schools.

- **Comprehensive Services**: SBHCs effectively provide physical, behavioral, reproductive, and oral health services.

- **Care Coordination & Management**: SBHCs utilize an interdisciplinary team approach to deliver coordinated primary care and behavioral health services.
### Why focus on SBHCs?

<table>
<thead>
<tr>
<th>Continuous Quality Improvement</th>
<th>• SBHCs are engaged in quality improvement activities.</th>
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<tbody>
<tr>
<td>Patient &amp; Family Engagement</td>
<td>• Youth and their families are active members in the SBHC community.</td>
</tr>
<tr>
<td>Community-based</td>
<td>• SBHCs are an integral part of their community, partnering with other organizations to coordinate medical and social services.</td>
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**Colorado**

**What are you learning from your work and what would you still like to learn?**
Lessons Learned

(1) SBHCs focus on prevention and early intervention
   - SHCIP sites used the eSHQ to **screen** youth for common risk behaviors and **provide anticipatory guidance** according to risk, needs and strengths.
   - SBHCs **provide core adolescent health services**, including well child checks, reproductive health, and behavioral health services.

(2) SBHCs are the medical home for many students
   - The majority (70.6%, N = 221) of youth surveyed at SHCIP sites in 2012/2013 indicated that the SBHC was their **usual source of care**.
   - 31.2% of youth said that the SBHC was their **only source of care**.

Lessons Learned

(3) SBHCs provide youth-centered care
   - SBHC users are highly satisfied with their care

![Average Ratings of Satisfaction with Care](chart.png)

**Average Ratings of Satisfaction with Care**
Youth Engagement with Health Services Survey 2012-13, N=221 (p < .001)

<table>
<thead>
<tr>
<th>8.97</th>
<th>7.16</th>
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<tr>
<td>Satisfaction w/SBHC Care</td>
<td>Satisfaction w/Other Care</td>
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Still to come...

- Improving completeness of Medicaid claims data and SBHC visit/encounter data to demonstrate the role that SBHCs play in the health care delivery system
  - Improving SBHC coding
  - Identifying and implementing strategies for differentiating services provided at SBHCs and other locations
  - Ensuring that Medicaid claims and visit/encounter data capture all types of services

Visit Colorado’s page on NASHP’s new resource compendium to learn more: http://www.nashp.org/epsdt/colorado

You will find materials including links to:

- Information on the School-Based Health Center Improvement Project
- Resources on Family Health Coordinators helping families of Medicaid-eligible children and adolescents access benefits
- Past and present care coordination initiatives in Colorado

…and much more!
North Carolina

North Carolina has made efforts to improve screening rates and well-child visits for all ages, but you have evidence you’ve had some success at engaging adolescents in their well-child care. How did you achieve that success?
CHIPRA Connect
2 cohorts, 26 practices

- 14 networks, each 501 patients, 100 counties
- pmpm to networks and to practices to support care management activities
- Network level of support includes: care managers, behavioral care managers, OB Care Managers, network psychiatrist, PharmD, RD, transitional nurses
- Community mental health MCO (LME) participation on network boards and medical management committees
- Web-based Care Manager System
- Informatics Center with Provider Portal
- Regular reporting of data to networks: Quality Measures & Feedback (QMAF)
Care Managers – assist with follow-up and disease management; link families and PCP’s to services for developmental & behavioral disabilities; track ED usage.

- Pregnancy Medical Home
- Health Check Coordinators (EPSDT)
- Care Coordination for Children, 0-5 (CC4C)
- CHIPRA Quality Demonstration Grant
- Initiatives – Developmental Screening and Surveillance (ABCD), Asthma, Diabetes, Dental Varnishing, Mental Health Integration, Obesity, ADHD, EPSDT, psychosocial/social-emotional screening for school-age and adolescent; Medical Home for children & youth in Foster Care
CHIPRA Efforts & EPSDT

- Creation of EPSDT Profile to include rates for: well-visit by age group, and components - BMI percentile, developmental/social-emotional/mental health screening, vision and hearing screening, dental varnishing (0-3 yr. olds), annual dental visit
- Adolescent periodicity schedule changed from q 3 yrs. to q 1yr.
- Practices have worked on change to annual visits and the rate has increased.
- Practice support: Pediatric QI Specialists and Health Check Coordinators in each network.

Tell us about some of the tools you have developed to support physicians in engaging and delivering services to adolescents.
Engaging Adolescents
Video series for practices

- Importance of screening for strengths & risks
- Confidentiality
- How to start the conversation
- Common factors approach in responding to a positive screen
- Adolescent-friendly office
- Mental Health Referrals

https://www.communitycarenc.org/population-management/CHIPRA/engaging-adolescents/
North Carolina

We understand you incorporated physician engagement with adolescents in maintenance of certification (MOC) requirements for primary care providers in the state—tell us about that.

MOC IV ACTIVITY
Comprehensive Adolescent Health Screening

The NC Pediatric Society and the NC Academy of Family Physicians partnered with Community Care of North Carolina to develop, test, and implement this quality improvement activity module.

Overview

North Carolina has developed and received approval for the "Comprehensive Adolescent Health Screening" module as a MOC IV Performance in Practice quality improvement activity. Approved by both the American Board of Family Medicine (ABFM), the American Board of Pediatrics (ABP) for MOC IV credits, and approved by the American Academy of Family Physicians (AAFP) for 20 Prescribed CME credits.

The recommended timeframe for this activity is 6 months, with a minimum of 4 months and a maximum of one year. This web-based activity is currently provided FREE OF CHARGE for all providers as a result of the CHIPRA funding awarded to Community Care of North Carolina (CCNC). The activity website link is provided below for participant registration and activity completion.

PLEASE REGISTER HERE: http://mociv.ncafp.com
Impact of MOC 4

- 25 participants completed the original “live” course
- 35 additional participants have completed the course online

"My participation in this MOC project has transformed my approach to adolescent well care."
- Dr. Rudy Medina of Mountainview Pediatrics

Visit the North Carolina’s page on NASHP’s new resource compendium to learn more: http://www.nashp.org/epsdt/north-carolina

You will find materials including links to:

- Resources on care coordination in North Carolina Medicaid
- Information about the state’s CHIPRA Quality Demonstration grant
- Toolkits and resources for primary care providers seeing Medicaid-enrolled children

…and much more!
Questions and Answers

Questions for the presenters?
Please type them into the chat box now!
Thank You!

Please fill out your evaluations!

For additional resources, Visit nashp.org/epsdt/resources-improve-medicaid-children-and-adolescents