CHILD HEALTH TRANSFORMATION: OPPORTUNITIES FOR LEVERAGING CHANGE IN MEDICAID & CHIP

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Board on Children, Youth, and Families of the National Academies of Sciences, Engineering, and Medicine

June 15, 2021

Your foci in my terms

- PRINCIPLES REFLECTING CONTINUUM OF SERVICES AND SUPPORTS AND LIFE COURSE - Develop key principles and policies to guide a transformed child and adolescent health care system to facilitate promotion, prevention, healing, and resiliency for all children, youth and families
- FAMILY ENGAGEMENT AT CLINICAL, SYSTEM, AND POLICY LEVELS - Identify promising policies and practices that incorporate the lived experiences of low-income families and families of color and build the needed trust and partnerships
- PAYMENT AND FINANCE LEVERS THAT DRIVE TRANSFORMATION, QUALITY, and EQUITY - Identify gaps and barriers in payment arrangements, for both public and commercial insurance, not only for the scope and quality of the coverage but also for their interaction with major programs
- OPPORTUNITIES FOR EFFECTIVE COLLABORATION AND LINKAGES - Identify promising mechanisms to build collaboration among health, mental health, public health, welfare, education, and other agencies at the community, State, and Federal levels for improved individual and population health

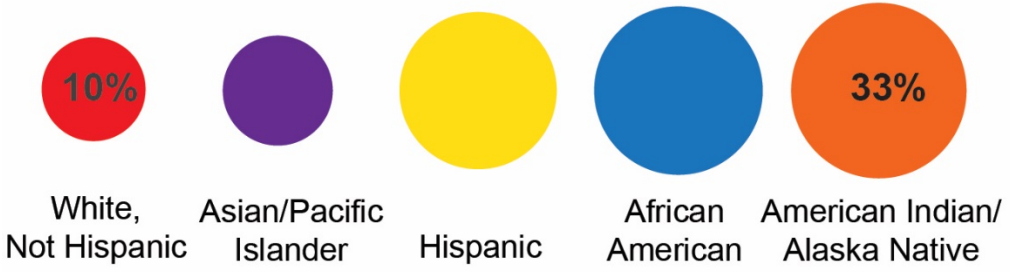
My main questions related to transformation

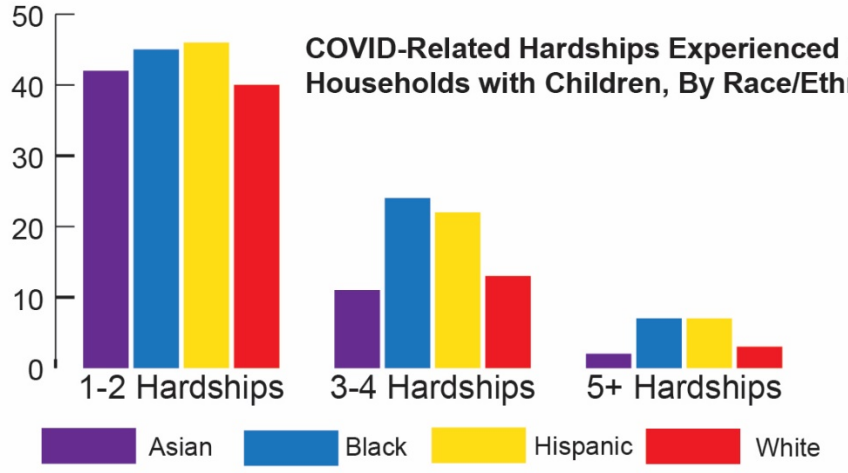
- If 95% of children and youth have health coverage, how do we leverage their coverage and transform the health care delivery system to ensure access, quality, and equity?

- If half or more of children 0-18 are covered by Medicaid and CHIP, how do we accelerate transformation using public program levers?

Children's risks related to SES & Racism

Poor Children 0-17, By Race/Ethnicity

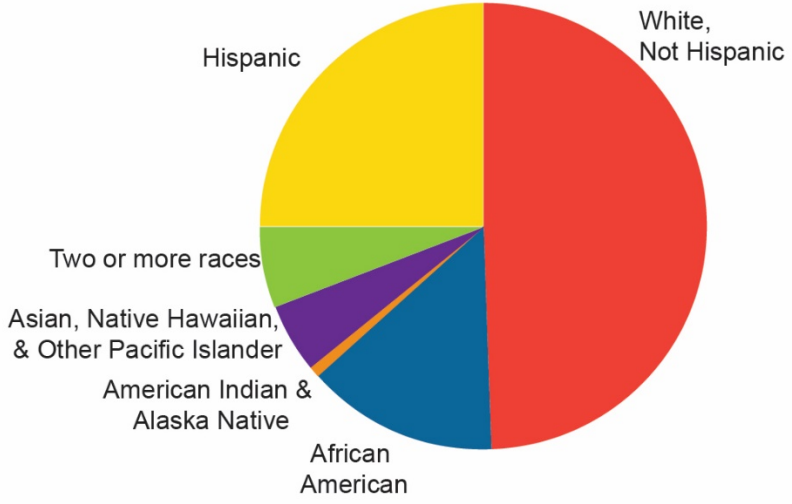




Percentage of Households with children who experience hardships during COVID-19 pandemic.
Source: Child Trends analysis of US Census Bureau, Household Pulse Survey, (August 19-December 7, 2020).

About half of births financed by Medicaid and CHIP

Children 0-17, By Race/Ethnicity



Percentage of Children Under 18, By Race and Ethnicity, US, 2019.
Source: US Census Bureau, American Community Survey, Table S0901.

Children and Medical Homes

Percent of Children 0-17 with Medical Home, By Race/Ethnicity, US 2018-19

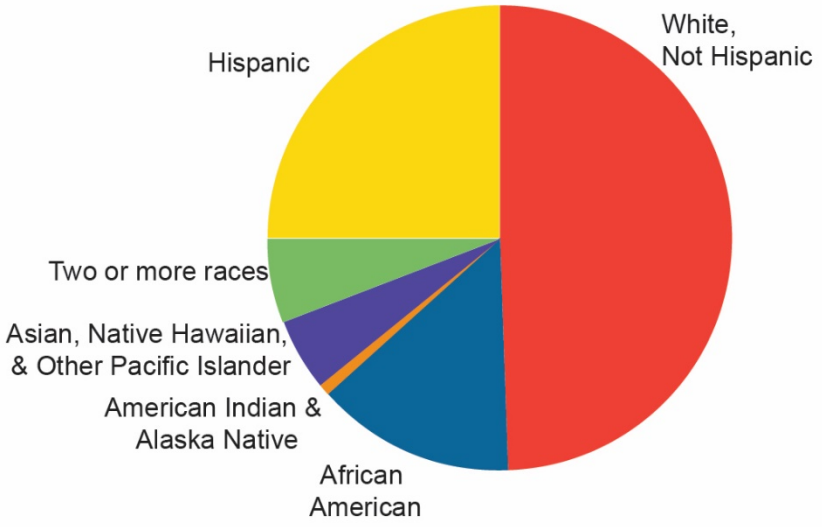
Proportion who received coordinated, comprehensive care in a medical home.

Age 0-5: 50%

Age 12-17: 45%

Only about half of children under 18 have care that meets criteria for a medical home

Children 0-17, By Race/Ethnicity

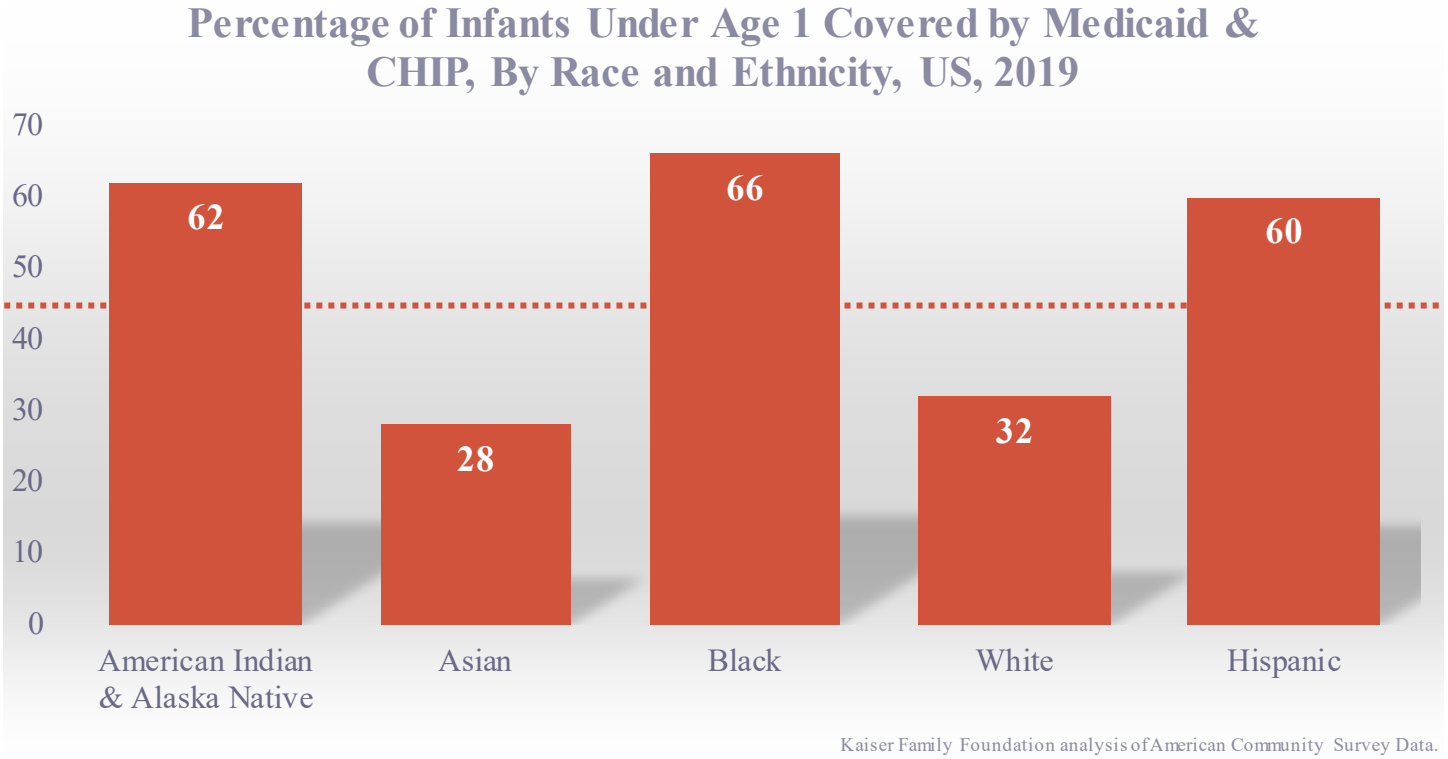


Source for medical home data. Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health data query. Data Resource Center for Child and Adolescent Health supported by the Maternal and Child Health Bureau (MCHB-HRSA-HHS). Retrieved 6/9/21 from www.childhealthdata.org

Percentage of Children Under 18, By Race and Ethnicity, US, 2019. Source: US Census Bureau, American Community Survey, Table S0901.

Performance of Medicaid/CHIP Matter for Child Health & Equity

- More than half of all babies—2.2 million infants enrolled in Medicaid.[1]
- 6 in 10 Black, Indigenous, and Latinx infants.[2]
  (46% of total)
- Over half of all Black, AI/AN, and Hispanic children ages 0-18.[3]



Sources: 1. Johnson Group analysis of EPSDT 416 data from Centers for Medicare and Medicaid Services, 2018.
2. Artiga et al. *Medicaid Initiatives to Improve Maternal and Infant Health and Address Racial Disparities*. Kaiser Family Foundation, 2020.
3. Brooks & Gardner. *Snapshot of Children with Medicaid by Race and Ethnicity, 2018*. Georgetown University Center for Children and Families, 2020.

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) is the comprehensive child health benefit package for Medicaid.

- EPSDT sets legal authority for coverage of child health services in Medicaid. It requires:
  - Comprehensive well-child visits
  - Coverage for full array of treatment and interventions for children when medically necessary.

Source: US HHS Centers for Medicare and Medicaid Services (CMS).
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html and
http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf

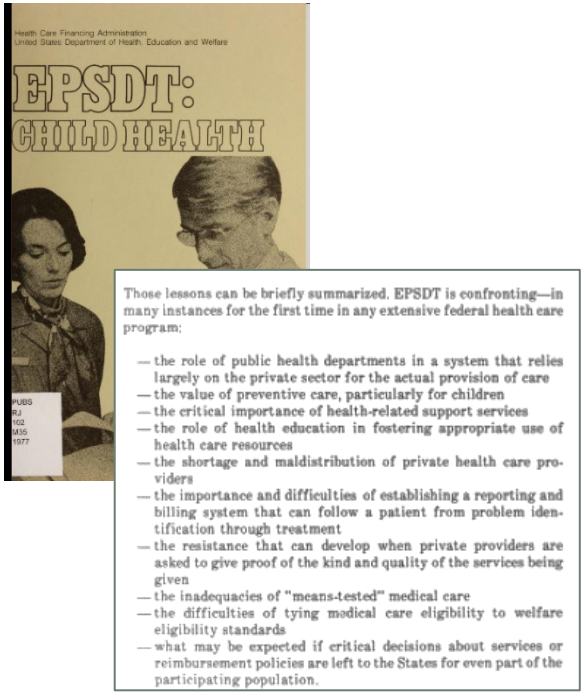
The promise of EPSDT

- For >50 years, the EPSDT child health benefit has been evolving to fit the standards of pediatric care and meet children's unique physical, mental, dental, and developmental needs.

- "*The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting.*" CMS

Sources: Centers for Medicare and Medicaid Services (CMS). Early Periodic Screening, Diagnostic, and Treatment. [Website]. https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html and Health Resources and Services Administration (HRSA), Early Periodic Screening, Diagnosis, and Treatment (EPSDT). [Website] https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment
Centers for Medicare and Medicaid Services. *EPSDT- A Guide for States: Coverage in the Medicaid benefit for children and adolescents*. June, 2014. Available at: https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf. Mann C et al. *Keeping Medicaid's Promise for Children with Special Healthcare Needs.* Manatt Health. 2019. https://www.manatt.com/insights/newsletters/manatt-on-health-medicaid-edition/keeping-medicaids-promise-for-children. National Academy for State Health Policy. EPSDT Resources to Improve Medicaid for Children and Adolescents [Website]. https://nashp.org/resources-improve-medicaid-children-and-adolescents/
Rosenbaum S. When old is new: Medicaid EPSDT benefit at fifty, and the future of child health policy. *Milbank Quarterly*. 2016;94(4),716-719.

Failure to deliver on the promise of EPSDT

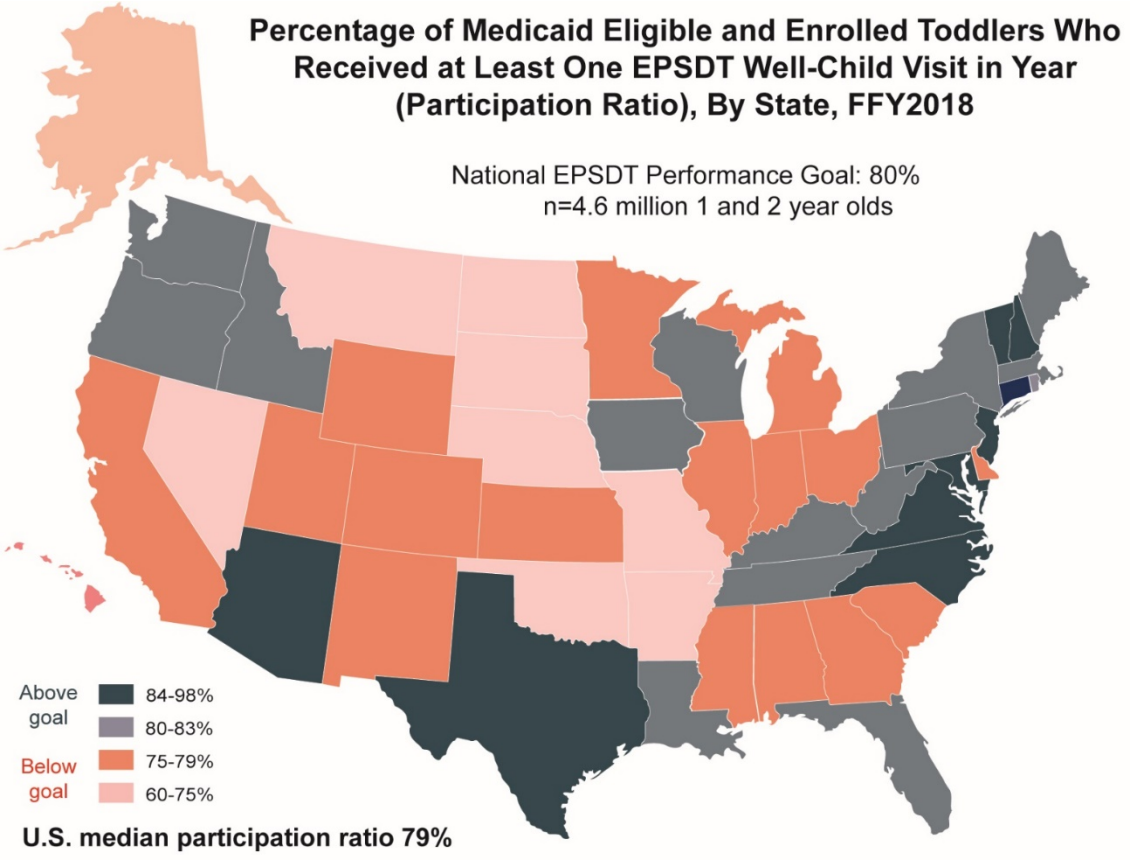


A 1977 report found EPSDT challenges related to:

- Role of public health in system that relies on private care delivery
- Value of preventive care
- Importance of health-related services
- Distribution of health providers
- Difficulties in establishing reporting and billing systems that follow from problem identification through treatment
- Resistance by private providers to giving proof about quality
- Inadequacies of "means-tested" medical care
- What may be expected if decisions about services or reimbursement policies are left to the states

U.S. Department of Health and Human Services, Office of Inspector General (OIG). (2010). Most Medicaid children in nine states are not receiving all required preventive screening services (OEI-05-08-00520). OIG. (2014). CMS needs to do more to improve children's utilization of preventive screening services (OEI-05-13-00690). U.S. General Accounting Office (GAO). (1991). Medicaid expansions: Coverage improves but state fiscal problems jeopardize continued progress (GAO-HRD-91-78). GAO. (2001). Medicaid: Stronger efforts needed to ensure children's access to health screening services (GAO-01-749). Retrieved from; GAO. (2009). Medicaid preventive services: Concerted efforts needed to ensure beneficiaries receive services (GAO-09-578). GAO. (2011). Medicaid and CHIP: Reports for monitoring children's health care services need improvement (GAO-11-293R).; GAO. (2019). Medicaid: Additional CMS data and oversight needed to help ensure children receive recommended screenings (GAO-19-481). .
Rosenbaum S & Johnson K. Providing health care for low-income children: reconciling child health goals with child health financing realities. *Milbank Quarterly*. 1986;64(3), 442–478
Also see: Johnson K. Medicaid and CHIP Coverage for Women and Children: Politics and Policy. Chapter 20. In R Kirby & S Verbiest (editors): *Maternal and Child Health*. (4th Edition). Jones and Bartlett Learning. In press, 2021.

EPSDT Gaps and Weaknesses



Many states are **not**:

- Achieving 80% goal for well-child visits
- Covering the full range of prevention and treatment services children need
- Paying adequate rates, particularly for well-child visits
- Holding MCOs and providers sufficiently accountable

Source: Map prepared by Johnson based on Center for Medicare and Medicaid Services (CMS) Form 416 data on EPSDT participation for Federal Fiscal Year (FFY) 2018

Practice Transformation State of the Field

- State-of-the-field research reviews have identified evidence-based models and exemplary practices
- Points to design of high performing medical homes.
  - Restructuring and enhancing office practice, particularly well-child visits
  - Incorporating care coordination and family support
  - Embedding or linking to related services

Why focus on high performing medical home?

- Research shows that patient-centered medical homes improve quality and patient experience. **Need greater child focus**.
  - Focus on key elements of transformation in child and adolescent health
  - More team-based care and care coordination
  - Greater support for families, including SDOH and equity
  - Embedding new models and approaches for promotion and prevention
  - Emphasis on cross-system coordination
- Build support like NCQA recognition (e.g. financial incentives, support for transformation, learning collaboratives, MOC credit, performance measurement, align with payer goals, etc.)

AHRQ. Patient Centered Medical Home Resource Center. https://pcmh.ahrq.gov/. Price J, Brandt ML, Hudak ML, Committee on Child Health Financing. Principles of financing the medical home for children. *Pediatrics*. 2020;145(1). Jolles MP, et al. Core functions and forms of complex health interventions: a patient-centered medical home illustration. *Journal of General Internal Medicine*. 2019;34(6):1032-8. Lichstein JC, et al. Access to the medical home among children with and without special health care needs. *Pediatrics*. 2018;142(6).

High Performing Medical Homes for Young Children

Well-Child Visits

- Holistic, team-based care.
- Comprehensive well-child visits as required in EPSDT.
- Adherence to *Bright Futures Guidelines* scope and schedule.
- Screening for physical, developmental, and social-emotional-mental health, maternal depression, and social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family-centered, strengths-based, two-generation approaches.
- Other practice augmentations (e.g., Reach Out and Read).

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all in medical home.
- Intensive care coordination/ case management for more complex medical or social risks and conditions.
- Family-driven approaches to assess strengths and risks and respond to identified medical and health-related social concerns.
- Effective referrals and linkages to other resources.

Other Services

- Child/family programs co-located in primary care to support health and development (e.g., Healthy Steps, DULCE).
- Integrated behavioral health in primary care settings.
- Referrals and linkage to other services such as home visiting, family support, early intervention, parent-child mental health, dental care, and other services.

Adapted from: Johnson K and Bruner C. *A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health*. 2018.

High Performing Medical Home for Adolescents

Well-Child Visits

- Holistic, team-based care.
- Comprehensive well-child visits as required in EPSDT.
- Adherence to *Bright Futures Guidelines* scope and schedule.
- Screening for physical, developmental, and social-emotional-mental health, adolescent depression, substance use, STI/HIV, and social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family & youth-centered, strengths-based approaches.
- Adolescent speaks privately with health provider.

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all in medical home.
- Intensive care coordination/ case management for more complex medical or social risks and conditions.
- Family & youth driven approaches to assess strengths and risks and respond to identified medical and health-related social concerns.
- Effective referrals and linkages to other resources.

Other Services

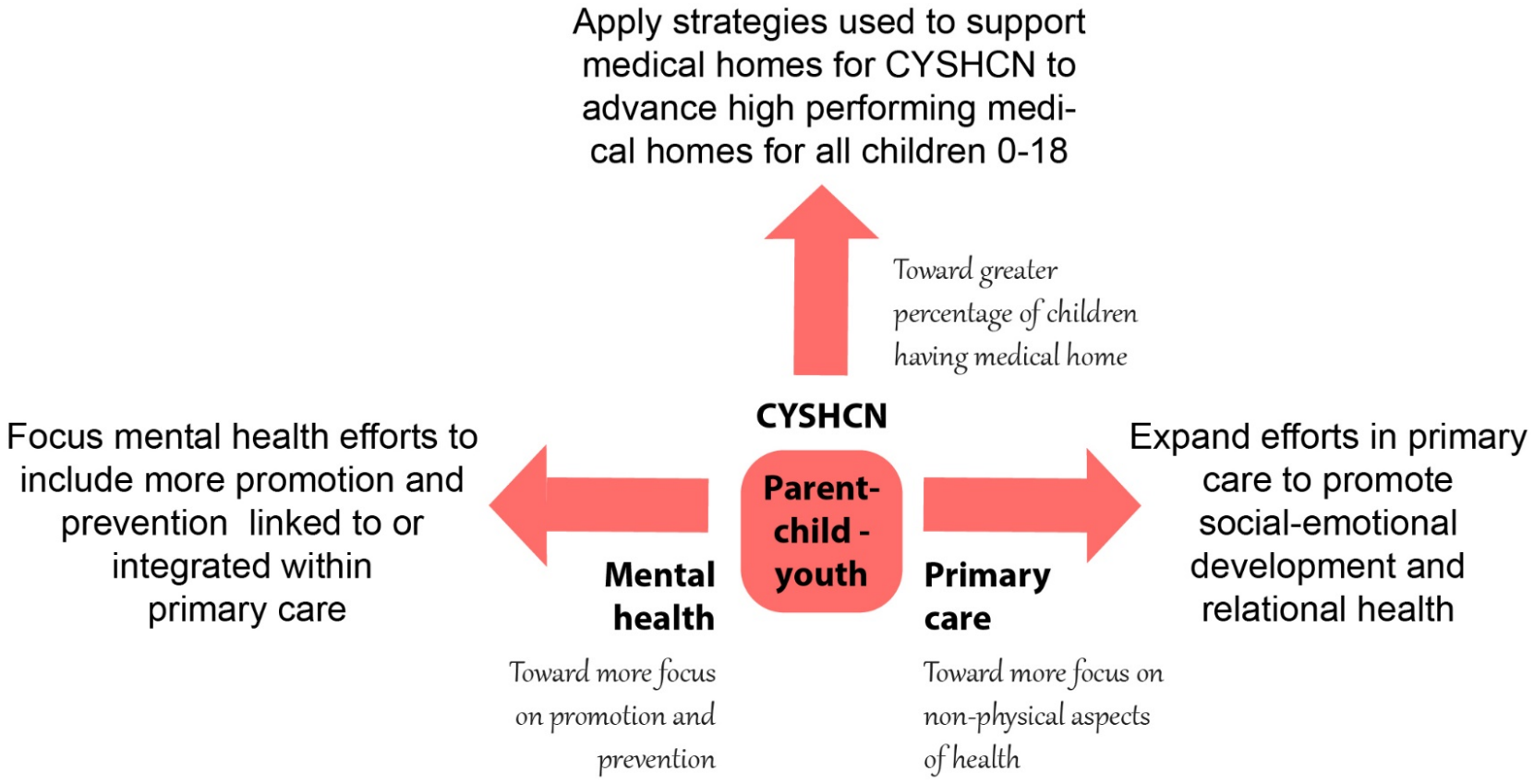
- Youth programs co-located with primary care to support health and development (e.g., school-based health,).
- Integrated behavioral health in primary care settings.
- Attention on youth transitions to adult care.
- Referrals and linkage to other services such as youth development programs, mental/behavioral health, dental care, sex education and health, and other services.

Adapted from: Johnson K and Bruner C. *A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health*. 2018. Based on AAP Periodicity Schedule 2021. https://brightfutures.aap.org/Pages/default.aspx National Academy of Sciences, Engineering, and Medicine. Promoting Positive Adolescent Health Behaviors and Outcomes in the 21st Century. Also see: Healthy People 2030 Adolescent Health Workgroup recommendations. https://health.gov/healthypeople/about/workgroups/adolescent-health-workgroup

Continuum of Action Guided by Pediatric Primary Care / Medical Home

Johnson, Willis & Doyle. *Guide to Leveraging Opportunities Between Title V and Medicaid for Promoting Social-Emotional Development*. Center for the Study of Social Policy and Johnson Group Consulting, Inc. 2020.

Three Important Directions for Change



Johnson, Willis & Doyle. *Guide to Leveraging Opportunities Between Title V and Medicaid for Promoting Social-Emotional Development.* Center for the Study of Social Policy and Johnson Group Consulting, Inc. 2020.

Measurement – sample of issues

- States not reporting on CMS core measures
- State managed care contracts could better leverage measurement for QI and transformation
- Not measuring some important issues (e.g., coordination, completed referrals)
- CMS EPSDT 416 data quality needs focus
- Not using aligned measurement approaches

Johnsn K & Bruner C. Medicaid Managed Care: Transformation to Accelerate Use of High Performing Medical Homes for Young Children. InCK Marks Working Paper Series, No. 5. 2021. www.inckmarks.org. Johnson K & Bruner C. *Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health*. 2018. MACPAC. Chapter 2. *State Readiness to Report Mandatory Core Set Measures*. 2020

Measurement in High Performing Medical Homes

High rates of access to care
High percentage of children receiving well-child visits*
High rates of children who are up-to-date on immunizations*
High performance on developmental screening measure*
Satisfaction with the experience of care as measured with the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H*
Use of the validated CSHCN screening tool
Use of age-appropriate screening tools, including for social determinants of health (SDOH)
Low rates of unnecessary emergency department visits*
Family engagement demonstrated through use of recommended Bright Futures pre-visit tools and/or the electronic Well-Visit Planner
Documentation on rates of referrals, follow up and completed referrals
Documentation of augmented resources and supports provided in practice (e.g., integrated mental health, HealthySteps, Reach Out and Read, adolescent wellness approaches, transition)

* Measures are part of CMS Medicaid-CHIP Core Child Set.

Measuring for Shared Accountability: Select Measures

* Directly related to EPSDT requirements Updated and adapted from Johnson K and Bruner C.	Medicaid / CHIP Core Child Health Measures 2021	Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid 2021	Title V MCH Block Grant National Measures	Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Preterm birth	Low birthweight		✓	✓
Prenatal and postpartum care visits	✓	✓	✓	
Contraceptive care (postpartum and ages 15-20)	✓			
Maternal depression screening & follow up	Behavioral health assessment	✓		✓
Well child visits in first 30 months of life*	✓	✓	Medical home	✓
Child and adolescent well care visits*	✓	✓	Medical home	✓
Immunization status of young children <2 and adolescents*	✓	✓	✓	
Access to primary care*	✓	✓	Medical home	
Developmental screening*	✓		✓	✓
Lead screening*		✓		
Preventive dental visits*	✓	✓	✓	
Tobacco use / cessation (parent)	Adult set	✓	✓	✓
Emergency department visits	✓	✓		✓
Weight assessment and counseling*	✓	✓	✓	
Children with special health care needs (CSHCN)			✓	
Experience / satisfaction with care - CAHPS	✓	✓		
Coordination of care - CAHPS		✓	✓	
Insurance coverage*	(assumed)	(assumed)	✓	✓

Conclusions & Recommendations

- Fulfill the promise of EPSDT and Bright Futures.
- Finance high performing medical homes.
- Leverage what we know how to do, what works
- Advance family engagement and equity.
- Strengthen measurement at both clinical (QI) and population levels.

How can NASEM – Board study help?

- Study and apply lessons in failure of states and providers to deliver on the promise of EPSDT.
- Document the evidence supporting design and use of high performing, advanced medical homes.
- Go beyond the rhetoric on family engagement and equity to make strong, evidence-based recommendations.
- Assess and report on the role of and levers within MCOs, ACOs, VBP, and other purchasing arrangements.
- Review and make recommendations for improved measurement, data collection and reporting at clinical and population levels.