

2011 AMCHP and Family Voices National Conferences

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH

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Families as Agents of Change: Building Infrastructure and Systems for CYSHCN

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of Health**



Six MCHB Performance Outcome Measures

- Families are decision makers & satisfied
- Access to a medical home
- Early and continuous screening
- Easy to use community services
- Adequate private/public insurance and financing
- Transition to adulthood (health care, work and independence)



State Implementation Grants for Systems of Services for CYSHN (D70)

- Prior to 2005, “demonstration” grants awarded for each performance measure
- Focus shifted to funding states to work on the total system
 - 3 year budget periods
 - \$300,000/year
- Funding Cycles:
 - Class of 2008: 2005-2008, 12 states
 - Class of 2009: 2006-2009, 6 grants
 - Class of 2011: 2008-2011, 12 grants
 - Class of 2012: 2009-2012, 6 grants
 - Class of 2014: 2011-2014, ~8 grants

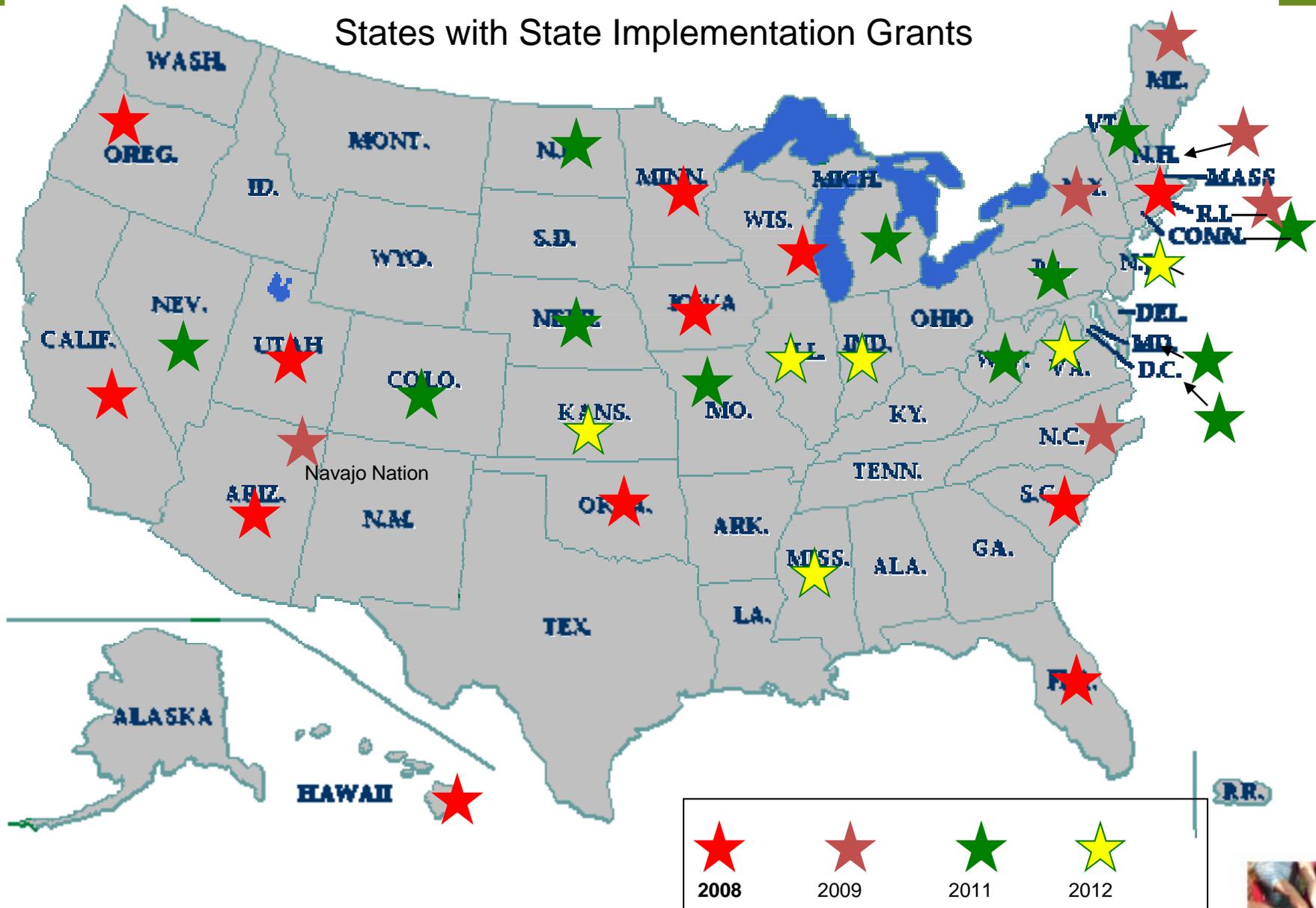


The Grantees

- All states had received previous SPRANS funds
- 34 States represented, District of Columbia & Navajo Nation
- Grantee Affiliation:
 - Majority housed within Title V
 - Three Family to Family Health Information Centers (F2FHIC)
 - Some housed within universities, hospitals, or local chapter of AAP
 - One tribal entity



States with State Implementation Grants



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Key Themes

- Use of medical home as cornerstone and launching point
- Existing infrastructure and strong partnerships critical to success
- Three legs of a stool are required to support the seat (“system”)– Title V, families, and providers
 - Perhaps a chair with Medicaid as the 4th leg



Ensuring sustainability is not easy

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Six Key Grantee Strategies

- Use Continuous Quality Improvement (CQI)
- Use Data to Build Capacity and Measure Impact
- Provide technical assistance, resources, and support
- Promote legislative and policy changes
- Build, enhance, and maximize partnerships
- Engage family and youth as partners, leaders, and agents of change

Use social marketing to raise awareness about CYSHN
(grantee recommendation)



Use Continuous Quality Improvement

- Most states implemented Learning Collaboratives
 - Most on medical home, some on transition or screening
 - Good mechanism to spread medical home
 - Venue for interdisciplinary information exchange
 - Opportunity to engage families as partners



Discerning characteristic: **Use of data**



Use Data to Build Capacity and Measure Impact

- Use data for assessment
 - Population needs and disparities
 - Staff training needs
 - Program planning and implementation
 - Families perception of care
 - Practice Improvement
 - Evaluation



Provide technical assistance, resources, and support

- Builds/enhances capacity
- Enables sustainability
- Examples:
 - Conference calls, webinars, trainings and conferences
 - Telehealth technology
 - Champion physician
 - Practice site visits
 - Mini-grants to communities
 - Curriculum for providers, families, agencies
 - Family Training Institute
 - Care coordinators in medical home, community sites



Promote legislative and policy changes

- Offers the greatest potential for impact and sustainability
- Relies on a multifaceted approach
 - Involvement of multiple stakeholders
 - Oregon: Passage of 2009 legislation of a private insurance mandate related to hearing aid benefits
 - Happens by demonstrating results through data
 - Minnesota: 2008 Health Care Home legislation



Culmination of many strategies



Build, enhance, and maximize partnerships

- Existing partnerships an advantage
 - Implementation
 - Sustainability
 - Securing institutional memory
- “Ingredients” of successful partnerships
 - Strong leadership
 - History of collaboration
 - Capacity
 - Infrastructure
 - Institutionalized



Strong partnerships are not built overnight



Engage family and youth as partners, leaders, and agents of change

- Areas/levels of engagement
 - Key partners in writing application, consortia, workgroups, planning/implementing activities
 - Family liaisons in medical practices
 - Youth advisory councils
- Challenges
 - Retaining families due to time commitment, coordinating schedules (youth)
- Strategies
 - Stipends, child care, staff, contracts (F2F, other family groups)
 - Adjusting meeting times, location



Engage family and youth as partners, leaders, and agents of change

- Massachusetts' Family-Professional Partners Institute
- Hawaii's Hilopa`a Project (*"to braid firmly"*)
- *Maryland*
- *Rhode Island*





Maryland Consortium for Children with Special Health Care Needs

State Implementation Grant Partners

The Parents' Place of Maryland*

Title V CSHCN (OGCSHCN)*

Johns Hopkins School of Public Health*

MD Chapter AAP*

Johns Hopkins School of Medicine

Maryland Health Kids (EPSDT)

The Parents' Place of Maryland

Maryland's Family-to-Family Health Information Center

Parent Training and Information Center

Maryland Family Voices

410-768-9100

www.ppmmd.org

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Goals

- Implement the leadership & infrastructure to achieve & sustain an integrated, *community-based system* of services
- Improve *developmental screening* & linkage with appropriate community-based services
- Improve access to *medical homes* that are part of an integrated, community-based system of services
- Increase focus on the unique needs of YSHCN, including health care *transition*



Maryland Summit for CSHCN

- Broad group of stakeholders met over 2 days to address needs of CSHCN
- Worked in small groups to assess MD's status on 6 core outcomes
- Develop recommendations & strategies
- Buy-in from stakeholders
- Kick off for the Consortium



Maryland Consortium

Purpose:

- Build collaboration at state & community level to sustain community-based system of care
- Increase knowledge about CSHCN and needs of families
- Provide input & advice to Title V CSHCN program



Consortium Activities

Activities

- Educate members, public, agencies
- Title V Needs Assessment
- Mini-grants
- Legislative outreach

Outcomes

- Increased partnership among stakeholders
- Increased CSHCN visibility among policymakers
- More meaningful needs assessment process



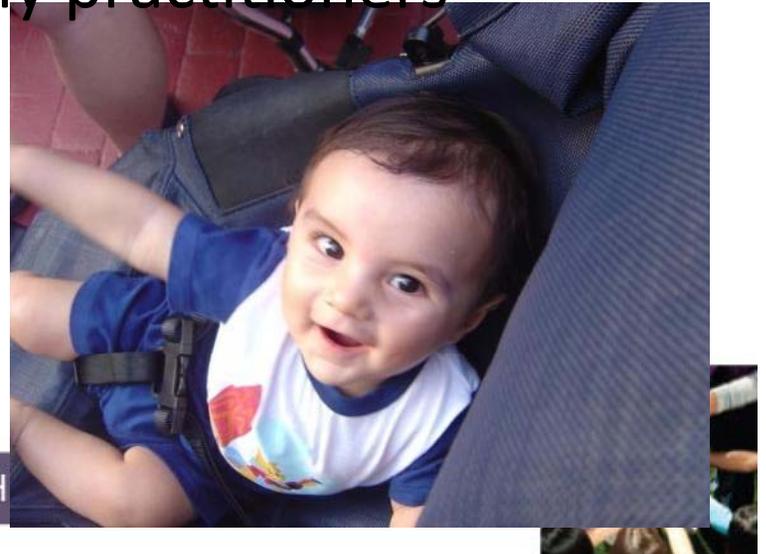
Developmental Screening

Activities

- Collaborative regional training for pediatric practices
- On-site in-depth TA for selected practices
- Training for family practices
- Family initiative

Outcomes

- Practices implementing dev screening
- Increased referrals to F2F
- Increased awareness family practitioners



Opportunities

- Title V CSHCN leadership void
- 5 Yr. Needs Assessment
- Parent survey
- Refocusing



State's 5 year priorities

MCH & CSHCN

- Medical Home
- Data Systems & Sharing

CSHCN

- Transition
- Sustain strategic partnerships



5 Simple Tips (+ 1)

- Be present & visible
- Build relationships
- Be flexible
- Be responsive
- Be insistent
- Follow through

(Not so simple to do . . .)



RI's Medical Home Initiative

What is the PPEP?

- PPEP (Pediatric Practice Enhancement Project)
- Medical Home project that provides enhancement services in a high quality and cost effective manner
- Family centered approach to health care
- Collaborative care that depends on all partners for success
- THE PARTNERS: Department of Health- OSHCN; Department of Human Services; Rhode Island Parent Information Network; Neighborhood Health Plan of RI; Family Voices of RI; Hasbro Children's Hospital; American Academy of Pediatrics; All Participating Sites



RI's Medical Home Initiative

Who are the Parent Consultants (PCs)?

Parents and family members who have CYSHCNs who have experience in navigating the complex systems of care in Rhode Island. This experience includes knowledge of resources, accessing basic needs (food, shelter, clothing), utilizing health insurance, education, specialty evaluation, transportation, etc.



RI's Medical Home Initiative

- Video



RI's Medical Home Initiative

RI Department of Health / Brown University Evaluation

A comparative analysis of claims and costs between PPEP and other model that do not employ a peer to peer system navigation approach

Sample Selection:

- 20 participating sites and 1,800 families enrolled
- 1-1-04 to 12-31-07 insured by NHPRI
- 1 month to 18 years of age
- Outpatient, emergency and inpatient claims/payments
- SSI/Related insurance used as proxy for identifying CSHCNs in NHPRI claims databases

All Services Summary: 2004 – 2007

- The average number of inpatient, emergency and outpatient encounters per CSHCNs was 14% higher among PPEP participants
- The average number of claims per encounter was 3% lower in the PPEP model
- The average annual payment for all claim types was 15% lower in the PPEP model
- The average payment for all claims was \$71 lower in the PPEP model



RI's Medical Home Initiative

Summary of Findings

Utilization:

- Despite a higher per visit user rate, claims per visit and expenditures per paid claims for emergency visits were lower in the PPEP modes
- Differences in visits/user ratios are not always proportional to differences in average claim expenditures

Expenditures:

- Period and annual claim payments were lower for the PPEP
- Paid claims for resource intensive services were lower for PPEP
- Payments for primary care/preventative claims were higher for PPEP
- Overall, costs per paid claim were \$440 lower in the PPEP model
 - 98% of the savings in the PPEP model were through lower inpatient encounters and volume/type of service

Cost Savings Projection:

16,173 claims for inpatient stays (non PPEP) X \$449.90 = \$7,276,232.70

18,565 claims for emergency visit (non PPEP) X \$112.20 = \$207,928.00

98,290 claim for outpatient visits (PPEP) X \$21.60 = \$2,123,064

Total Cost Savings Projection: \$5,361,096.70



Discussion Question

- *What are some promising practices or policy changes that family advocates in your state have initiated or helped to implement?*

