



Designing a System That Promotes Children's Health

How Connecticut's State Innovation Model Can Contribute to Children's Health



The passage of the Affordable Care Act (ACA) in 2010 was an important step in changing the landscape of health care for the citizens of Connecticut. To implement health reform, Connecticut's Health Insurance Exchange was developed as the one-stop mechanism through which individuals and families could purchase health insurance and find out if they were eligible for Medicaid or subsidies. Federally, it was lauded as the best insurance exchange model nationwide.

Now Connecticut is focused on ways to further improve our health care system. The State is on the verge of transforming health care delivery through the [State Innovation Model](#), more commonly known as SIM, a 5-year, \$45 million initiative made possible by the ACA. Connecticut's SIM is being designed with the ultimate goal of promoting health while at the same time accomplishing the following goals:

- Improving the quality of care across public and private health insurance plans (including Medicaid & Medicare)
- Decreasing the costs of care
- Ensuring that the delivery of care is patient-focused
- Addressing disparities in health

A Team Approach to Keep Children Healthy

One key strategy for achieving these goals centers on expanding the traditional model of health care delivery to include a wider range of professionals who can support children's health, such as care coordinators and community health workers. These professionals contribute to children's healthy development and can help child health practices effectively and efficiently promote healthy outcomes for children. They also play an important role in connecting children and their families to community services that contribute to health.

An example of how this is being incorporated into Connecticut's health transformation plan is through SIM's **Community and Clinical Integration Program (CCIP)**. This program creates connections between primary care and community-based services that contribute to health and reduce inequities in

access, quality and outcomes. Practices that participate in CCIP will have care coordinators who bridge primary care and subspecialty health services and assist patients who have complex medical needs. CCIP also supports the use of community health workers, who play a critical role in bridging health services across settings and cultures. Participating health practices will employ community health workers to apply culturally and linguistically effective strategies to address health equity gaps and assist in establishing robust connections between practice networks and community services.

Opportunities to Improve the Delivery of Children's Health Services

As Connecticut transforms health delivery for children, additional opportunities exist to include a wider range of health workers who make enormous contributions to keeping children healthy but are not well connected to the current child health system. These professionals include:

- **Lactation consultants**, who support and educate breastfeeding mothers. Research suggests that breastfeeding has lifelong health benefits. It aids in mother-child bonding and helps establish secure infant-mother attachment, which has long-term implications for health socio-emotional development. Breastfeeding also protects infants against infections, obesity, diabetes and asthma. Lactation consultants work in hospitals, health practices, public health programs, and as self-employed consultants. Currently, in Connecticut, Medicaid and many private insurance plans do not reimburse lactation consultants for services, making access to their services difficult for many families.
- **Early Care and Education (ECE) health consultants** (often nurses by training), who ensure children's health and safety in child care settings and monitor children's development through screening and connecting children to follow up services when needed. Such investments in safety, prevention and early intervention pay off over a lifetime. Licensed early care and education settings are required by the State of Connecticut to have regular visits by a health consul-

tant but the cost is currently fully borne by the early care and education programs.

- **Asthma educators**, who help children and families manage asthma symptoms and control this potentially life-threatening condition. Asthma educators work with individual children and their families to improve use of asthma medications, modify home environments to decrease the incidence of asthma exacerbations, and can also work with child care settings to ensure that preventive and treatment plans are in place for children who have asthma.
- **Home visitors**, who provide critical support to families with young children including screening, parenting information, resources and support, and treatment. Home visiting is available for families in Connecticut who face barriers to ensuring their children's healthy growth and development, such as poverty, living in high stress environments, preterm birth or a child with developmental delays or behavioral concerns. Federal and state dollars support home visiting for the most at-risk families in Connecticut through a number of evidence-based programs including Child First, Nurturing Families/Parents as Teachers, Early Head Start and Minding the Baby. Expanding reimbursement and integration of home visiting with other primary care health services would allow more families to receive services.

Healthy Child Development Leads to a Healthier Population

Connecticut's State Innovation Model puts Connecticut on the right track to once again be a leader in health reform. SIM promotes movement from the fee-for-service payment system towards value-based payment tied to health outcomes. As Connecticut designs a system to reward positive health outcomes, health providers, and plans will need to rely on a wider range of professionals and medical home teams to keep children healthy. A well-designed system that supports children's healthy development now, will ensure a healthy population in the years to come.

For more information, visit www.chdi.org, read [Issue Brief 39: Rolling Out Health Reform in CT](#), or contact Lisa Honigfeld at honigfeld@uchc.edu or (860) 679-1523.