



CHDI Transforming Pediatric Primary Care
Webinar 1:

Outcome Measures

June 18, 2019

1 pm – 2 pm

Kelly Kelleher, M.D.

Columbus Nationwide Children's Hospital

David Keller, M.D.

Colorado Children's Hospital



Background and Introduction:

- With funding from Children's Fund of Connecticut and Connecticut Health Foundation, the Child Health and Development Institute engaged the Center for Health Law and Economics / Health Law and Policy at Commonwealth Medicine, UMass Medical School to help us develop an agenda for pediatric primary care that would increase its contribution to:
 - Population health
 - Health equity
 - Integration of health with other services that children and families use

Commonwealth Medicine / UMass Medical School, Health Law & Policy

- Reviewed literature and existing innovations that address transformation of pediatric primary care
- Facilitated a study group consisting of stakeholders in Connecticut
- Developed recommendations for payment reform that would support transformation of pediatric primary care
- Prepared a final report: *Transforming Pediatrics to Support Population Health: Recommendations for Practice Changes and How to Pay for Them*

<https://www.chdi.org/publications/reports/other/transforming-pediatrics-support-population-health/>

Pediatric Primary Care Payment Reform Study Group Recommendations to be addressed today**

- **Stakeholders in Connecticut should support efforts to improve measurement and supply data that connects effective pediatric primary care to adult health and well-being.**
 - Focusing on both process and outcome measures and short and long term outcomes
 - Building evidence of the return on investment that is needed to promote adoption of payment reform by public and private payers
 - Developing infrastructure at practice and state levels to ensure data are available.
- **The benefits of improved pediatric primary care are considered a public good;** they accrue across the lifespan, to many spheres of social policy, and to the state's economy in general.

*** (2 of 6 total recommendations)*

Sample Outcome Measures

School Measures
e.g. Kindergarten Readiness and
School Attendance

Healthy weight / Body Mass Index

Justice Involvement

Healthy Reproductive Status

Employment Measures

Morbidity including:
Prevalence of depression and
chronic illness



Challenges with Measuring Outcomes In Pediatrics

- Return on Investment (ROI)
 - Pediatric care is generally low cost compared to adult care
 - Pediatric outcomes often occur over longer timeframes
 - Savings often benefit other sectors – outside medical
 - Benefits might be seen in: education system, juvenile justice
 - Benefits impact whole family and are not specific to one child
- Evidence-Base
 - It is hard to prove a negative
 - Early intervention aims to prevent the occurrence of a behavioral health diagnosis or a developmental delay
 - The body of evidence is not yet there for many newer interventions

Measures to Transform Primary Care

Presented by:

Kelly Kelleher, MD, MPH

Vice President of Community Health
Nationwide Children's Hospital



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When your child needs a hospital, everything matters.™

Nationwide Children's Hospital



The Research Institute at Nationwide Children's Hospital **IS ONE OF THE TOP 10** NIH-funded freestanding pediatric research facilities in the U.S.



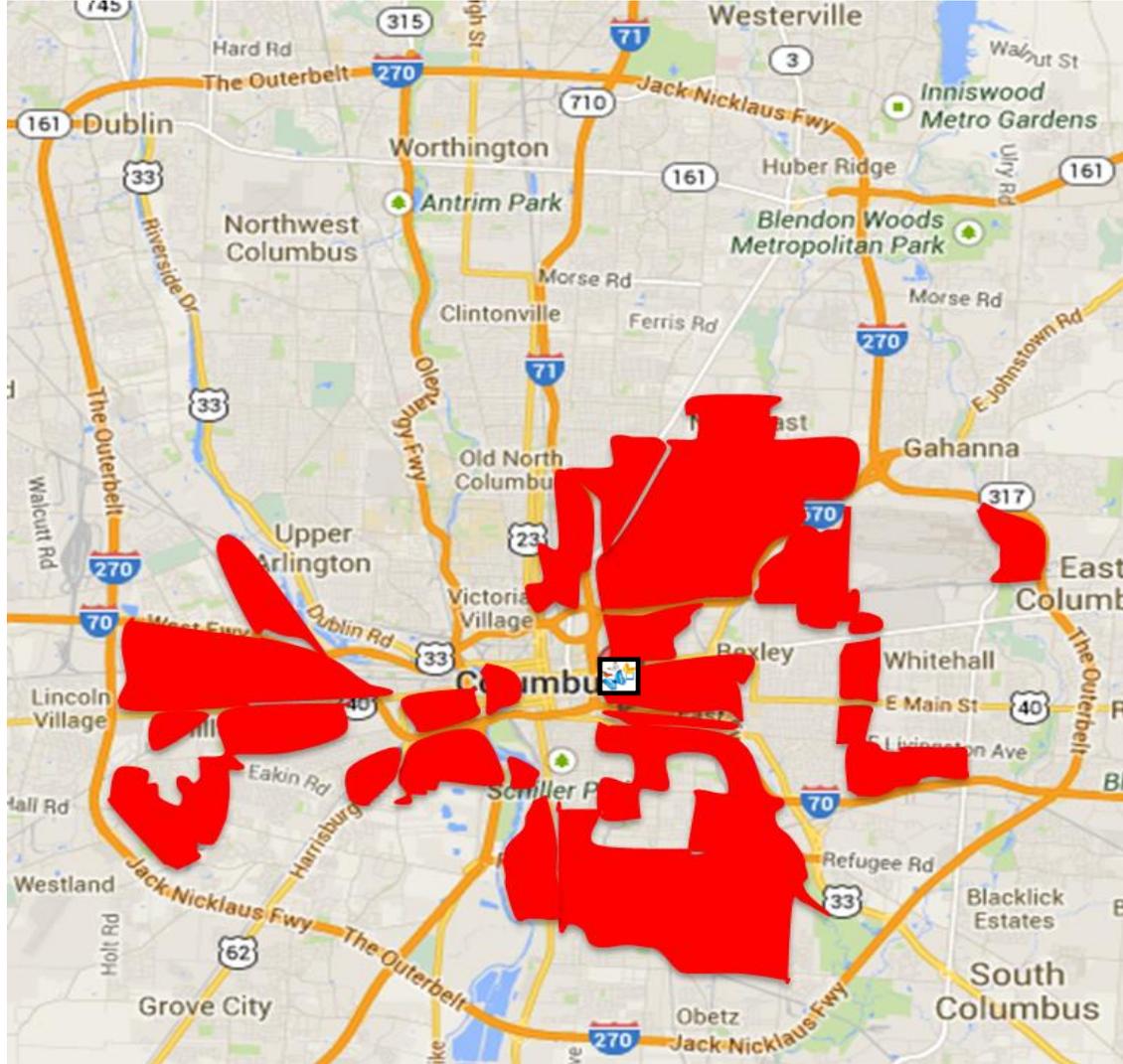
America's Largest
Neonatal network and provide of inpatient pediatric surgeries*

ZERO HERO
Committed to achieving zero preventable harm

MORE THAN 1.4 MILLION PATIENT VISITS FROM ALL 50 STATES AND 48 COUNTRIES

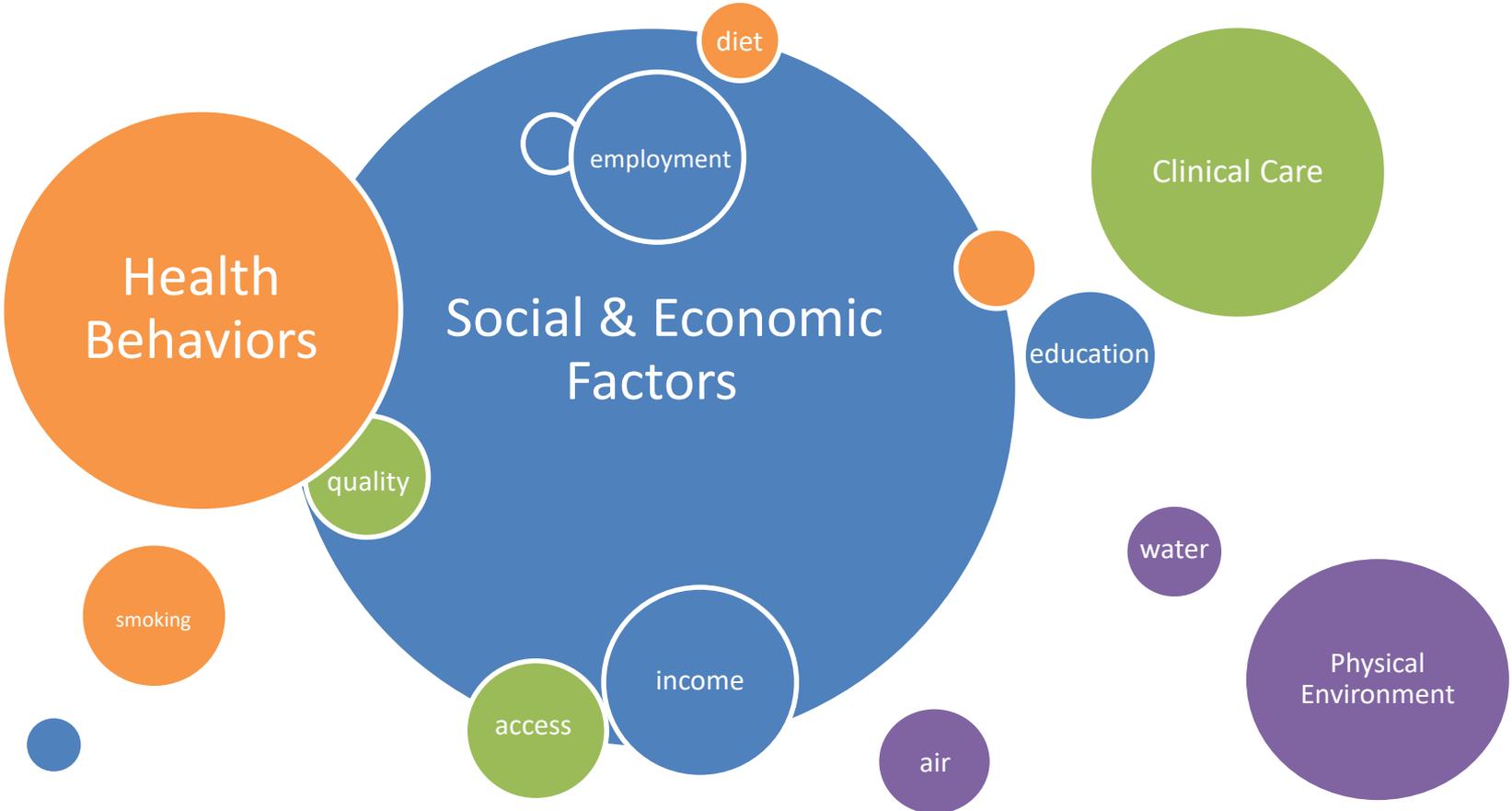
Franklin County Opportunity Index Map

RED = LEAST OPPORTUNITY/HIGHEST RISK



Source: <http://kirwaninstitute.osu.edu/reports/2013/2013-Franklin-County-Childrens-Report.pdf>

Social Determinants of Health





BECKER'S

HOSPITAL REVIEW

UnitedHealth invests \$400M+ in affordable housing

Morgan Haefner - Wednesday, March 27th, 2019

HealthLeaders

ANALYSIS

HOW 6 MAJOR HEALTH SYSTEMS AND HOSPITALS HOPE TO BOOST HOUSING

BY CHRISTOPHER CHENEY | MARCH 04, 2019

THE SACRAMENTO BEE

Sacramento gets \$1.6 million from Dignity Health to
fund homeless shelter, initiatives

BY HANNAH HOLZER

AFFORDABLE HOUSING FINANCE

Kaiser Permanente Announces \$200 Million Affordable Housing Investment

The company sees housing as a way to advance its mission to provide health care.

Medical Home

- Principles ideal
- Practice less than perfect
 - No evidence in pediatrics of savings
 - Inability to maintain longitudinal care
 - Limited capacity for interventions
 - Behavioral
 - Digital
 - Financial

Measures → Medical Home to Medical Neighborhood

- Networks of clinicians and practices
- Collaborative improvement
- Coordinated with community goals
 - Education, child welfare, behavioral health
 - Food, housing, transportation, DV

Transformative Measures That Improve Child Health

- Medical system improvement →
- Medical system improvement with cross-sector linkages →
- Medical system improvement with improving community conditions that cross-sector outcomes

Selecting Measures

- Inventory evidence based measures
- Assess measures against criteria
- Select subset that match goals of network
- Identify gaps in measurement

Child Vital Signs: Community Goals for Children

- Infant mortality
- Kindergarten readiness
- Middle school chronic absenteeism
- High school graduation



Achieving Payment Reform through Medicaid and Stakeholder Collaboration: A Guide for Action

Suzanne C. Brundage

Director of the Children's Health Initiative, United Hospital Fund

Chad Shearer

Vice President for Policy and Director of the Medicaid Institute, United Hospital Fund

THE VIEW FROM COLORADO

David Keller MD

Professor and Vice Chair of Clinical Strategy and
Transformation, Department of Pediatrics

University of Colorado School of Medicine and Children's
Hospital Colorado

18 June 2019

Disclosure: Dr. Keller is on the Advisory Committees for the Colorado State Innovation Model and Health First Colorado's Accountable Care Collaborative, and several committees within the Pediatric Care Network.



State Innovations: What About Colorado?



Much going on

- SIM
- Medicaid
- Pediatric Care Network
- Primary Care Investment Strategy (coming soon)

Health Policy is a State Thing: You've Got to Know the Territory

- What is your geography?

Urban core, rural (west/east)

- What are your health systems?

4 big hospital systems, lots of private practices

- Who are your payers?

Medicaid, Medicare, many commercial plans

- FFS or alternative payment models?

Mostly FFS, with a dollop of value

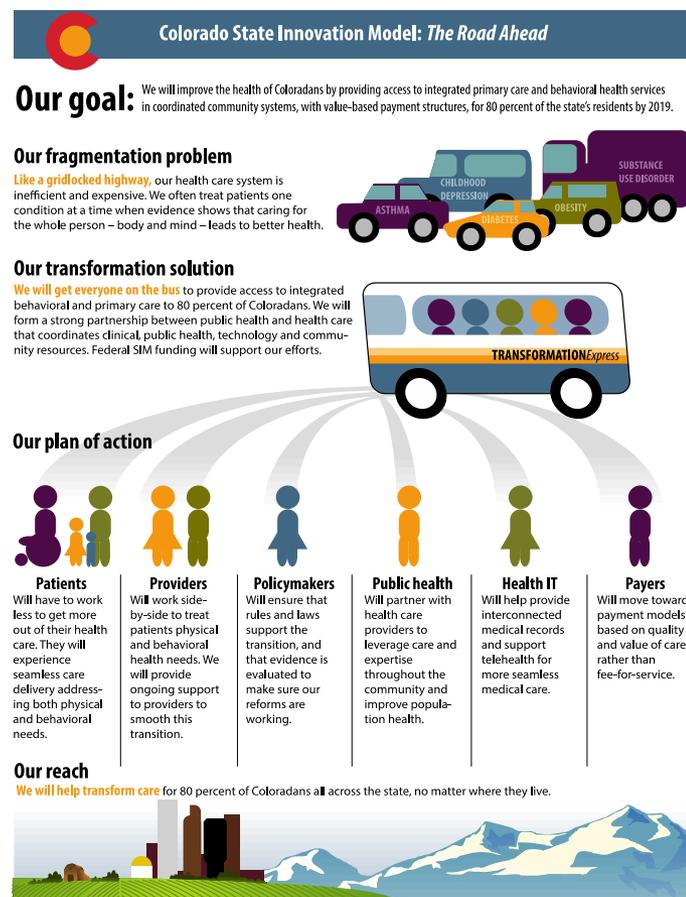
- PPACA adopter or not?

Yes. Medicaid expansion, Exchange, SIM



State Innovation Model: Colorado

- **Goal:** *We will improve the health of Coloradans by providing access to integrated primary care and behavioral health services in coordinated community systems with value-based payment structures for 80% of the State's residents by 2019.*
- **Means:** *Coordinate clinical, public health, technology and community resources*



HIT, DATA & QUALITY MEASURES

IF YOU CAN'T MEASURE IT, YOU CAN'T IMPROVE IT

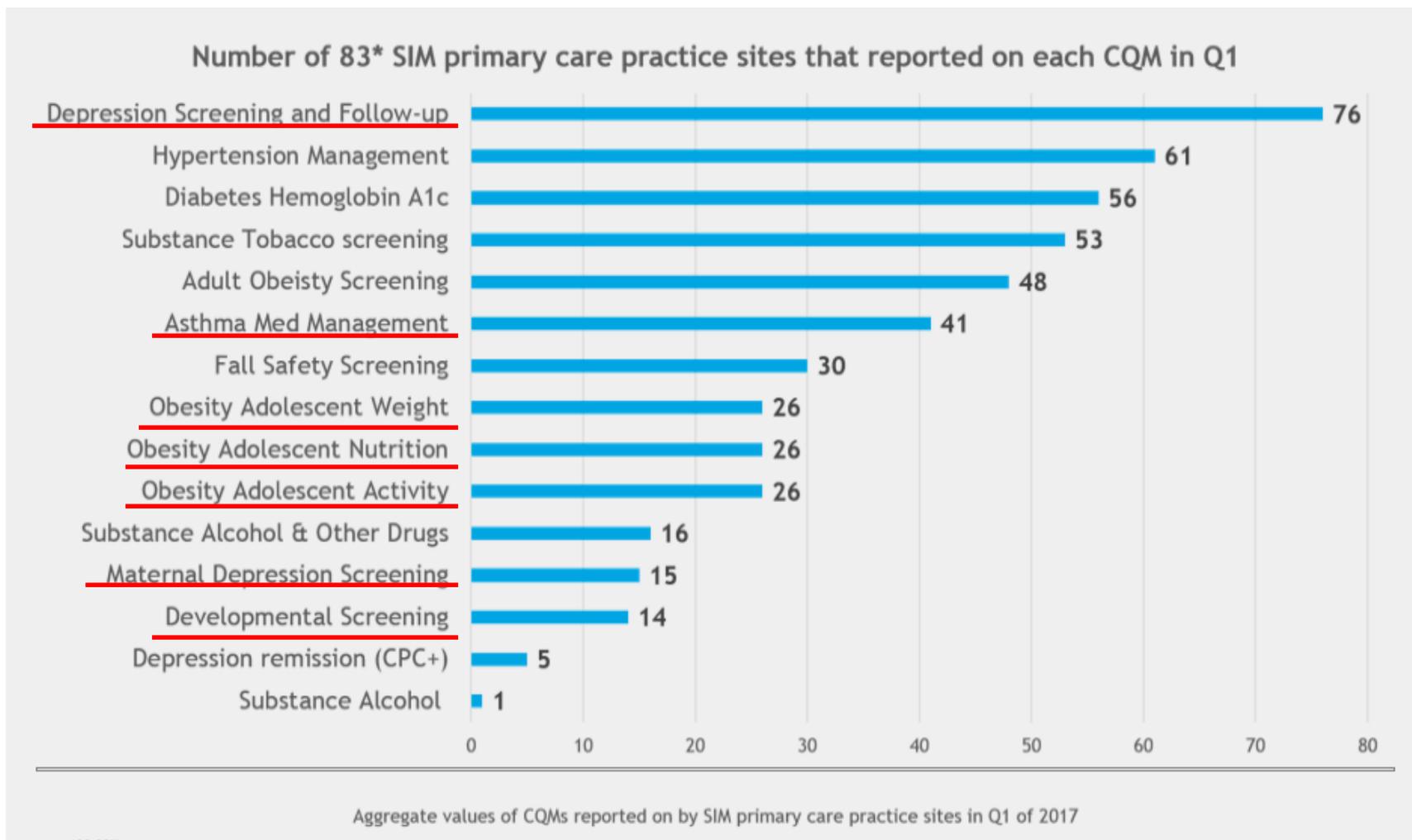
Quality measures:

Hypertension	Obesity	Tobacco	Prevention
Asthma	Diabetes	Ischemic Vascular Disease (IVD)	Safety
Depression	Anxiety	Substance Use	Child Development

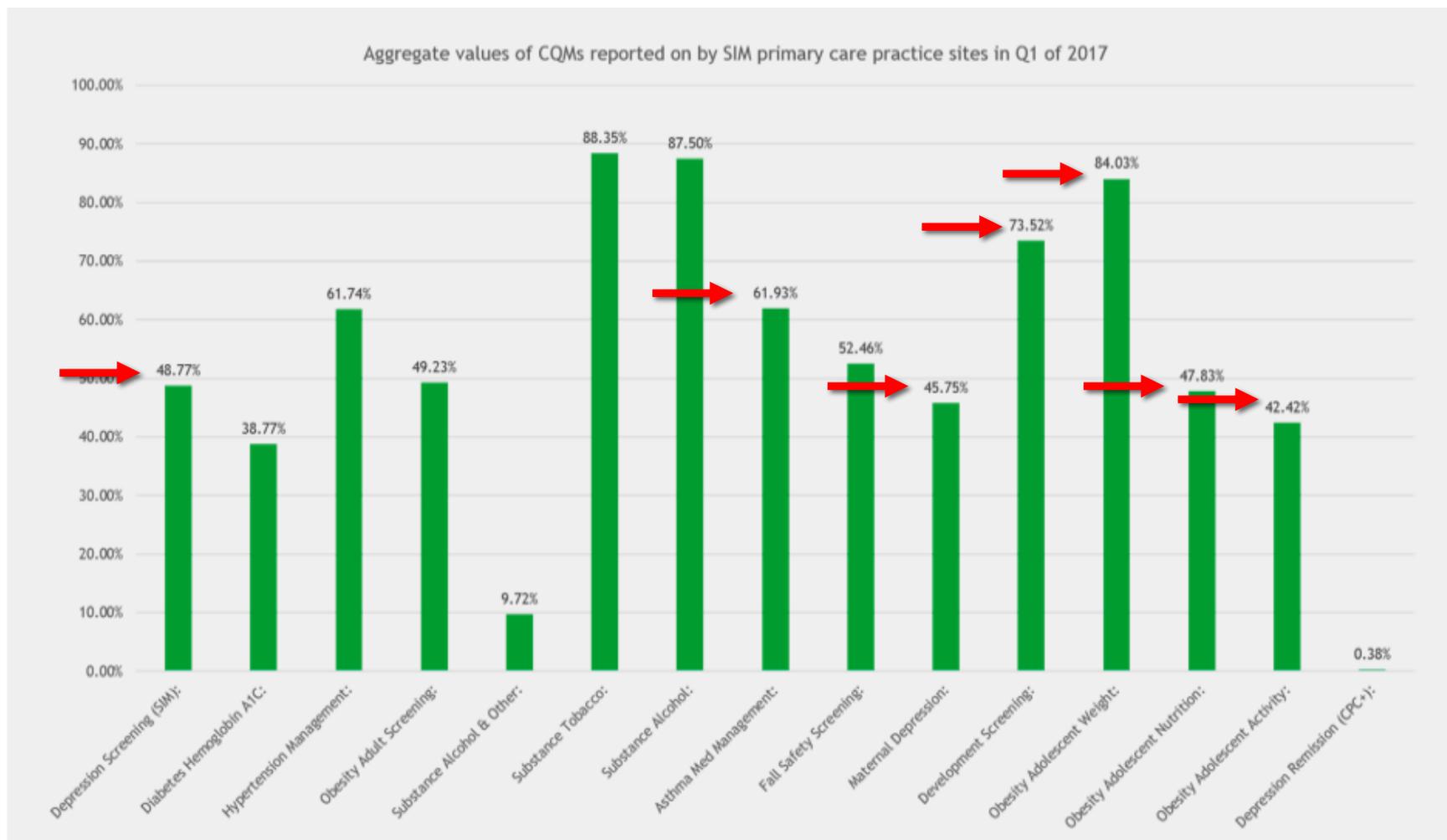
Evaluation measures:

Population Health	Health Care Systems	Quality of Care	Quality Outcomes
Costs Statewide	Costs Region-wide	Costs Population-wide	Program Monitoring
Rapid-cycle Evaluation	Cost Reduction	Return on Investment	

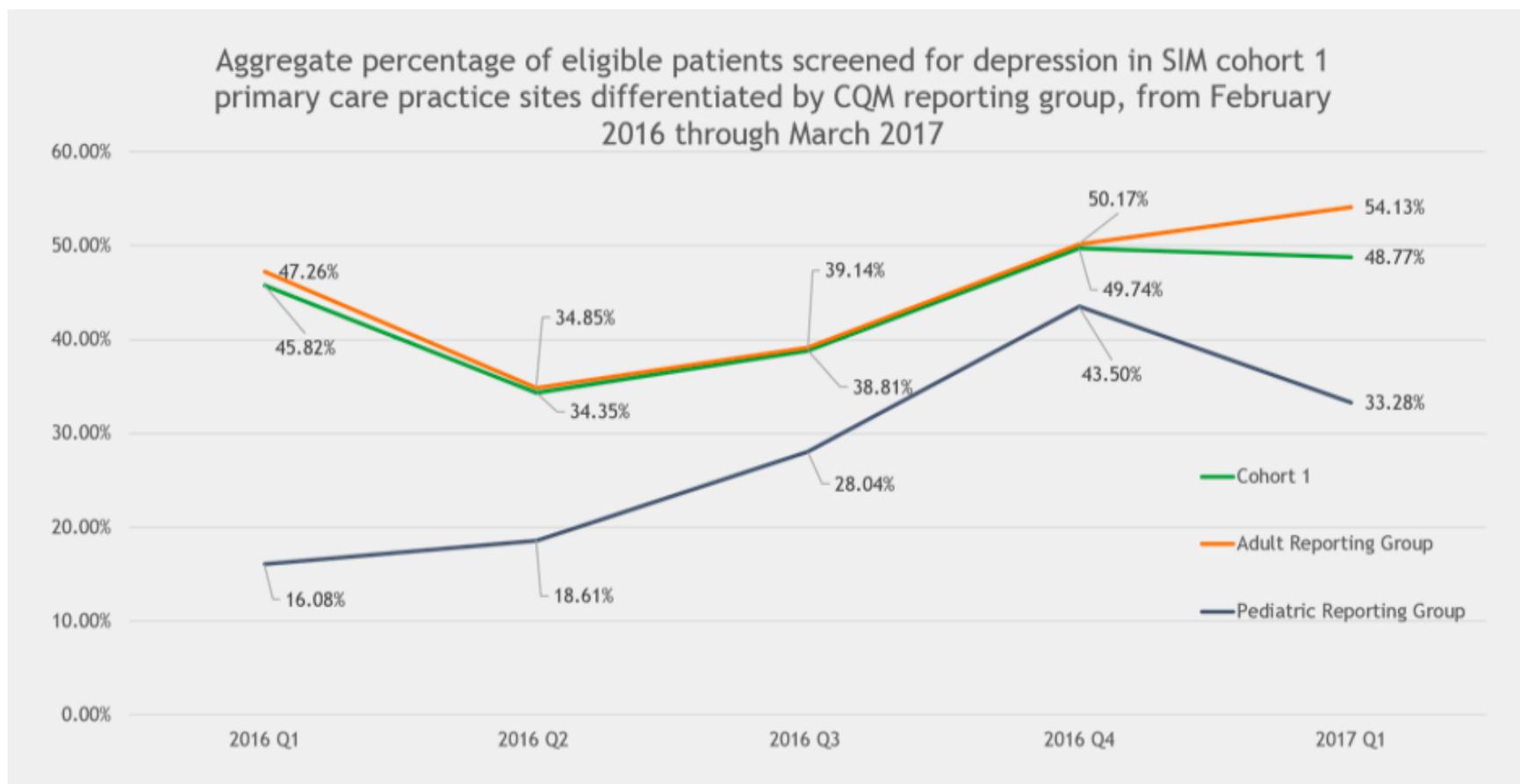
SIM Clinical Quality Measures – Cohort 1



SIM Clinical Quality Measures – Cohort 1

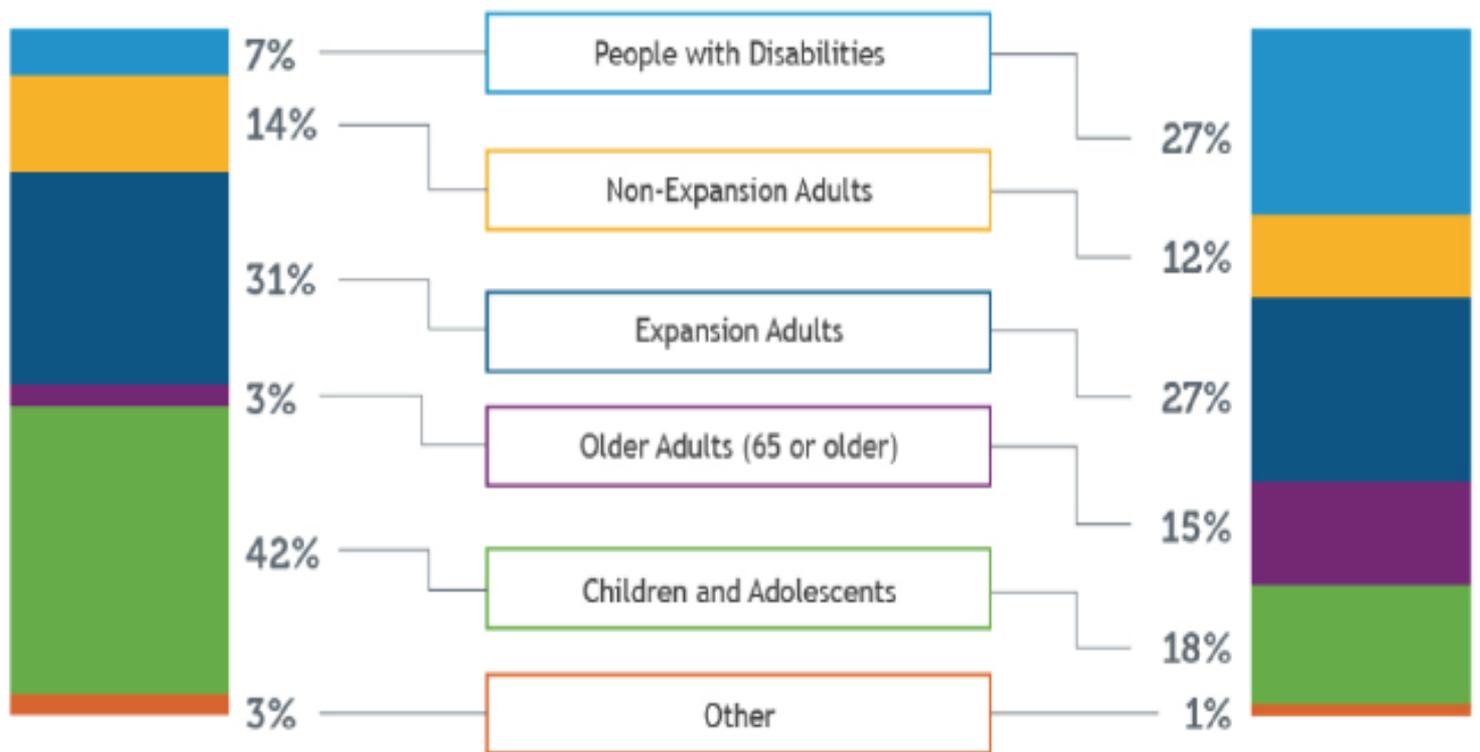


SIM Clinical Quality Measures – Cohort 1



Health First Colorado: Covering 1.2M Coloradans

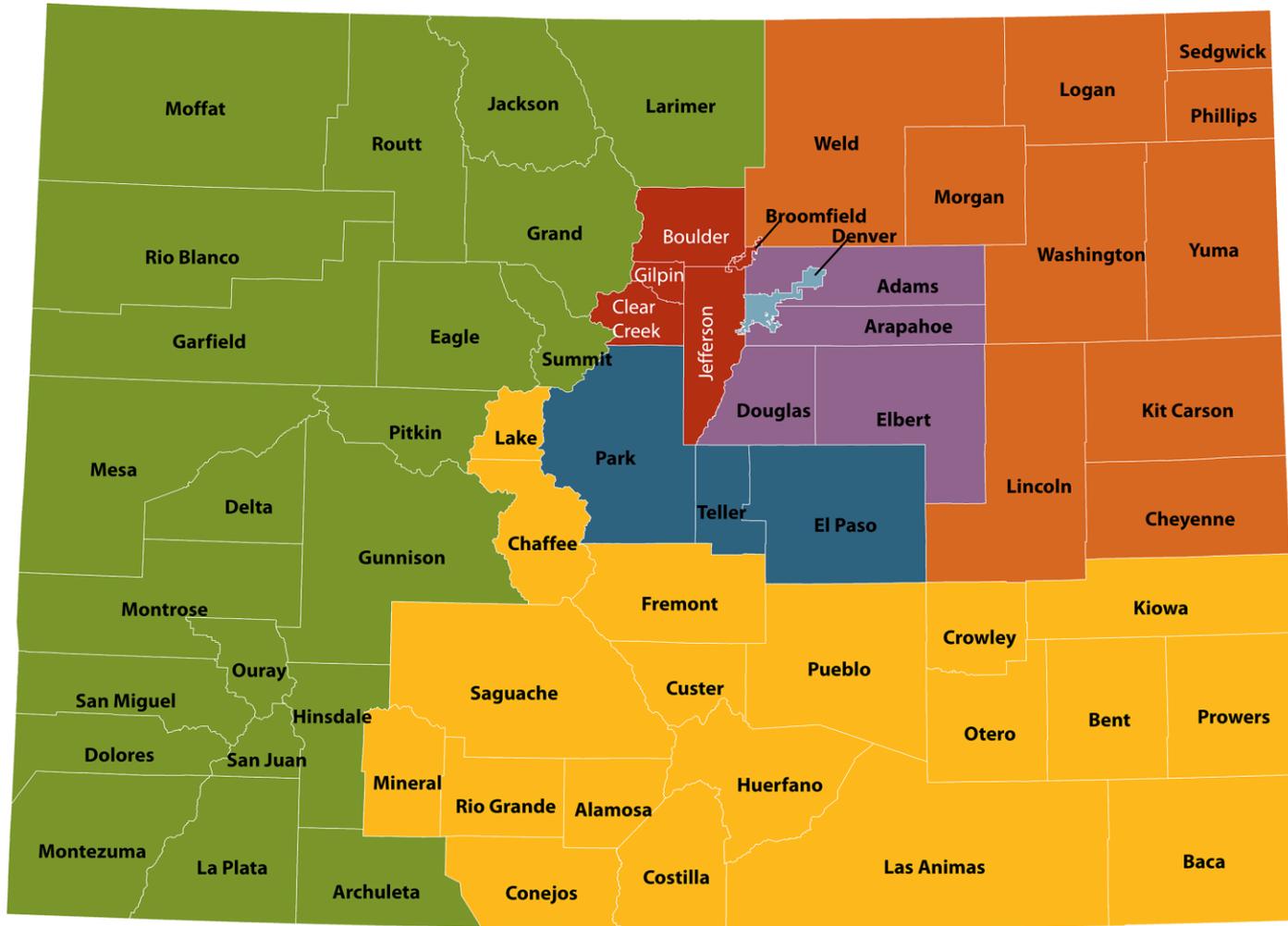
Caseload



Expenses

Colorado Health Institute, based on 2015-2016 Medicaid data

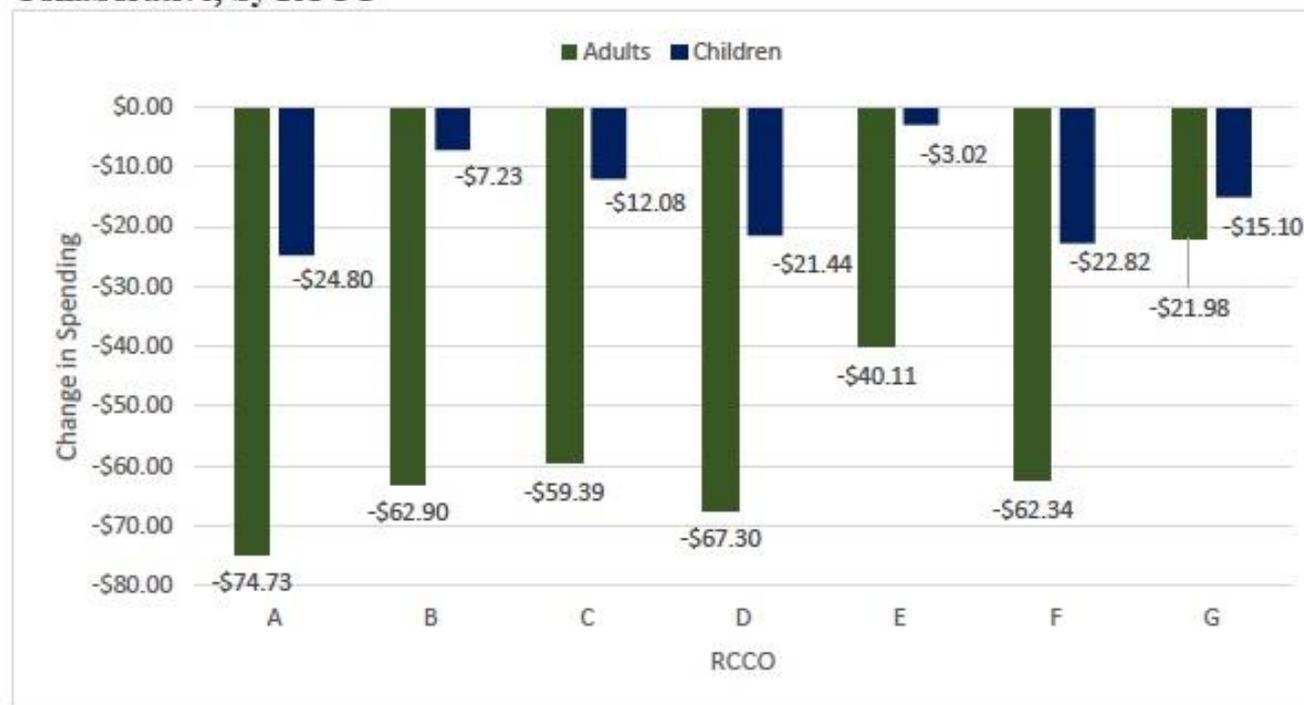
Regional Accountable Entity (RAE) Regions in ACC Phase Two



- Region 1 Rocky Mountain Health Plans
- Region 2 Northeast Health Partners
- Region 3 Colorado Access
- Region 4 Health Colorado Inc
- Region 5 Colorado Access
- Region 6 Colorado Community Health Alliance
- Region 7 Colorado Community Health Alliance

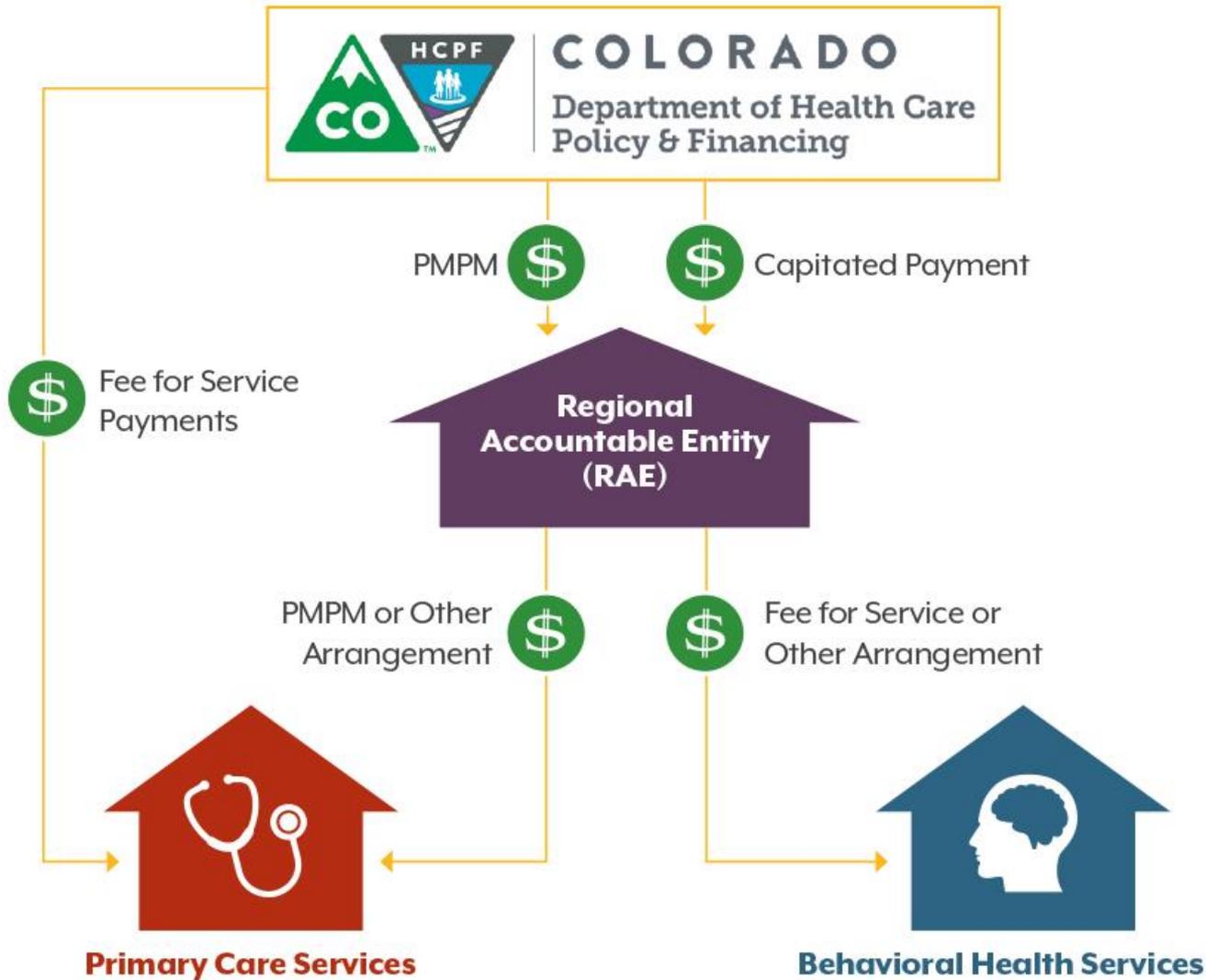
Is the ACC working?

Figure 9. Estimated Change in PMPM Spending Associated with the Accountable Care Collaborative, by RCCO



**Notes: Statistical Significance: Adults: RCCO A-D, F (p<0.01); RCCO E (p<0.05); RCCO G (p=0.20)
Children: RCCO A & D (p<0.01), RCCO B, (p=0.38); RCCO C, (p<0.10); RCCO E (p=0.84); RCCO F (p=0.10); RCCO G (P<0.05)
Sample: Cohort 1 members (enrolled in FY 2011-2012)**

Figure 3. How Payment Works in ACC Phase Two.



RAEs are now responsible for both PMPM payments (or alternate arrangements) to primary care providers and payments to behavioral health providers.

In Phase One, HCPF and the BHOs handled those payments.

Multiple Measures for Multiple Programs

ACC KPIs

- ED Utilization
- Health Neighborhood
- BH Engagement
- Dental Services
- Prenatal Engagement
- Well Visits
- Reduced Cost per EOC

APM Measures (Pick 10)

- Structural (30 choices)
 - CQI, Teams, Access, Care Management, Care Coordination, Self-Management Support
- Measures
 - Claims Based (16 adult/ 13 child)
 - eHR Based (10 adult/ 4 child)

KPI Payment Summary

ACC Incentive Payment FY 18-19 Quarter 1									
RAE	ED	Health Neighborhood	Care Compact	BH Engagement	Dental	Prenatal Engagement	Well Visits	Incentive PMPM Amount	Payment Amount
RAE 1	-0.26%	-4.24%	TBD	TBD	0.39%	-1.16%	0.31%	\$0	\$0
RAE 2	-1.23%	0.47%	TBD	TBD	0.84%	2.54%	-1.84%	\$1.712	\$229,711.02
RAE 3	0.67%	-3.73%	TBD	TBD	0.80%	1.09%	-0.74%	\$0.856	\$351,253.61
RAE 4	-1.58%	-0.65%	TBD	TBD	1.21%	8.30%	1.11%	\$3.710	\$727,837.08
RAE 5	0.82%	-8.34%	TBD	TBD	2.40%	4.92%	-3.12%	\$1.712	\$326,216.46
RAE 6	0.48%	-6.14%	TBD	TBD	-0.54%	2.49%	-0.68%	\$0.856	\$190,775.44
RAE 7	1.09%	-7.27%	TBD	TBD	-1.62%	11.73%	-2.54%	\$1.142	\$301,434.33
	Tier 1	Tier 2						Grand Total	\$2,127,227.94

From HCPF presentation to



Pediatric Care Network: Moving Children into the Value Equation

Goals

- Measure and demonstrate quality and cost-effectiveness to payers
- **Define “value” in value-based care with pediatric-specific metrics**
- Collaborate on a proactive approach to reimbursement and market changes with government and commercial payers
- Maintain practice independence while engaging with peers in the larger pediatric physician community

CO's Pediatric Care Network Brings Value-Based Care to Children

A clinically integrated network in the Denver area is bringing value-based care to pediatrics using collaboration and data sharing.



Screenshot

The Colorado Opportunity Project



- use available, high-quality, cost-effective, evidence-based programs
- improve them with better coordination and well-defined goals and measures, **GOAL:** Increase the percentage of Coloradans in the middle class by age 40.

INDICATORS (measures) may include:



- ▶ Intended Pregnancies
- ▶ Emotional Well-being of Parents
- ▶ Access to Affordable Food
- ▶ School Readiness & High School Graduation
- ▶ Family Income
- ▶ Grade Level Advancement

INTERVENTIONS (programs) may include:



- ▶ Family Planning Nurse Home Visiting Programs
- ▶ Early & Periodic Screening Diagnosis & Treatment
- ▶ Healthy Communities
- ▶ Early Literacy and Math Programs
- ▶ Workforce Development & Job Training

START HERE

BY JULY 15, 2019

(through September 1, 2025)

The Commissioner of Insurance convenes the Primary Care Payment Reform Collaborative ("the Collaborative")

BY AUGUST 31, 2019

(and every year thereafter)

The Administrator for the All Payer Health Claims Database (APCD) provides a *Primary Care Spending Report* to the Commissioner of Insurance & the Collaborative

BY DECEMBER 15, 2019

(and every year thereafter)

The Collaborative publishes recommendations for primary care payment reform based on the Primary Care Spending Report

HB19-1233

INVESTMENTS IN PRIMARY CARE TO REDUCE HEALTH CARE COSTS

Result:

Investing in the right place at the right time *decreases* the overall spend on healthcare

Insurance Carriers, Medicaid, & State Employee Health Plans adopt targets for investments in primary care aligned with Affordability Standards

The Commissioner of Insurance makes rules *establishing Affordability Standards*, including appropriate targets for insurance carriers to invest in primary care based on the recommendations from the Collaborative

Screenshot



RESPONSIBILITIES

- ⇒ Advise in the development of affordability standards and targets for carrier investments in primary care
- ⇒ Analyze the % of medical expenses allocated to primary care provided by the APCD
- ⇒ Develop a recommendation for the definition of primary care
- ⇒ Report current practices of carrier reimbursement that direct greater resources to care innovation and improving primary care
- ⇒ Identify barriers to the adoption of Alternative Payment Models and develop recommendations to address barriers
- ⇒ Consider how to increase investment in advanced primary care w/out increasing the total cost of health care or costs to consumers

WHO IS AT THE TABLE?

What does it mean for children?

- Payment in child health in Colorado is still mostly fee-for-service
- Alternative payment models are spreading slowly and with some confusion into child health
- New administration in Colorado will focus on containing cost
- *We need to design the APM for children*
- *We need to establish our value in a very competitive market and we need to define what value means*
- *We need to be at the table, or we will be under it*

Questions?



Thank you for participating in the

CHDI Transforming Pediatrics 3-Part Webinar Series

We look forward to seeing you at our upcoming webinars!

July 18 at 2 pm: Cross Sector Collaborations

Paul Dworkin, MD, Connecticut Children's Medical Center;
Colleen Murphy, National Institute for Children's Health Quality
with **Amy Izen** of the Chelsea Early Childhood Coalition; and
Dennis Kuo, MD, Help Me Grow Western New York

August 8 at 1 pm: Approaches to Pediatric Primary Care Payment Reform

Mark Schaefer, Connecticut Office of Health Strategy
Suzanne Brundage, United Hospital Fund of New York

About CHDI

The Child Health and Development Institute improves the health and well-being of Connecticut's children.

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Where to find us



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February 2018 Report: *Transforming Pediatrics to Support Population Health - Recommendations for Practice Changes and How to Pay for Them*

<https://www.chdi.org/publications/reports/other/transforming-pediatrics-support-population-health/>

Study Group Members

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