



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



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*



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

# Nationwide Children's Hospital



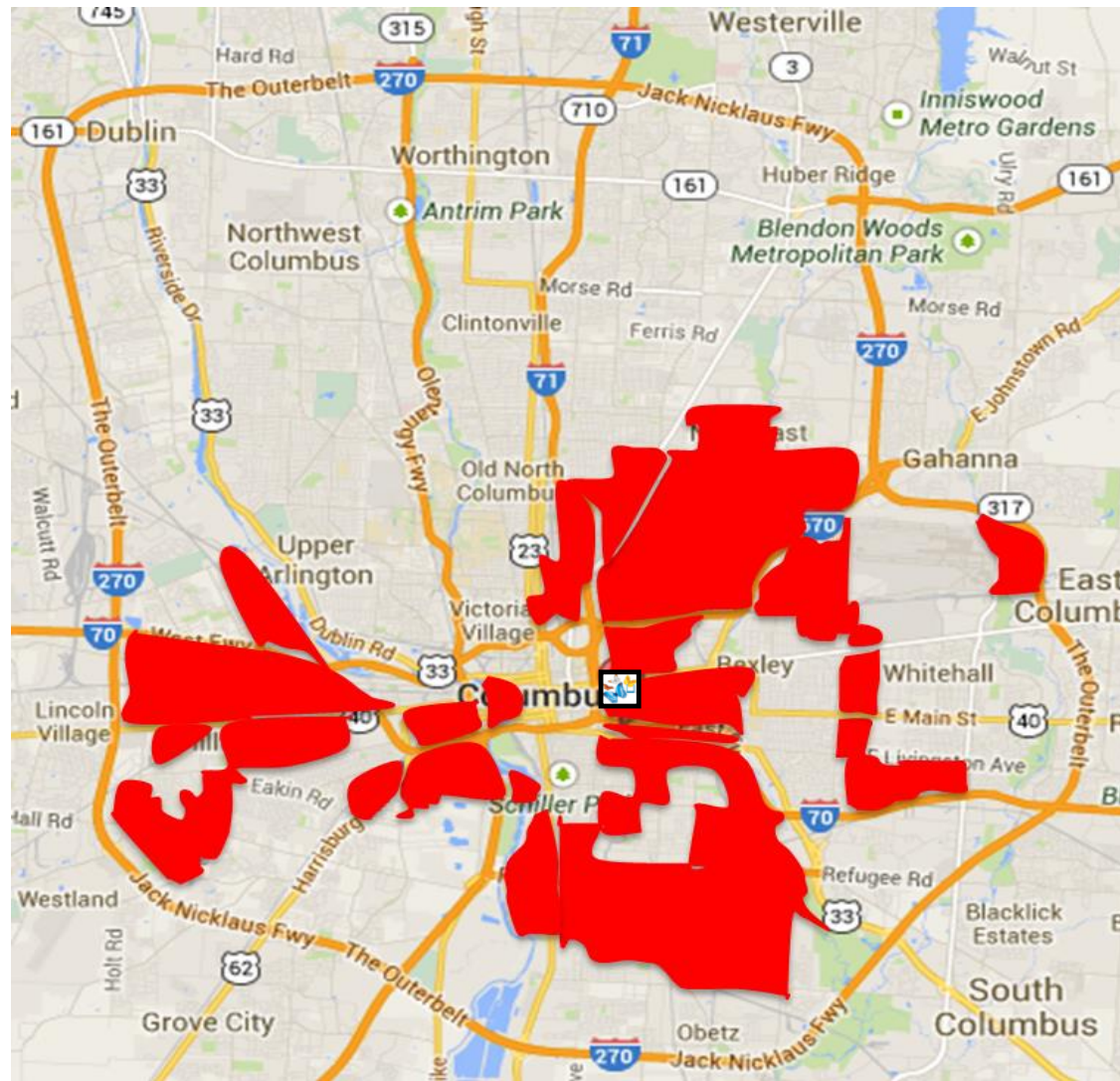
**America's Largest**  
Neonatal network and provider of  
inpatient pediatric surgeries\*

**ZERO HERO**  
Committed to achieving  
zero preventable harm

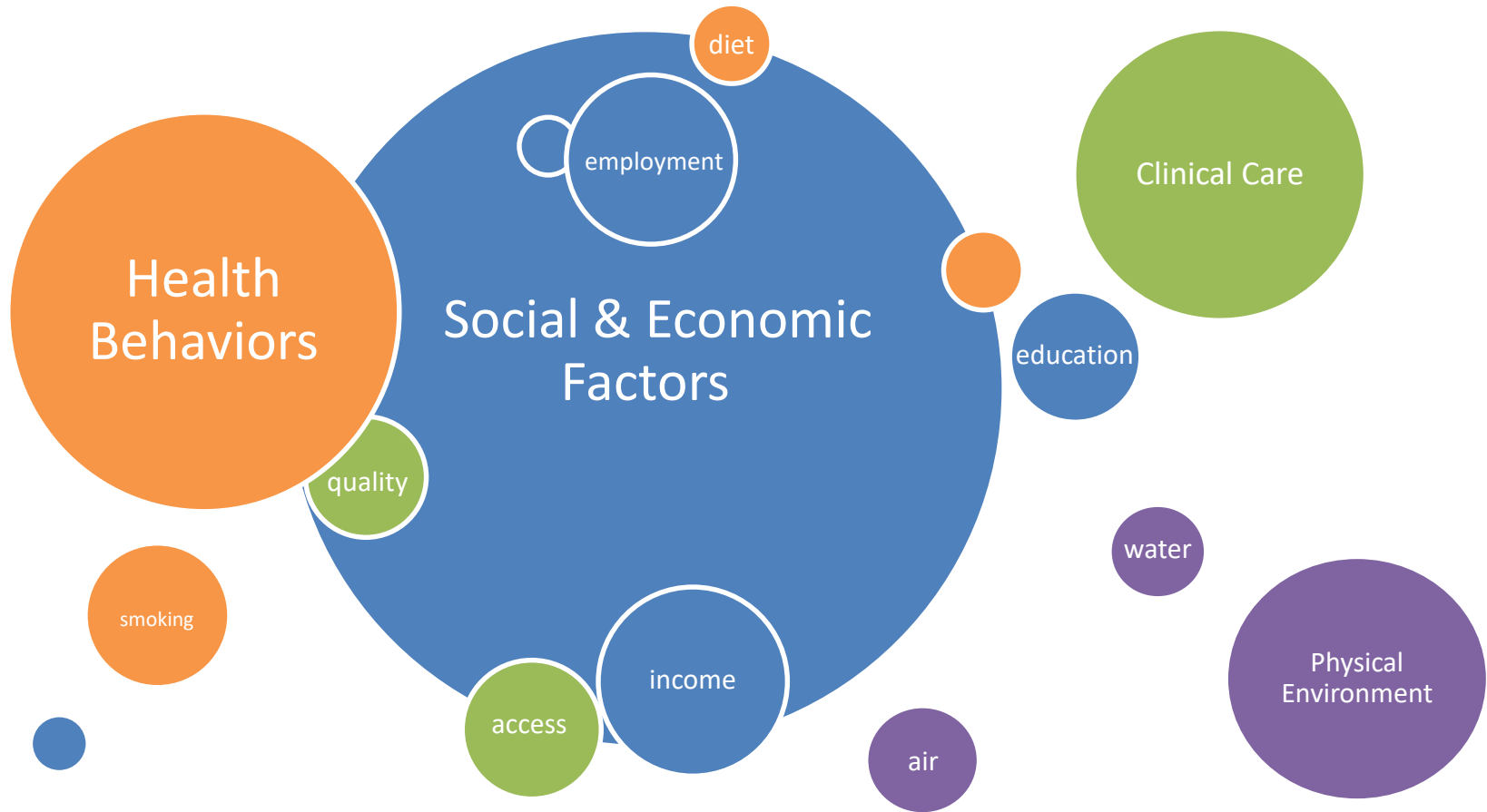
**MORE THAN 1.4 MILLION PATIENT VISITS  
FROM ALL 50 STATES AND 48 COUNTRIES**

# Franklin County Opportunity Index Map

**RED = LEAST OPPORTUNITY/HIGHEST RISK**



# 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*

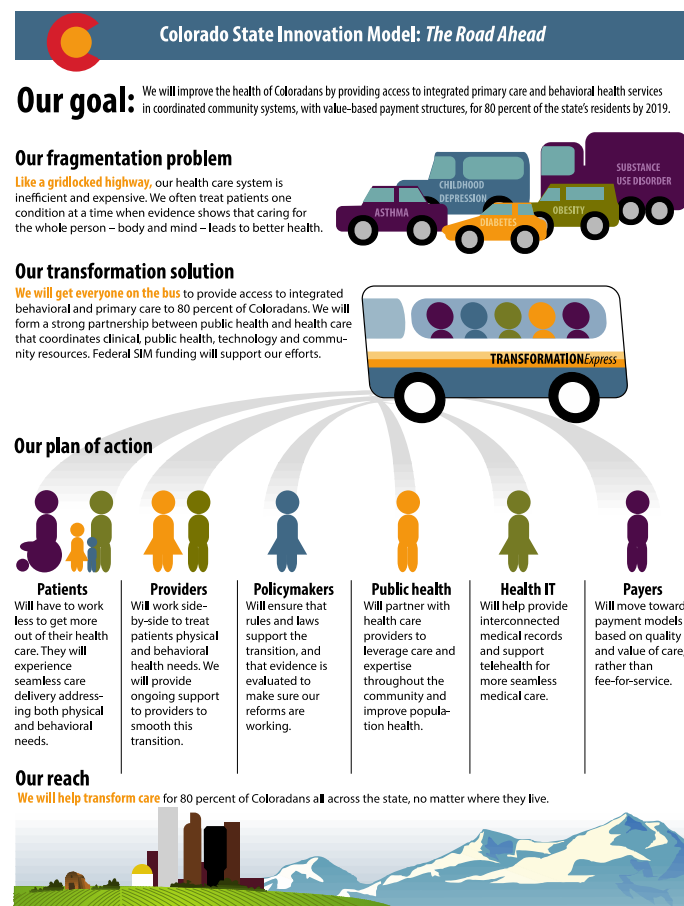
- PPACA adopter or not?

*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*

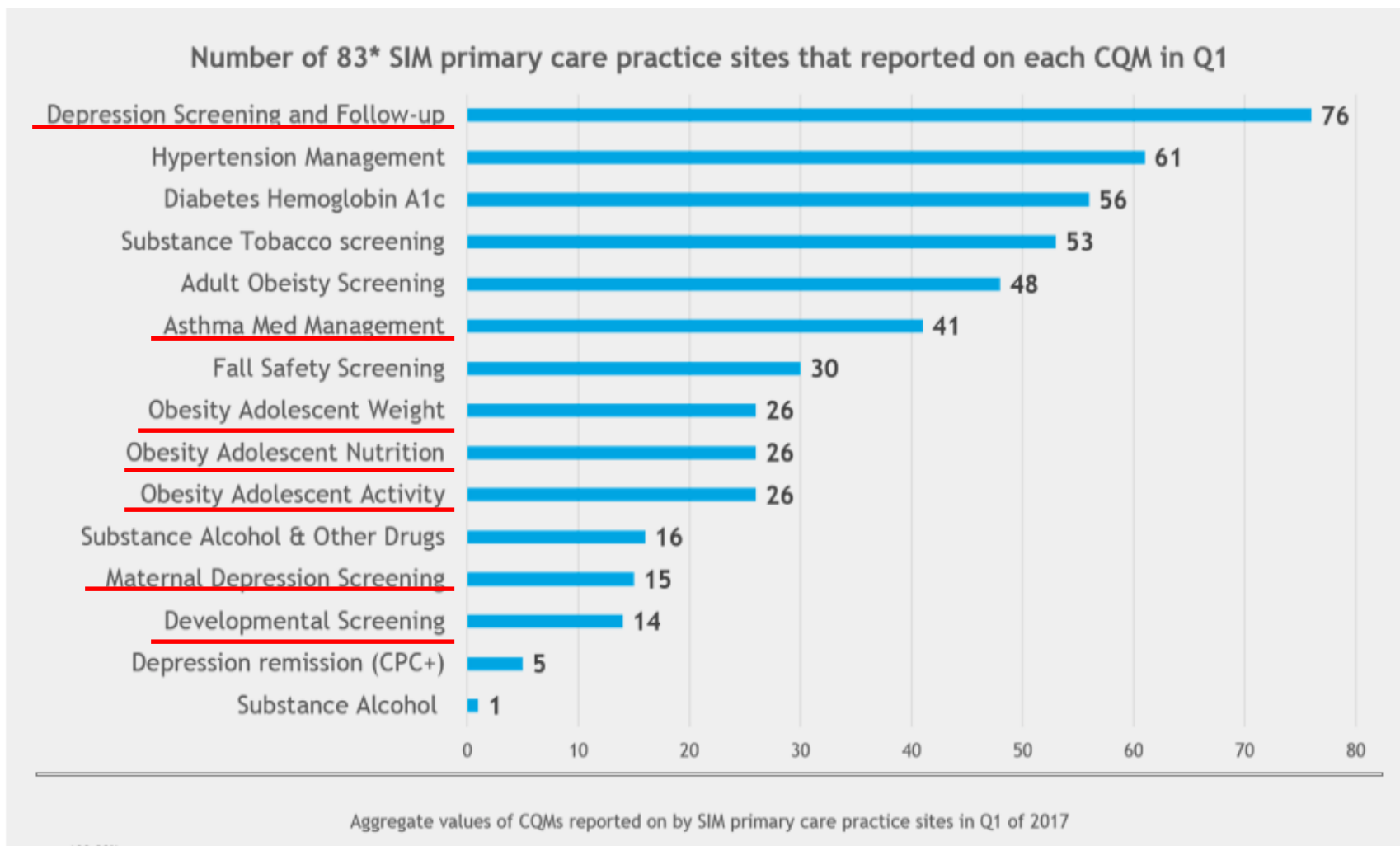
🌲 Quality measures:

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

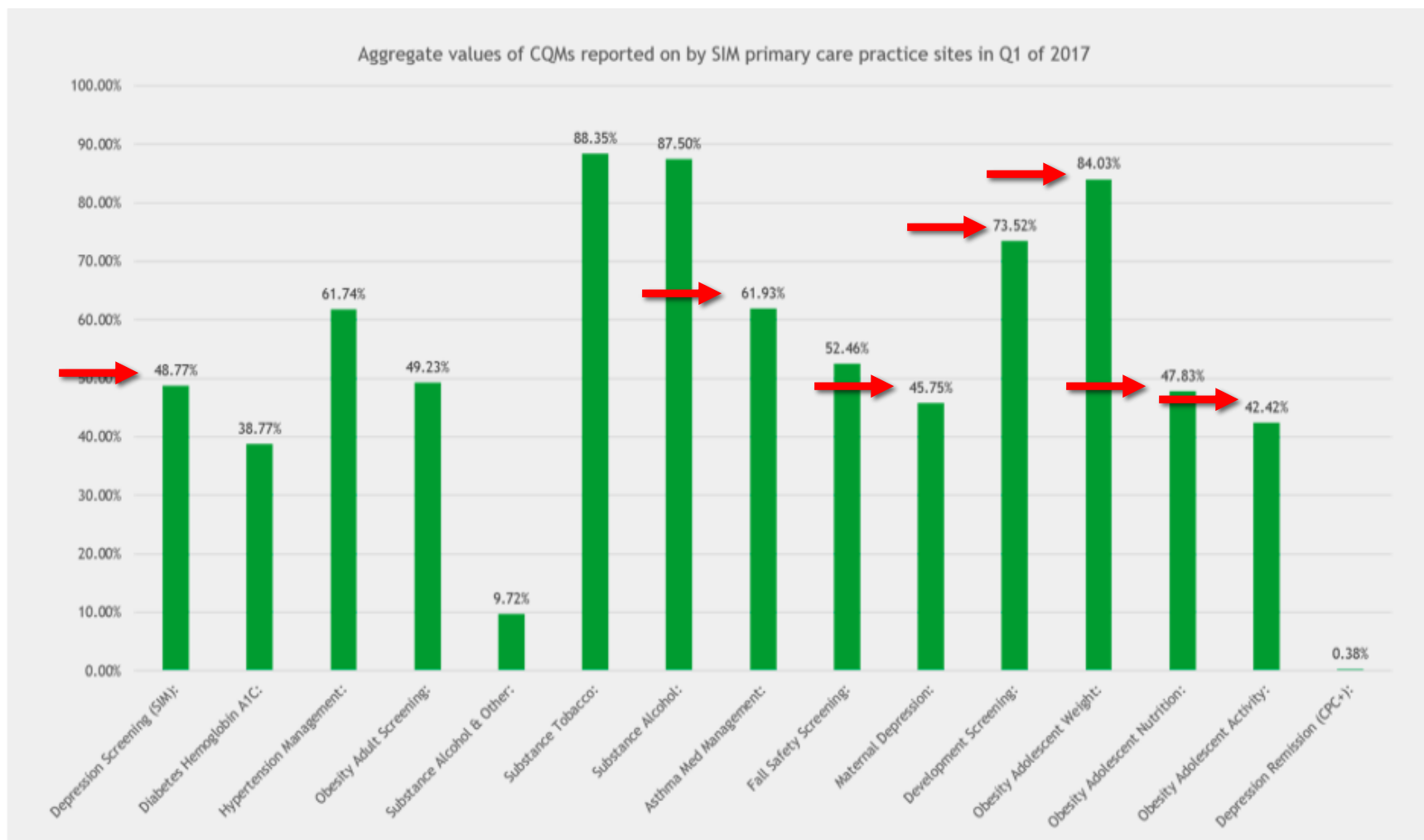
🌲 Evaluation measures:

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	

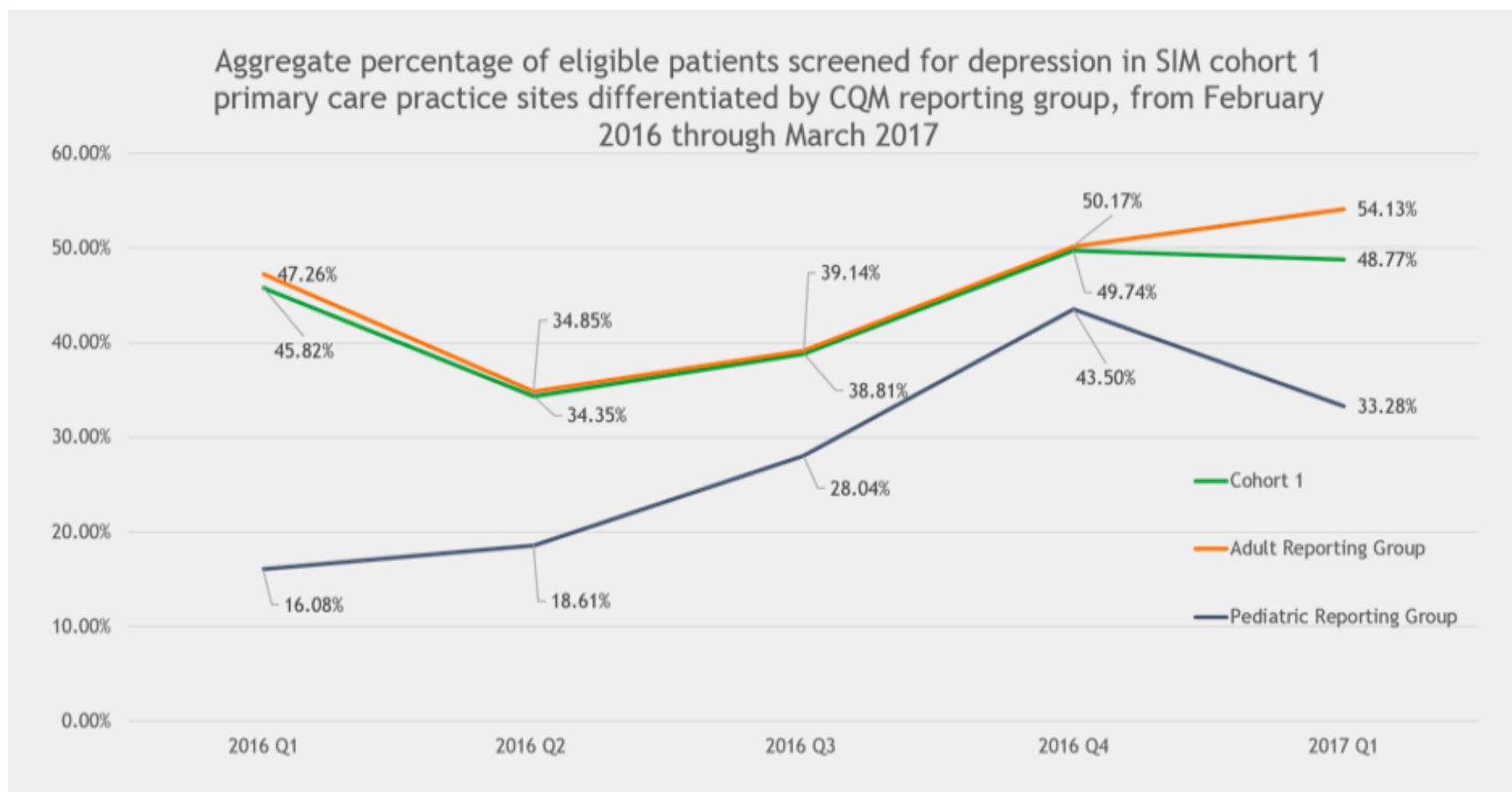
# SIM Clinical Quality Measures – Cohort 1



# SIM Clinical Quality Measures – Cohort 1

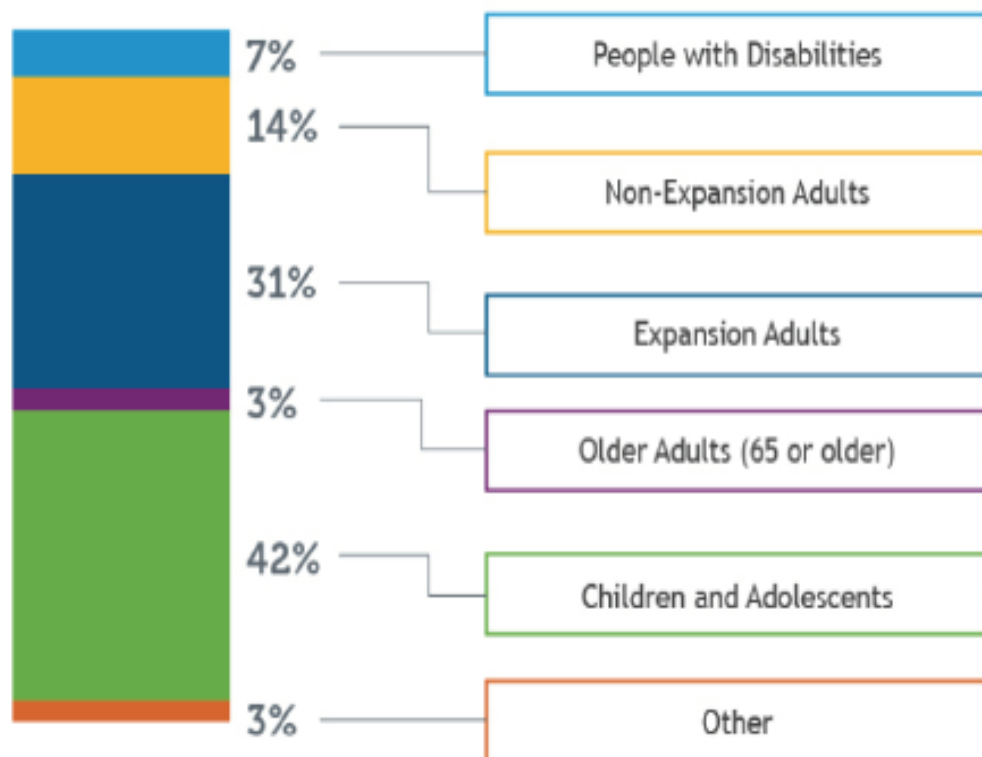


# SIM Clinical Quality Measures – Cohort 1

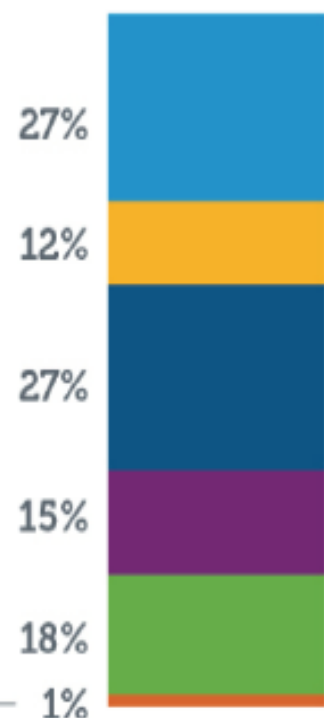


# Health First Colorado: Covering 1.2M Coloradans

## Caseload

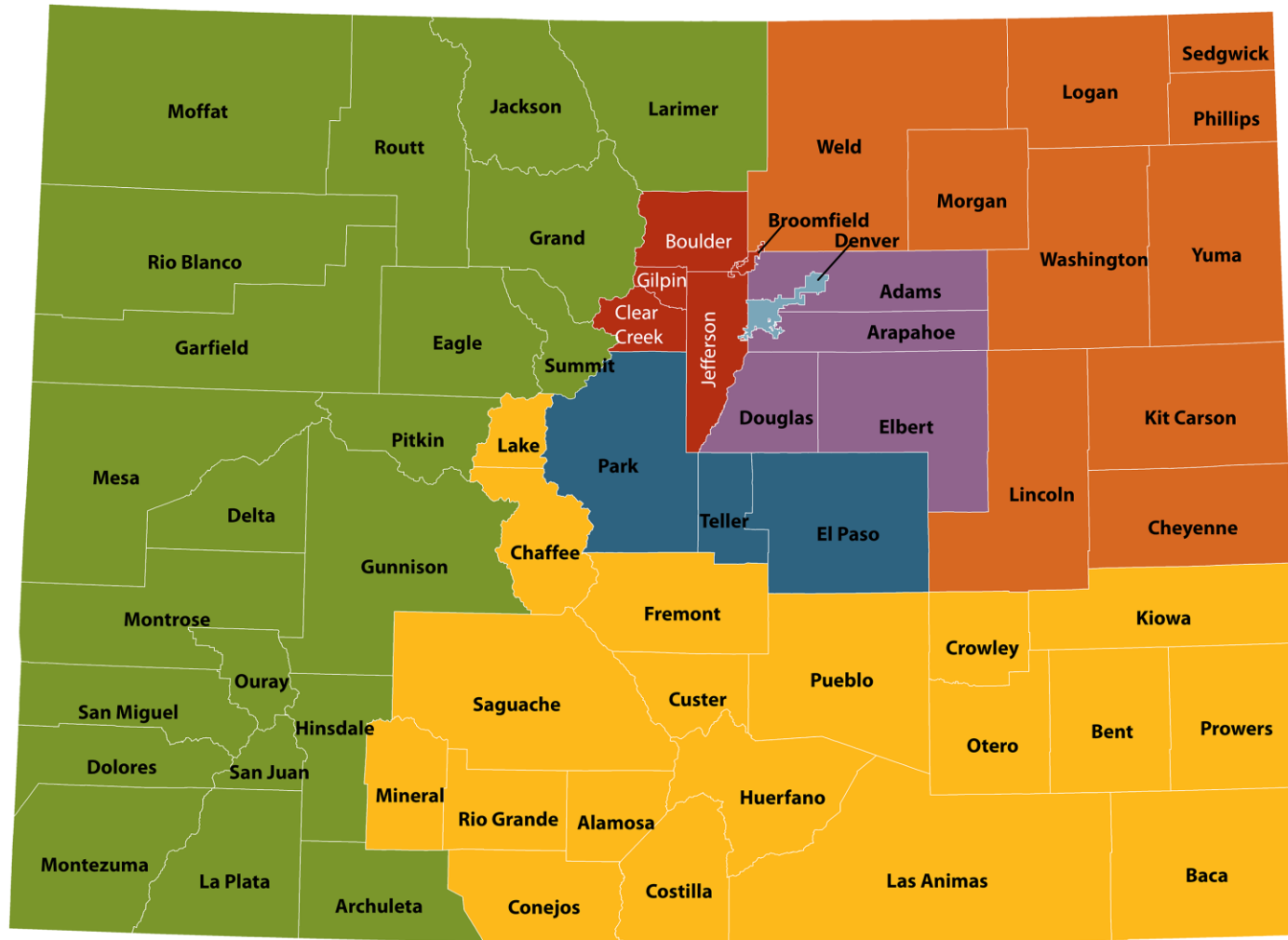









## Expenses



Colorado Health Institute, based on 2015-2016 Medicaid data

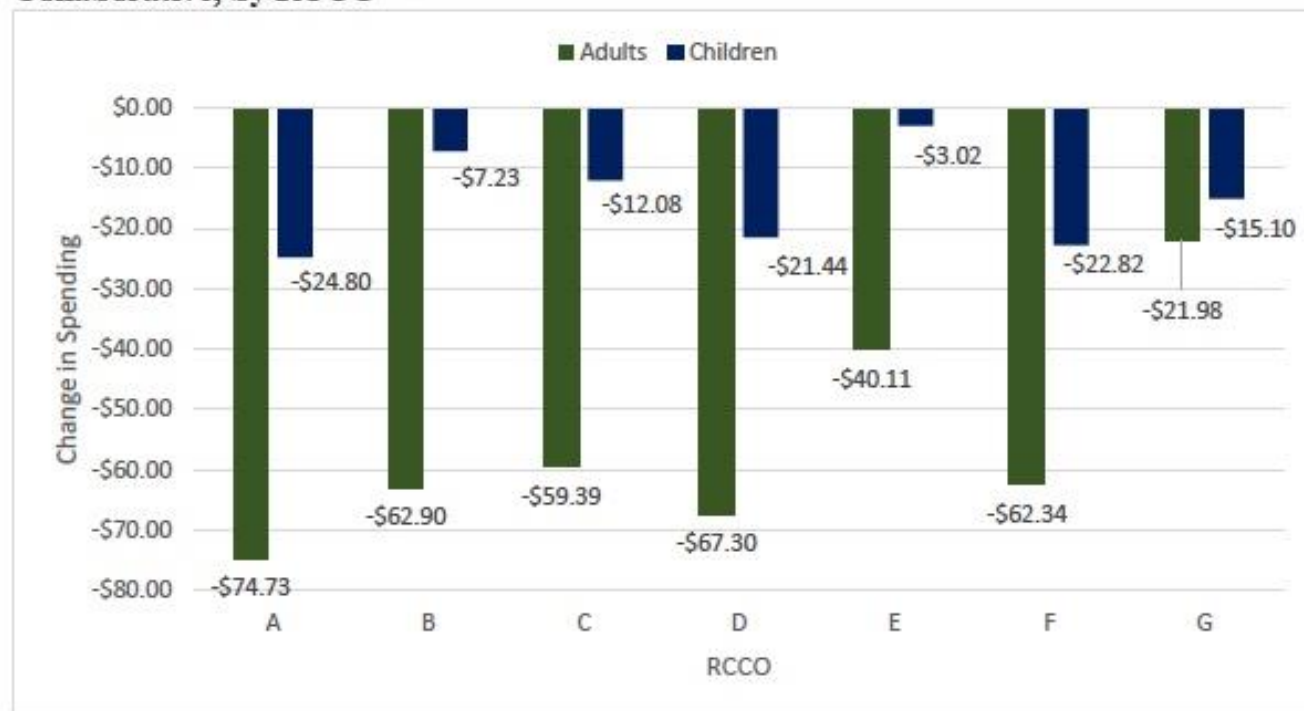
## Regional Accountable Entity (RAE) Regions in ACC Phase Two



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

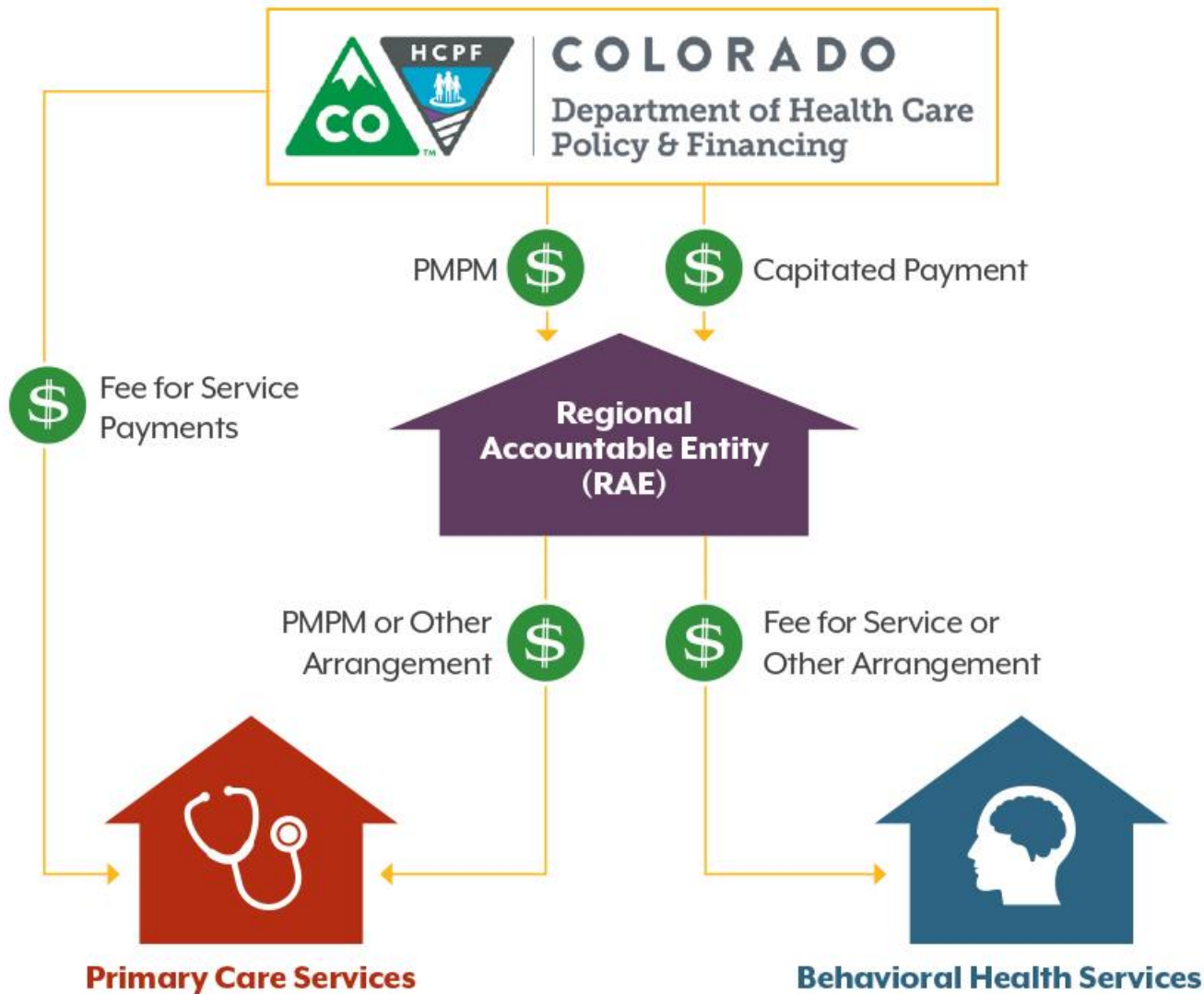
# Is the ACC working?

**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.**



**New  
in 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

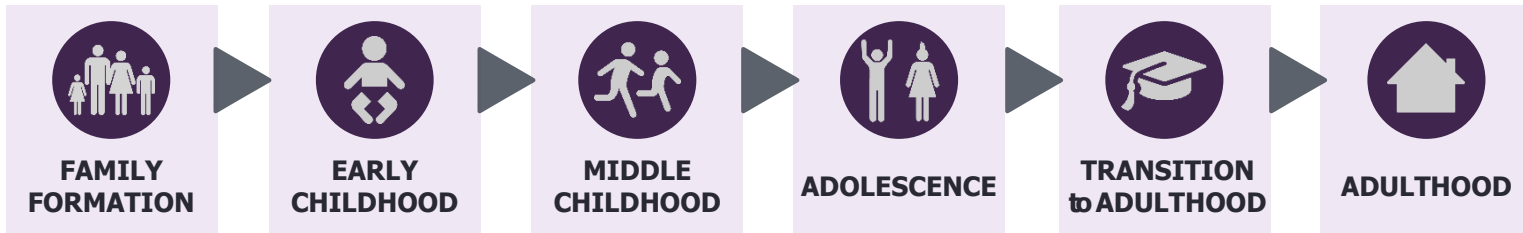
- Measure and demonstrate quality and cost-effectiveness to payers
- **Define “value” in value-based care with pediatric-specific metrics**
- Collaborate on a proactive approach to reimbursement and market changes with government and commercial payers
- Maintain practice independence while engaging with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



# 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

BY JULY 15, 2019  
(through September 1, 2025)

BY AUGUST 31, 2019  
(and every year thereafter)

BY DECEMBER 15, 2019  
(and every year thereafter)

START HERE

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

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

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.

## Contact Information

Commonwealth Medicine, UMass Medical School, Health Law and Policy

Hilary Deignan, Senior Policy Analyst

[Hilary.Deignan@umassmed.edu](mailto:Hilary.Deignan@umassmed.edu)

617-886-8152

# Where to find us



[www.chdi.org](http://www.chdi.org)



**Like us on  
Facebook**



**Join our email  
list**

# 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**

Craig Anderson, United Healthcare

Patricia Baker, Connecticut Health Foundation

Peter Bowers, Anthem Blue Cross and Blue Shield of Connecticut

Ryan Calhoun, Connecticut Children's Medical Center

Sandi Carbonari, American Academy of Pediatrics, Connecticut Chapter

Mehul Dalal, Connecticut Department of Public Health

Tiffany Donelson, Connecticut Health Foundation

Paul Dworkin, Connecticut Children's Medical Center

Eminet Gurganus, Connecticut Children's Medical Center

Lisa Honigfeld, Child Health and Development Institute of Connecticut

Craig Keanna, ProHealth Physicians

Monica Ordway, Yale School of Nursing

Katie Piwnica-Worms, Yale School of Medicine

Mark Schaefer, Connecticut Office of Health Strategy

Karen Siegel, Connecticut Voices for Children

Megan Smith, Yale School of Medicine

Tesha Tramontano-Kelly, Connecticut Family Support Network

Jeffrey Vanderploeg, Child Health and Development Institute of Connecticut

Jesse White-Frese, Connecticut Association of School Based Health Centers

Robert Zavoski, Connecticut Department of Social Services