Child Health and Development Institute of Connecticut, Inc.

ISSUE BRIEF

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Rolling Out Health Reform in Connecticut:
Fully Addressing the Needs of Children

The Affordable Care Act and the development and roll out of Connecticut's State Innovation Model provide unprecedented opportunities to transform the pediatric delivery system to more fully meet the health and development needs of children and families. In 2014, the Center for Medicare and Medicaid Innovation awarded Connecticut a four-year, $45 million State Innovation Model Test Grant (SIM) to test a payment and service delivery model that includes both Medicaid and commercial insurance. The model is designed to improve health system performance, increase quality of care, and lower costs. The vision for the SIM reform is to establish a system that improves population health, eliminates health inequities, and ensures access to high quality care. A broad coalition of health care providers, government agencies, employers, consumers and payers are participating in the design and implementation of the SIM initiative.

A key opportunity arising from the ACA and SIM is to assure that the health care system is designed to provide primary health care services for children that offer preventive care, detect concerns early and connect children to necessary interventions. Many other service systems, however, contribute to children's healthy development, including home visiting, early care and education, early intervention and community services that address nutrition, housing and social supports. A variety of community health workers, in collaboration with child health providers, contribute to children's health. Integrating the pediatric primary care delivery system with the full range of community services will lead to improved child outcomes, better quality of care and lower costs.

Challenges to effective integration of health and community services

Today's health care environment presents several barriers to effective coordination of services for children across health and other sectors. Pediatric primary care sites often lack the resources, capacity and experience to participate in new delivery models. Delivery systems and related funding are fragmented and operate in isolation of one another, which makes it difficult for providers to keep track of services and for families to access helpful community programs. Technology limitations and privacy regulations can impede information sharing within and across service sectors. Public and private health insurance plans have traditionally not reimbursed community service providers for care they provide, and provider payments may only cover health services. Quality measures for pediatric care are not always accurate, useful or standardized across payers, and pediatric measures are often left out in health care reform models.

Examples of effective integration

Several states have implemented systems that tie payment to delivering improved quality and support care delivery across health and community services. These "value based" (rather than "volume based") payment models, recognize, reward and engage providers across health and community service systems, and facilitate effective and efficient coordination and utilization to

improve outcomes and lower costs. In Vermont, all insurance programs fund capacity payments to community care teams. Medicaid programs in Oregon and Minnesota fund integrated health and community services.

In Connecticut, there are several programs that help to promote improved coordination across service sectors. Help Me Grow is a system designed to detect children at risk for developmental delay and connect them to helpful services in a variety of sectors. The Hartford Care Coordination Collaborative promotes care coordination and resource sharing across agencies and programs.

Recommendations to promote enhanced integration of pediatric care services

The SIM framework for Connecticut can encompass and address the unique challenges associated with the delivery of effective, integrated pediatric care. After a comprehensive review of delivery system efforts designed to integrate pediatric health and community services, CHDI developed the following recommendations:

- Expand the definition of Medicaid services to include community-based preventive services; outside of traditional health care settings (e.g., health consultants in child care sites);
- Develop value based payment models that support social service use and reward the achievement of population health outcomes;
- Ensure that care coordination model payments are adequate to cover community services;
- Transition to full risk models once providers develop the capacity to manage them;
- Engage a broad stakeholder group to reach a consensus around a consistent set of quality measures that include those for pediatric care and child development;
- Develop technology platforms and align data requirements to promote coordination, efficiency and data capabilities;
- Educate consumers and service providers to ensure their engagement in model development and implementation;
- Ensure the Health Enhancement Communities envisioned by the SIM team to connect primary care sites to community services adequately encompass child health and developmental services.

Timely investment improves quality and reduces cost

Investment in pediatric well care, coupled with effective referral to and coordination with community services, will result in improved child health outcomes, better quality of care, and both short and long term cost savings. Adoption of models that invest in health and community services have proven effective in other states. Such models will help to build provider capacity to meet children's needs and reward efficiency and improved quality. Connecticut's SIM initiative provides an opportunity to ensure these goals are met.

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