

The Integrated Care for Kids (InCK) Model and Family Engagement

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Family Engagement, Medicaid, and InCK

1. About InCK and InCK Marks
2. Overview – Family Engagement, Pediatrics, Medicaid, and the InCK Model
3. What We Know – Family Engagement for Children with Special Needs (and All Children)
4. What Family Advocates Can Do – Family Engagement in InCK Planning and Design
5. Next Steps for InCK Marks (and Family Engagement)

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About InCK and InCK Marks

- The **Integrated Care for Kids (InCK) Model** is a \$128 million, 7-year federal initiative of the Center for Medicare and Medicaid Innovation (CMMI) designed specifically for children (prenatal to 21), with a competitive application process involving the state Medicaid agency and a Local Lead Partner and Partnership Council
- The **InCK Marks Resource Network** is a resource network providing state-of-the-field resources to child health advocates, experts, family and community leaders, practitioner innovators, Medicaid administrators, and policy makers in reviewing and developing strategies to improve child health through more integrated care for kids.

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InCK Marks Partner Resource Network

SUPPORTING CHILD HEALTH CHAMPIONS

ADVANCE MEDICAID TO IMPROVE CHILD HEALTH



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Family Engagement and Healthy Child Development

In Education, it is recognized that...

*Parents are their child's first
and most important teacher.*



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Family Engagement and Healthy Child Development

In Health, it is recognized that...

*Parents are their child's first
and most important nurse
and caregiver.*



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Family Engagement and Pediatrics

- Pediatrics has led in establishing the concept of a “patient-centered” medical home and has, for children (and particularly young children), expanded that to a “family-centered” medical home
- For children with special health care needs, “team-based” care has been emphasized, with parents as core part of that team
- *Bright Futures* represents a standard for well-child care that emphasizes parental engagement and responding to social as well as biomedical determinants of health

Family Engagement and Family-centered Approaches in Medicaid

- The EPSDT benefit requires parental guidance during well-child visits and coverage of interperiodic visits to address parental concerns.
- Medicaid can finance services provided to parents under child’s coverage:
 - maternal depression screening,
 - child-parent mental health therapies,
 - advice/training for parents to provide health-related care for their children,
 - other services that rely upon parents as partners in their child’s health care
- Medicaid has options to help children with disabilities and special needs stay in their homes and communities
 - Home and community-based waivers/state plan options began through family advocacy (Katie Beckett) and the recognition that a child’s best care can be provided in the home
 - Medicaid eligibility linked to SSI disability determination and Family Opportunity Act option for states (Medicaid buy-in programs for children who have a family income of up to 300% of the FPL, and who meet SSI-eligibility requirements based on disability).

Family Engagement and the InCK Model

- THE core element of InCK (the practice change requirement) is to assess and “risk stratify” all children based upon health and health-related conditions, with those with complex health conditions and multi-system needs receiving care coordination that is **“individualized, family- and child-driven, and ethnically, culturally, and linguistically appropriate”**
- Preference is given to applicants who explicitly propose **“two generation approaches”** that work to strengthen families and their child’s home environment
- Emphasis is placed upon reducing out-of-home placements and maintaining children with behavioral, substance abuse, and complex medical needs in their homes

Basics: Three Entities Must be Engaged



All three entities will benefit from stressing family engagement and enlisting families and experts in family engagement in their work.

Nora Wells, Executive Director



Partnering with Families: Why It's Important and What We've Learned from Families

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About Family Voices



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Find Resources in Your State

Find a Family Voices State Affiliate or Family-to-Family Health Information Center:



ENLARGE MAP

Select a state ▼

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OUR SIX PILLARS OF LEARNING

THE FUNDAMENTAL ESSENTIALS OF NURSING CARE

Enter Foster will be faster than you think. They will be expert at caring for individuals and in helping them perform the core activities that contribute to health, recovery or dignified death activities that the individual would perform by themselves if they had the necessary strength, will or knowledge.

11 icons representing pillars

EVIDENCE FOR PRACTICE

accessing, using and producing the research evidence for their practice when assessing and delivering care in every nursing encounter.

NO HEALTH WITHOUT MENTAL HEALTH

The Easter Home will always consider and act to ensure the mental health of patients and the public is as important as their physical health.

LEADERSHIP AND MANAGEMENT

The Easter Home will lead by example, ensuring that healthcare is efficient, effective and evidence based and inspiring confidence in others who are committed to receiving healthcare.

GLOBAL HEALTH

The Easter Home will deliver health care in the context of a global health environment including the impact of globalization of diseases and global health issues that impact national borders.



The Power of Engaging Families



complex systems of care programs

unique perspectives

barriers

fragmentation

outdated policies & practices

shaping systems

12 icons representing various healthcare concepts

NOTHING ABOUT US WITHOUT US.

Otsuka's 12-Point Framework for Innovation in Mental Health

1. Mobility (local vs. national)
2. Clear goals for every product
3. Real solutions for stakeholders
4. Push and pull
5. Adaptable solutions
6. Bridging the communication gap
7. Privacy, security, and consent
8. Innovation both design and delivery
9. Patient Health Information
10. Central Health Promoting Behavior Through Early Detection
11. Central Health Promoting Behavior
12. Central Health Education and Self-Advocacy

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A Multidimensional Framework For Patient And Family Engagement In Health And Health Care

In the health care system:

“Patient engagement has been called a critical part of a continuously learning health system, a necessary condition for the redesign of the health care system, the ‘holy grail’ of health care, and the next ‘blockbuster drug of the century’.”

Carman K. L. et al. Health Affairs. 2013;32:223-231.

Continuum and Levels of Engagement	Consultation	Involvement	Partnership & Shared Decision-Making
Provision of Direct Care and Services	Receive information	Asked about treatment preferences	Make decisions about treatment
Organizational Design and Governance	Surveyed about experiences	Involved in providing advice	Co-lead improvement activities
Policy Making & Accountability for Results	Part of focus groups	Sought for recommendations	Have voice and vote in decisions



Parent/family engagement

- Parent engagement is an overarching principle and approach for involving families in decisions about themselves, their children, services, and their communities. It includes:
 - Direct relationships with service providers
 - Mutual support shared among parents
 - Advocacy by parents on behalf of their families
 - Decision-making and advisory roles in agencies
 - Leadership in the community
- The National Partnership for Patients (NPP) set 3 goals to engage patients and families:
 - All patients will be asked for feedback about their experience of care, and this information will be used by health care organizations and their staff to improve care.
 - All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.
 - All patients will have access to information and assistance that enables them to make informed decisions about their treatment options.

The Power of Engaging Families in Improving Children's Health Lessons from Family Voices

It takes Commitment



Key Criteria:

- Champion
- Win-Win
- Create opportunities
- Work together to create mission, strategic plan, other programmatic documents
- Ensure support for partnership
- Include budget for partners

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The Power of Engaging Families in Improving Children's Health Lessons from Family Voices

It is based on Transparency



Key Criteria

- Use data
- Shared understanding of work
- Provides training & support
- Cultural awareness
- No jargon
- Convenient meetings

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The Power of Engaging Families in Improving Children's Health Lessons from Family Voices

It depends on Representation



Key Criteria

- Partners with family-led or community-based organizations to recruit and participating families
- Race/ethnicity, Culture
- Language
- Age
- Gender
- Disability
- Geographic Area



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The Power of Engaging Families in Improving Children's Health Lessons from Family Voices

The Voices of Families Voices have an Impact



Key Criteria

- Choosing goals
- Involved in implementation
- Engaged in evaluation
- Influence programmatic options
- Engagement → improved services

Learn more: [A Framework for Assessing Family Engagement in Systems Change](#)



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#Notjustcheckbox



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Shadi Houshyar

Director of Early Childhood and Child Welfare Initiatives



THE VOICE FOR HEALTH CARE CONSUMERS

What We Know and How Family Leaders Can Inform Actions on InCK in States

Families USA's Mission and Focus Areas

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all.

We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

We have worked at the national, state and community level for over 35 years.



COVERAGE

HEALTH CARE
VALUE

HEALTH EQUITY

CONSUMER
ENGAGEMENTCONSUMER
ENGAGEMENT

- Too often, the consumer voice is an afterthought in local, state, and national efforts to reshape our health care system.
- Families USA is working to address this problem by researching and giving broad voice to consumer perspectives, and exploring new ways that enable consumers to engage on health care issues. .
- This inclusion must span policy development, decision-making, implementation, and evaluation for it to be truly meaningful.

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HEALTH EQUITY

- Families USA is committed to effective inclusion of the voices and priorities of communities of color and other disadvantaged groups. This is not only the right thing to do as a matter of equity, but it is also the smart thing to do, because the ultimate output will be of higher quality and more effective..
- Barriers, rooted in structural racism and bias that influence attitudes, behaviors, policies and practices of child and family serving systems prevent many families of color from being true partners and leaders in their child's healthy development.
- A great resource for how to make change: Manifesto for Race Equity and Parent Leadership in Early Childhood Systems developed by EC-LINC and CSSP available at <https://cssp.org/wp-content/uploads/2018/11/Parent-Manifesto-FINAL.pdf>

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What Family Advocates Can Do – InCK Planning and Design in States

Planning at the Practice Design Level



Planning at the Policy Development Level

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Areas for Family Leadership in InCK

- **Community Planning/Implementation: Partnership Council**
 - Partnership Council must include “stakeholder representatives from families and caregivers living in the community.”
- **Care Mapping and Service Design: Care Coordination**
 - Care mapping is “a family-driven, person-centered process that supports families and providers in coordinating care of children” (strategies can include peer support and community health workers).
 - Care coordination required to “facilitate individualized, family- and child-driven, and ethnically, culturally, and linguistically appropriate care delivery”
- **Two Generation Approaches: Young Children and Families**
 - For children 0-6, risk stratification can include parent risks and needs and preference given to applicants providing two-generation approaches

Areas for Family Leadership in InCK (cont.)

- **Alternative Payment Mechanisms (APMs): Goals**
 - State Medicaid agencies should consider that in achieving person-centered care, it is essential to empower individuals and their families/caregivers as partners in health care transformation – parents should be at the table
- **Root Cause Analysis:**
 - Applicants must identify health conditions that are root causes of out-of-home placements
 - Information sources can include child and caregiver interviews

Diverse and robust family engagement is key to achieving each of these goals.

Reasons to Engage Family Leaders

- Leaders with knowledge, experience, and expertise in family engagement are needed to ensure that opportunity is realized.
- Leaders in family engagement have roles at all levels of activity (Medicaid Agency, Lead Local Entity, Partnership Council).
- Leaders in family engagement have critical information on what works at service level, care coordination level, and planning and decision-making level.
- Leaders can help ensure that issues of diversity and equity are addressed.

Opportunities to Weigh In – Now to June 10, 2019

- Contact state Medicaid agency and encourage state to review InCK Model and give attention to family engagement at both the service delivery and the planning/design level.
- Offer to provide help and participate in InCK model review and planning to ensure diverse and robust participation from families.
- Provide information on opportunities for improving child health through family engagement.
- Focus on “what works” and provide state examples that are improving children’s health through family engagement and leadership.
- Emphasize that opportunities exist whether or not the state applies for or receives InCK designation – all states can and should do something to integrate services and strengthen family engagement.

Next Steps

- Questions and Clarifications
- Future Webinars
- Next Steps for Champions
- Final Remarks

Next Steps: InCK Marks Webinar Series

- InCK Model Overview (March 5)
- InCK Model and the Medicaid EPSDT Benefit (March 19)
- InCK Model and Family Engagement (Now)
- InCK Model, Prevention, and Building a Culture of Health – Root Causes and Risk Stratification (April 9)
- InCK Model and Health Equity (Coming)
- InCK Model and Alternative Payment Models and High Value Care (Coming)
- InCK Model and Foster Care (Coming)

- Both slides and recorded webinar available in webinar section of www.inckmarks.org

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Next Steps: Champions

- Complete Survey on Webinar
- Sign Up for and Participate in Future Webinars
- Share State Experiences
- Provide Ideas for InCK Marks Activities

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Contact Nora Wells: nwells@familyvoices.org

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Word Cloud from CMMI InCK Fact Sheet



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