

Child Health Care Transformation: Making the Case

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First Webinar in a Series, March 26th, 2020

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CHILD HEALTH is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity.

Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential. *WHO*

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InCK Marks 2020 Mission and Agenda

- Support leaders in the field in advancing child health care transformation (consistent with RWJF's Building a Culture of Health framework but focused specifically on child health practitioner's role)
- Produce/disseminate state-of-the-field resources based upon overarching child health care transformation framework developed by National Advisory Team
 - Charles Bruner (Network Manager), Kay Johnson (NAC Chair), Maxine Hayes (NAC Vice-Chair), Kamala Allen, Mayra Alvarez, Melissa Bailey, Scott Berns, Christina Bethell, Elisabeth Burak, Paul Dworkin, Wendy Ellis, Jeff Hild, Shadi Houshyar, Nora Wells, and David Willis
- Share resources and expertise and advance the work of national resource partners in promoting child health care transformation

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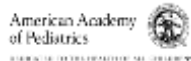
InCK Marks National Resource Network Partners



The National Alliance To Advance Adolescent Health



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Transformation is essential to achieving equity

- **Problem:** Too many young children do not have equal access to services needed to ensure optimal health and well-being over lifespan.
 - 1 in 5 live in poverty and/or communities with concentrated disadvantage.
 - 1 in 3 are at risk for long range health or developmental problems due to bio-medical conditions, family challenges, or community context.
 - One-half are covered by Medicaid.
 - Young children of color are more likely to be poor and on Medicaid and have the added burden of racism.
- **Significant part of solution:** Child health care transformation is essential to shift these negative social determinants and eliminate inequities.

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The Who, What, Where, When and How

- **WHO** – the child health care system (practitioners, practices/clinics, sub-specialty medical providers, health-related services)
- **WHAT** – practice, metrics, and finance transformation
 - Transformation requires fundamental changes in practice, but also in how we measure impact and finance the delivery system
- **WHERE** – in diffusion and scale toward a new standard of care, including policy
- **WHEN** and **HOW** – now, through collective advocacy

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What We Know – Key Points in Presentation

- Science shows the need for more family-centered medical homes for children that emphasize healthy development, engage families, and are embedded in the community.
- Exemplary practices and evidence-based models show how to provide more team-based, relational, and family-centered primary, preventive, and promotive services for young children.
- Child health care delivery transformation requires transformation in practice, measurement, financing, and approach/culture.
- While complex, it is essential to our future and we already have sufficient answers to do so across our collective work.

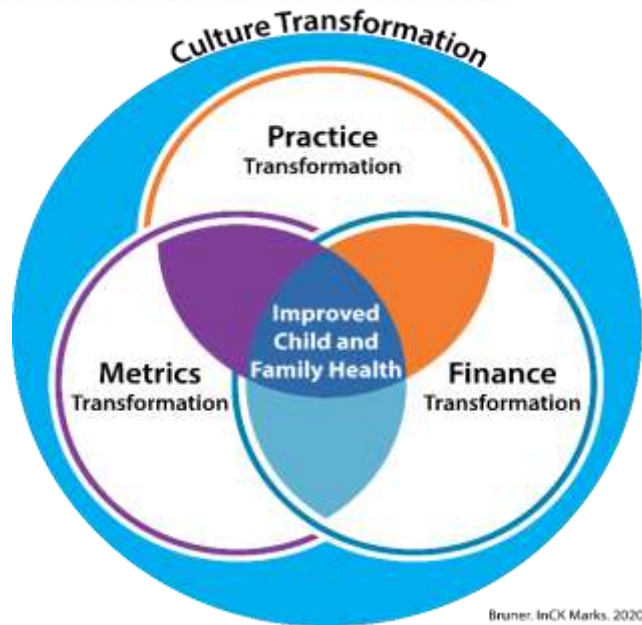
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A photograph of a woman with long dark hair, wearing a white top, smiling warmly as she holds the hands of a baby lying on its back. The baby is also smiling and looking towards the camera. The background is a soft, out-of-focus indoor setting.

**A framework for
transformation of
child health
care**

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Child Health Care Transformation



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Elements of Child Health Care Transformation

1. Practice Transformation

- Child and family-focused medical home with primary, preventive, and promotive services partnering with families and embedded within and connected to other community services.

2. Metrics Transformation

- Measurement tools (practice and performance) related to achieving practice transformation at both child and family levels.

3. Finance Transformation

- Financing reflecting the greater value of high performing medical homes over existing practice, with payments and incentives aligned

4. Culture Transformation

- Child and family-centered care emphasizing healthy development (cognitive, social, emotional/behavioral, and physical) from a relational, empowerment, and health equity perspective.

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Practice Transformation State of the Field

- State-of-the-field research reviews have identified evidence-based models and exemplary practices (**high performing medical homes**).
 - Restructuring and enhancing office practice
 - Incorporating relational care coordination
 - Linking to and often financing health-related services
- Innovators within systems as well as through program have shown positive impact.
- Attributes undergirding success have been identified as core to effective replication and adaptation.



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Research Syntheses Identifying Exemplary Models, Systems, and their Attributes

- 50+ evidenced-based programs connected to primary child health practice + additional systemic child community health models and initiatives
 - Ariadne Labs, Einhorn Family Trust, and National Institute for Children's Health Care Quality
 - RAND Corporation
 - Center for the Study of Social Policy
 - National Academies of Science, Engineering, and Medicine (6 reports)
 - Health Equity and Young Children Initiative

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Multi-Site/State Diffusion Efforts

- **Programs** (e.g., Help Me Grow, Reach Out and Read, Healthy Steps, DULCE, Centering Parenting, Triple P, home visiting)
- **Federal Demonstrations/Initiatives** (e.g., Integrated Care for Kids -InCK, SIM, MOMS, ECCS, Project LAUNCH, PDG)
- **Foundation Initiatives** (e.g., Pediatrics Supporting Parenting, Pritzker Children's Initiative, EC-LINC, Packard/Georgetown Finish Line, RWJF/CHCS Accelerating Child Health Care Transformation and Aligning Medicaid and Early Childhood)

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Practice Transformation – Going Forward

- Practice transformation has demonstrated value, enlisted early adopters, and received recognition from leaders in the field.
- Next step is to achieve much broader diffusion and expansion and depth toward becoming the standard of care.
- Practice transformation has been limited by the absence of mainstream health care financing and metrics for use in quality assurance and improvement.
- We know enough to advocate and act.

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Metrics Transformation State of the Field*

- **At the practitioner level.**
 - Tools to assess needs, risks, and strengths – including concepts such as relational health, attachment, nurturing, and positive childhood experiences.
 - Needed to identify and respond to social determinants of health, foster family engagement, strengthen family-child relationships, identify actions, and follow-up.
- **At the system level**
 - Metrics / measures for performance monitoring and quality improvement at child and family level
 - Needed to advance and support practice, payments, and accountability.
- **At the population level**
 - Approaches to monitor population health and equity, particularly for the 30 percent of the child population at elevated risk.
 - Needed to identify and direct actions to neighborhoods at high need

* InCK Marks Working Papers (2019 and forthcoming 2020)

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Metrics Transformation – Going Forward

- Current metrics and measurement tools in broad use are not aligned with child health practice transformation.
 - Federal child health quality measures are too limited.
 - Electronic health records generally do not capture key information.
 - ACEs, maternal depression, ASQ only touch upon concerns
- Tools exist which can do a much better job of measurement and of engaging/enlisting children and families
- Metrics needed for both practice and finance
- Opportunities to expand and improve child health metrics can build upon many existing tools and further practice innovations – and engage and value families



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Finance Transformation State of the Field*

- The cost of doing nothing to improve child health and reduce health inequities is great at both the individual and societal levels.
- Evidence on the importance and long-term value of investing in the earliest years of life is broadly recognized.
- Understanding is emerging that payment incentives focusing on cost containment will not fully advance child health transformation.
- Emphasis on moving to “value-based payment” systems offers potential to incent transformed child health care, with Medicaid and public sector leadership playing a key role.

• Consensus Statement on Medicaid Financing (2019) and InCK Marks Working Paper (forthcoming 2020); Also see: *A Sourcebook on Medicaid's Role in Early Childhood: Advancing high performing medical home and improving lifelong health*. 2018.

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Finance Transformation in Medicaid is Essential

- Half of all young children rely on Medicaid for health coverage.
- Medicaid's EPSDT child health benefit can finance a wider range of services to support optimal health and development.
- Most states are not covering the full range of preventive and promotive care and treatment young children and their families need.
- Improving the health and development of children on Medicaid is essential to future societal prosperity and health equity.

Sources: Consensus Statement on Medicaid Financing. 2019; Johnson and Bruner. *A Sourcebook on Medicaid's Role in Early Childhood: Advancing high performing medical home and improving lifelong health*. 2018; Burak. *Promoting Young Children's Healthy Development*. Georgetown Center for Children and Families. 2018.

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Financing Transformation – Going Forward

- Diffusing and accelerating the transformation of child health care requires increased public investments, particularly by Medicaid.
- Scaling child health transformation requires new investments in high value, high performing medical homes.
- Building political will among policy makers to support such investments is both a need and an opportunity.

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Cultural Foundation for Transformation: Growing Consensus on Need and Value*

A broader definition of health and the role of the health system in responding more holistically to promote health has emerged.

- **Preventive and promotive** – Health care is more than the treatment of disease or illness or response to chronic health conditions.
- **Developmental** – Children are not little adults and require responses much beyond health maintenance to healthy development.
- **Ecological** – Social determinants and home environment are critical to children’s healthy development. Family-centered care is essential.
- **Relational** – Children and families must be partners in advancing health.
- **Health equity** – Services to advance the health of all, eliminate disparities, require commitment to equity and combatting “isms”
- **Principles and guidelines** of medical home, EPSDT and Bright Futures

* InCK Marks Guiding Framework (2018) Glossary 2020)

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Culture Transformation – State of the Field

- Attributes of effective practice for young children and families have a strong conceptual and empirical base and are identified as core operating principles within most evidenced-based programs.
 - Focusing on family-driven, relational, strength-based, holistic, and preventive approaches.
 - Strengthening protective factors and addressing social determinants of health.
 - Using staff with experiential expertise and roots in the community into the practice (family advocates, community health workers, or care coordinators) as part of medical home team).
- Emphasis upon health equity has created increased attention to family engagement, peer networking, and family leadership roles in health system.
- Community building as well as individual service strategies are recognized as essential to closing health disparities.

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Culture Transformation – Going Forward

- Shifting toward a culture of health, not just medical care.
- Key role for medical expertise remains, but medical expertise is not the sole expertise needed.
- Most primary care practices can and will change, become high performing medical homes, if given support for doing so and hands-on experience and reinforcement and recognition for doing so – because it enables them to do their own work better.
- It's complex and messy, but diffusion and implementation science provides guidance on effective processes for change.

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Takeaway Messages – What We Need to Do

- **We** (practitioner champions and innovators, child advocates, family leaders, and health policy experts and researchers) must tell and reinforce this compelling story.
- **We** must educate our colleagues about the consensus we have on what needs to change, how to change it and why to change it.
- **We** must recognize and support an array of leaders and champions to carry it forward into the policy world.
- **We** must promote collective advocacy to achieve collective impact.
- **We** know enough to act.

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Theory of Change – A Margaret Meade Approach to Child Health Care Transformation

We are part of the small group (critical mass) of committed leaders needed to change the (child health care practice) world.

- No one else is going to do this for us.
- We each have influence to contribute to a part of this transformation.
- We know enough to act.
- Through collective advocacy, we will succeed.

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Discussion

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We Know Enough to Act – Roles for Everyone

- Become active in child health transformation
- Use your expertise to advance transformation (e.g., research, data, practice, program, policy, or advocacy)
- Speak/write about/raise with colleagues the readiness for transforming practice, metrics, and financing
- Advocate for
 - Policies (federal and state)
 - Investments (public and private)
 - Systems development and community-level strategies
- Be part of a learning community and share experiences

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InCK Marks Upcoming Webinars and Working Papers

March (today) – Transformation Overview

April – Practice Transformation

May – Finance Transformation

June – Metrics Transformation

July – Culture Transformation

August – Policy Transformation

Other Resources –

Landscape of Federal and Foundation Initiatives and Model Replications

Glossary of Terms

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