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
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

InCK Marks National Resource Network Partners
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
InCK Marks

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.

A framework for transformation of child health care
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.
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.

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
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)

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.
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


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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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*InCK Marks Working Papers (2019 and forthcoming 2020)*
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.


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.

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.

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

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.

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.
We can achieve collective impact (if we engage in collective advocacy)

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.
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.

Discussion
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

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
www.inck.marks.org