InCK Marks

Helping Leaders Advance Child Health Care Transformation

Federal Opportunities to Advance Child Health Transformation

Working Statement of the National Advisory Team, November 3, 2020

COVID-19 has been disruptive to children and their families and the health systems that serve them, particularly primary care. The triple crises of the COVID-19 pandemic, economic downturn, and reckoning on racism have elevated attention to racial inequities and social injustice in both the health care system and our country as a whole.

Because of COVID-19, the public and the policy community now have heightened recognition of the value of frontline providers in child health and other fields. Providers reached out, supported, and engaged children and their families, offering two- and multi-generation approaches to protect child health and development. At the same time, health practitioners faced new challenges in providing that care, much not recognized in the current financing system. It is clear that the child health care system will not simply revert back to the way it was before COVID-19. We must work to build back better, smarter, and fairer. The future of our children and society depends upon it.

Far too many U.S. children—through the poverty, isolation, stress, discrimination, racism, or marginalization of their families and communities—do not have access to or receive what they need to succeed. The result is profound disparities in opportunity based upon a child's socio-economic status, zip code, and/or color of their skin. Currently, none of the systems serving the youngest children—health care, economic assistance, early care and education, and family support—is sufficiently resourced to fulfill even its own role, but each has evidenced-based models and best practice protocols to do so. The federal government has a critical leadership opportunity to invest in these systems, in partnership with states and communities, and to equip the child health field to move toward a new and better standard of practice.

New leadership and investment from the federal government could be the stimulus needed to transform child health care. The challenge is to diffuse exemplary practices as well as evidenced-based program models (now primarily funded by grants or resources outside the child health system) into much broader practice and toward an improved standard of care for the child health system. This includes more preventive and promotive health responses to children and families now struggling to grow and develop and earlier, more comprehensive, and more family-driven responses to children with special health care needs and disabilities to enable their optimal growth and development.

The following are key actions the federal government can take specifically for improving the health and development of young children and their families. Similar efforts are needed for older children and youth.

1. **Guarantee health coverage**
   - Health coverage guaranteed for all newborns at least until their third birthday, including automatic and continuous enrollment in Medicaid/CHIP for those without identified health coverage.
   - Continuous Medicaid postpartum enrollment of mothers for a year following the end of pregnancy, at a minimum through the child's first birthday.
2. **Provide incentives to states**
   - Enhanced federal financial participation under Medicaid for well-child visit reimbursements which are provided to practices meeting standards as advanced, high performing medical homes.

- Enhanced federal financial participation under Medicaid for care coordination/ case management for children which address social as well as medical determinants of health, including staffing that is diverse and responsive to and representative of the communities served.

3. **Invest in innovation and quality improvement**
   - Core provisions (and reauthorization) within the Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation (CMMI) that focus upon advancing innovation and diffusion of advanced, high performing medical homes for children in Medicaid, including a federal opportunity agreement (FOA) specifically for young children and State Innovations in Medicaid (SIM) grants to states specifically for child health.
4. **Build a community-based workforce**
   - Additional funding (through the Title V Maternal and Child Health Services Block Grant or other flexible block grant funds) for a community-based child health workforce (e.g. community health workers, family specialists, relational health workers, doulas and midwives, family navigators, and others) to build the capacity to provide family-centered, high-performing medical homes for all young children.
   - Additional funding through Medicaid and other federal programs such as IDEA Part C to expand early intervention services for children with developmental risks and delays related to medical or social complexity, providing appropriate child-specific responses and supporting families in their roles.
5. **Advance equity**
   - Incorporation of expectations and supports within all actions taken above to advance and promote accountability among payers for equity, with a particular and specified role for child health providers to contribute to eliminating bias and being explicitly anti-racist.
   - Specific financing for equity training, guidance, and continuous improvement as part of Medicaid and other health care contracting and administrative support, including workforce diversification to reflect the populations being served.
   - Focused attention to monitoring quality and equity in Medicaid, with data collected and oversight provided to ensure accountability for health expenditures so that all children receive continuous coverage, equitable treatment, and quality care responding to their needs and circumstances.

The Integrated Care for Kids-InCK Marks Initiative is funded by the Robert Wood Johnson Foundation to help leaders – practitioner champions, administrators, policy research and advocacy organizations and experts, and policy makers at the state community, and federal levels – advance child health care transformation. InCK Marks is guided by a National Advisory Team and draws upon and promotes the work of a national resource network of over 35 national organizations at the cutting edge in advancing child health transformation. InCK Marks produces reports synthesizing the state-of-the-field in health care transformation at the practice, finance, metrics, and culture levels and conducts webinars and other forums to share its own and the work of network members. Charles Bruner serves as the National Resource Network manager and grant administrator. The National Advisory Team which produced this report is: Kay Johnson, chair; Maxine Hayes, co-chair; Kamala Allen, Mayra Alvarez, Melissa Bailey, Scott Berns, Christina Bethell, Elisabeth Burak, Paul Dworkin, Beth Dworetzky, Wendy Ellis, Jeff Hild, Shadi Houshyar, Nora Wells, and David Willis. The statement was revised and improved based upon thoughtful comments and insights from four zoom meetings with other experts in the field: Rahil Briggs, Elizabeth Burke-Bryant, Ruben Cantu, Debbie Cheatham, Nathaniel Counts, Helen Duplessis, Amy Fine, Andrew Garner, Hannah Gears, Daniella Gratale, Erin Hardy, Charles Homer, Milt Kotelchuk, Johanna Lister, Cailin O'Conner, Michael Odeh, Cynthia Osborne, Aimee Ossman, James Perrin, Rachel Roiland, Robert Sege, Marjorie Sims, Debbie Stein, Alexandra Quinn, and Emily Vargas-Baron. Additional resources and more detail on the provisions is available by emailing bruner@childequity.org and by reviewing the resource materials on the InCKMarks website: www.inckmarks.org.