Setting Standards for Advanced Primary Care through Medicaid Managed Care: Considerations for Promoting Equitable Pediatric Care

February 22, 2022, 2:00-3:00 pm ET

Part of CHCS’ *Strengthening Primary Care through Medicaid Managed Care* learning series.

*Made possible through support from The Commonwealth Fund.*
Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Agenda

• Welcome and Introductions
• Exploring Ohio’s Comprehensive Primary Care for Kids Program
• Innovations and Best Practices in Primary Care
• Facilitated Q&A
Welcome & Introductions
Today’s Presenters

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Center for Health Care Strategies

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Ohio Department of Medicaid

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University of Washington School of Medicine and Seattle Children’s
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs.

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.
Advancing Primary Care Innovation in Medicaid Managed Care: A Toolkit for States

For implementation considerations, state examples, and sample managed care contract language, access the toolkit at: www.chcs.org/primary-care-innovation.
Core Features of Advanced Primary Care and Levers to Drive Uptake and Spread

- Engage Communities and Achieve Health Equity
- Identify and Address Social Needs
- Enhance Team-Based Care
- Use Technology to Improve Access
- Integrate Behavioral Health Care
- Promote Accountability for MCOs
- Move to Value-Based Payment in Primary Care
- Setting Primary Care Delivery Standards
- Monitor Primary Care Spending and Investment
The Patient-Centered Medical Home as a Foundation

States may set practice-level primary care standards for adults and children in Medicaid, such as by building on the patient-centered medical home framework which supports care that is:

- Patient-centered
- Comprehensive and coordinated
- Accessible
- Equitable
- Focused on quality improvement
Design Considerations for Primary Care Standards in Medicaid Managed Care for Adults and Children

✓ What care delivery capabilities or models should the state prioritize? How does this align with broader quality goals?

✓ What entity will define primary care delivery standards? (e.g., the state, MCO, or an accreditation organization)

✓ How can the state and MCOs support practice capacity to achieve care delivery standards?

✓ How will MCOs be held accountable for supporting practices in implementing comprehensive, team-based care models?
Opportunity to Support High-Quality, Pediatric Primary Care

- 48% of those enrolled in Medicaid and CHIP are children
- Children have unique health needs that should be considered as part of care delivery transformation efforts
- Pediatric care teams are uniquely situated to impact lifelong health and well-being, including through supporting social and emotional development

States designing primary care programs should consider opportunities to support and advance children’s health


Exploring Ohio’s CPC for Kids Program

Myllynda Drake, MPH, CPH
Alternative Payment Model Administrator
Ohio Department of Medicaid
Ohio CPC is an investment in primary care infrastructure intended to support improved population health outcomes using patient centered medical home standards.

What is Comprehensive Primary Care?

Elements of Ohio CPC

» Provider Eligibility and Enrollment
  • Must provide primary care to a minimum number of Ohioans with Medicaid coverage

» Member Attribution
  • All Ohioans with Medicaid coverage are attributed to a primary care practice

» Activity Requirements

» Quality and Efficiency Metrics

» Per member per month and incentive payments
Ohio’s Goals for Comprehensive Primary Care

- Advance Health Equity
- Drive Comprehensive, Patient-Centered Care
- Promote Affordability and Sustainability
Connections to Other Efforts and Future Directions

Population Health Strategies

Physical and Mental Health

Social and Cultural Framework

Maternal Health and Wellness

Longitudinal Well and Chronic Care

Health Equity and Access to Care

Whole Child Success

Health and Education

Family and Social Needs
CPC Requirements

Population Health Activities

Quality and Utilization Metrics

PMPM and Incentive Payments
## Ongoing CPC work

| Continuous Improvement | • QI Science  
<table>
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<th>• Capacity Building</th>
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| Program Interconnectedness | • Managed Care Nexus  
|                         | • Maternal Child Policy |
| Streamline and Modernize | • PCF Implementation  
|                         | • Measure Refinement |
CPC for Kids
Governor DeWine’s Children’s Initiative

Coordinate and align the state’s children’s programming

Advance policy and innovation in children’s programming from birth to Kindergarten

Provide support services for all children and their families
What is CPC for Kids?

CPC for Kids is a pediatric-focused nested model in CPC that provides additional payments and incentive opportunities in exchange for performance on children’s quality metrics and pediatric-focused activities.

- Practices must be in CPC and take care of pediatric patients
- Practices must agree to additional quality metric measurement
- Practices get additional PMPM incentives and become eligible to receive performance incentives for child-focused activities
# Program Overview

<table>
<thead>
<tr>
<th>&quot;Core&quot; Ohio CPC requirements(^1)</th>
<th>Activity requirements</th>
<th>Efficiency requirements</th>
<th>Quality requirements</th>
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<tbody>
<tr>
<td></td>
<td>10 requirements</td>
<td>4 requirements</td>
<td>20 requirements</td>
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<tr>
<td></td>
<td>Must pass 100%</td>
<td>Must pass 50%</td>
<td>Must pass 50%</td>
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<tr>
<td>PMPM</td>
<td>All core requirements</td>
<td></td>
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<tr>
<td>Shared savings</td>
<td>All core requirements</td>
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<tr>
<td>&quot;Additional&quot; CPC for Kids requirements</td>
<td>No additional CPC for Kids requirements</td>
<td>No additional CPC for Kids requirements</td>
<td>CPC for Kids pediatric-focused metrics Must pass 50%</td>
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<tr>
<td>Enhanced PMPM</td>
<td>All core and additional requirements(^2)</td>
<td>All core and additional requirements(^2)</td>
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<td>Bonus Pool</td>
<td>All core and additional requirements(^2)</td>
<td>All core and additional requirements(^2)</td>
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Source: ODM working group conversations and stakeholder input.

\(^1\) For more information on the core Ohio CPC requirements for 2022, please visit the CPC website.

\(^2\) Must also pass "Core" Ohio CPC requirements.
# Quality Metrics for CPC for Kids

## Quality Metrics Linked to CPC for Kids Payment Streams

<table>
<thead>
<tr>
<th>Current Ohio CPC pediatric metrics</th>
<th>Well-Child Visits in First 15 Months of Life</th>
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<tr>
<td></td>
<td>Well-Child visits for members who are 3 – 11 years of age</td>
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<td></td>
<td>Adolescent Well-Care Visit for members who are 12 – 17 years of age</td>
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<td></td>
<td>Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents</td>
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<tr>
<th>Additional CPC for Kids metrics linked to payment</th>
<th>Lead screening (one or more at 2 years of age)</th>
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<tr>
<td></td>
<td>Immunization for children (HEDIS combination 3)¹</td>
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<td></td>
<td>Immunization for adolescents (HEDIS combination 2)¹</td>
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</tbody>
</table>

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<tr>
<th>Additional CPC for Kids metrics information only</th>
<th>Tobacco cessation for ages 12-17</th>
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<tr>
<td></td>
<td>Fluoride varnish</td>
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1. Includes: diphtheria, tetanus, and acellular pertussis; polio; measles, mumps, and rubella; influenza type B; 5 chicken pox; pneumococcal conjugate.

2. Includes: meningococcal serogroups A, C, W, Y; tetanus, diphtheria, acellular pertussis; HPV.

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Source: ODM working group conversations and stakeholder input
Bonus Activity Requirements for CPC for Kids

- Foster Care Supports
- Behavioral Health Linkage
- School Based Programming
- Transitions of Care
- Kids’ Metric Performance
Health Equity in CPC and CPC for Kids
**Health Equity CPC requirements**

Originally:
- Required Patient and Family Advisory Council
- Required some patient surveys
- Required some training

Now includes many aspects related to:
- Cultural competency training
- Incorporating patient feedback and experience into practice policies
- Coordinating with community entities to better serve patients locally
Need For Evolution

• Ohio continues to have ongoing racial and geographic health disparities
• Black maternal and infant mortality is 3x white rates
• Life expectancy is >20 years difference depending on zip code
• Access to care continues to be an issue in rural areas of the state
• People with Medicaid coverage report feeling discriminated against or ignored by health care providers, especially people of color and people with SUD/SPMI
• Newly appointed Chief Health Opportunity Advisor at Ohio Department of Health
• Ongoing funding by ODH/ODM and Commission on Minority Health to communities of color with large health disparities (Ohio Equity Institute)
• Work with academic partners to identify barriers in health care access (Ohio Opportunity Index)
• Continued survey and focus group work to assess opportunities for change (Ohio Pregnancy Assessment Survey, Ohio Medicaid Assessment Survey, Maternal Health focus groups)
• Collaborative approach to embedding health equity in new and updated modernization efforts (Next Generation Managed Care)
CPC Health Equity Requirements

Ohio CPC and CPC for Kids Program Cultural Competence Training

- Identifies elements of culture and privilege
- Contributes to cultural skill development
- Imparts cultural knowledge
- Strengthens cultural awareness
- Supports the ability of organizations to adapt to the diversity and cultural context of the communities they serve
Future of Health Equity in CPC

- Increase patient feedback
- Expand opportunities for patient input
- Support community providers and connections

Continue Learning and Growth
Ohio’s Next Generation of Managed Care

Focus on the individual rather than the business of managed care.

We want to do better for the people we serve.
Innovations and Best Practices in Primary Care

Tumaini Rucker Coker, MD MBA
Division Chief and Associate Professor
General Pediatrics
Disclosure

- I have no relevant financial relationships or conflicts of interest to disclose.

- I do not intend to discuss an unapproved/investigative use of a commercial product or devices in my presentation.

- Although I am a member of the U.S. Preventive Services Task Force (USPSTF), materials provided in this presentation reflect my individual views only and do not represent the views or recommendations of the USPSTF except where noted on individual slides. The overall presentation should not be attributed to the USPSTF.
Can I see Rosa, please?
“The provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual’s health and wellness needs across settings, and through sustained relationships with patients, families, and communities.”
Team-Based Care

“Pay for interprofessional, integrated, team-based care.” - NASEM Report

- Integrates non-clinicians into Primary Care team
- Enhance care for SDOH
- Essential for Integrated Care: behavioral, social, oral, and population health integration within primary care
- Promotes Health Equity
Community Health Workers and Navigators in Primary Care

Early Childhood (birth-3), Behavioral Health, Chronic Disease management, social and medical complexity

- Community members trusted by families
- Link to Established Resources and Services
- Communication and Coordination with Broader Team
- Standardized Screening and Referral Services
10 preventive care visits from ages 0-3

15-20 minute visit with a pediatrician
Elements of a Bright Futures Well-Child Care Visit

History, Measurements, Physical Examination, and Procedures

Developmental and Behavioral Screening, Surveillance & Guidance

Anticipatory Guidance

Psychosocial and Social Needs Screening and Guidance

Social determinants of health; Media use; Children and Youth with Special Health Care Needs
Donabedian's Quality Framework

**STRUCTURE**
- Personnel
- Facilities
- Organization
- Information Systems
- Financing

**PROCESS**
- Provision of care
- Receipt of Care

**OUTCOME**
- Health Outcome

Dynamics of Health Outcome, Starfield B. 1973
## Adapted Framework for Birth to 3 Preventive Care

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>PROCESS</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Personnel: Team-Based Care</td>
<td>Provision of care</td>
<td>Positive cognitive, emotional, social and physical development</td>
</tr>
<tr>
<td>Facilities: Community-based Organizations, Early Learning Centers, Clinics</td>
<td>Bright Futures Guidelines</td>
<td>Reduced Family Social Need</td>
</tr>
<tr>
<td>Organization: Health Neighborhood (connect and coordinate facilities)</td>
<td>Relational Health</td>
<td>Increased well-being of children and families</td>
</tr>
<tr>
<td>Information Systems</td>
<td>Parent Social Support</td>
<td></td>
</tr>
<tr>
<td>Cross-Sector Financing</td>
<td>Early Learning Promotion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receipt of Care: accessible, continuous, comprehensive, coordinated, compassionate, culturally-effective</td>
<td></td>
</tr>
</tbody>
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Liljenquist & Coker 2021
A Process, without a structure to support it.

Freeman & Coker. Six Questions for WCC Redesign, 2018 Pediatrics
Well Child Care Structures that Work

Team-Based Approach to Care that Emphasizes Relationships

DULCE
A “Family Specialist” becomes part of the primary care team to see all families of newborns

HealthySteps
Incorporates “HealthySteps Specialist” in a Tiered model of care based on family need for 0-3

PARENT
Parent-Focused Redesign for Encounters, Newborns to Toddlers, a Parent Coach is incorporated in all well-visits, 0-3

Parent-focused Redesign for Encounters, Newborns to Toddlers

[PARENT]
PARENT Trial Findings

Better performance on receipt of WCC
- Anticipatory guidance and health education
- Psychosocial screening
- Structured developmental screening

Better patient experiences of care
- Helpfulness of Care
- Family-centeredness of care

Fewer ED Visits
- 50% reduction
Thank You

tumaini.coker@seattlechildrens.org
Question & Answer
Questions?

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