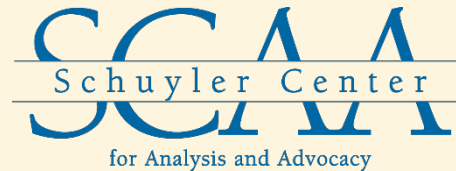


Value-Based Payment Maternity, Delivery, and Infant Care

New York State Perinatal Association
2018 Annual Conference
June 7, 2018

Kate Breslin, President and CEO



- ***Kate Breslin***, President & CEO, Schuyler Center for Analysis and Advocacy
- ***Elie Ward***, Director of Policy, Advocacy & External Relations, NYS American Academy of Pediatrics
- ***Douglas Fish***, MD, Medical Director, Division of Program Development & Management, NYS Department of Health



Variety of connected initiatives

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- Delivery System Reform Incentive Payment (DSRIP) program
- Value-based payment
 - Value-based payment for children and adolescents
 - Value-based payment for maternity care
- Bureau of Social Determinants of Health
- First 1,000 Days on Medicaid includes other sectors – education, child welfare, child care, etc.
- Governor calls on insurance companies to cover maternal depression

NYS Medicaid

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- With goal of improving outcomes ***and*** controlling costs, New York State is undertaking significant reforms in its Medicaid program
- NYS Medicaid recognizes the outsized role that social determinants of health (SDH) play in health outcomes and now requires that health care providers and payers address at least one SDH when they enter into certain value-based payment arrangements.

Why this matters

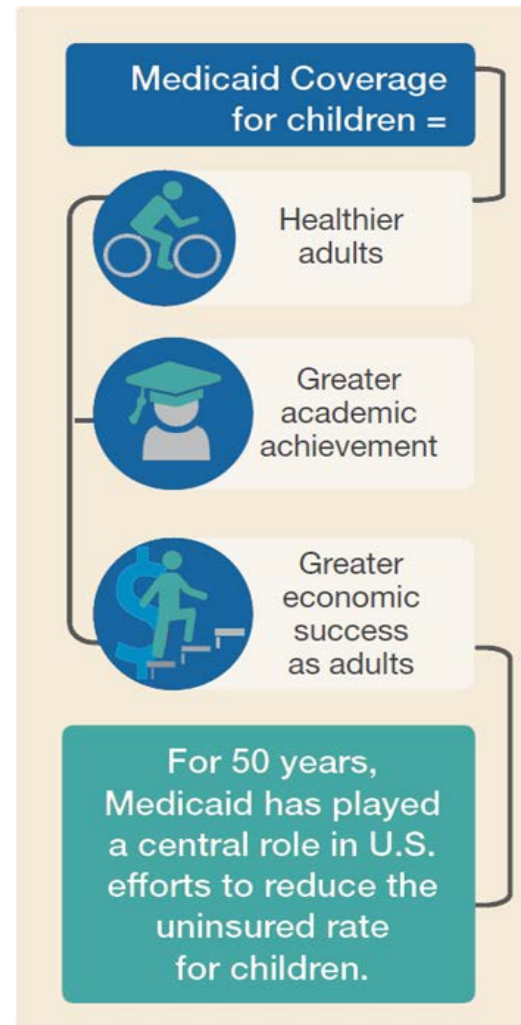
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- Medicaid is largest single payer for medical services, so can drive how systems respond.
- Shift to paying for “value” rather than volume (per visit or per procedure), so need to determine how to measure value
- Evidence-based interventions
- Opportunities for community-based organizations that address SDH

Medicaid and Children

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- Children = largest group covered by Medicaid
- New York State = leader in covering children.



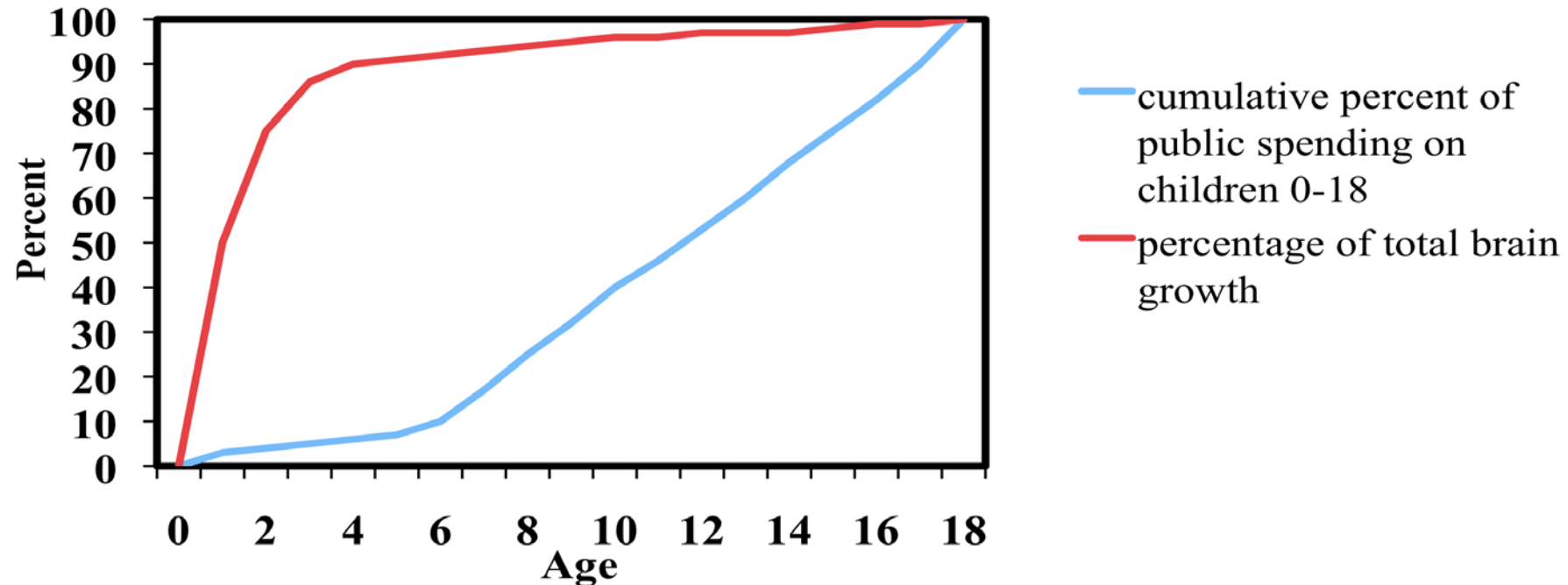
A close-up photograph of two young children, a Black child on the left and a white child on the right, both smiling broadly. The Black child is wearing a colorful striped shirt, and the white child is wearing a plain white t-shirt. The background is a plain, light color.

**Special role that Medicaid plays for young
children and moms
Cross-sector nature of outcomes**

Early Childhood: the most important years are the most publicly under-funded

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Rand: Brain growth versus public expenditures on children ages 0-18.



90% of public expenditures are after age 5, after up to 90% of brain development has occurred. *New York Times*: In 2008, federal & state govts spent more than \$10,000 per K-12 child per year. By contrast, 3-5 year-olds = \$5,000, and children 0-3 = \$300/year.

Medicaid Matters

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- Medicaid covers 51% of births/newborns
- Children in their first 1,000 days of life depend on Medicaid: 59% of children 0-3 in NYS are covered by Medicaid
- Covers 41% of NY children; that's 2.3 million kids
- Covers nearly one million (926,048) NY children five years old and under

North Star Framework

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1. For general child population, value will be driven by emphasizing quality and long-term outcomes, not cost-cutting in areas where investment may already be insufficient

2. Need clear child-focused goals and outcomes to drive payment and delivery system reform




 Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age			
	Preterm to 1 Month	1 Month to 1 Year	1 Year to 5 Years
  	Overarching "North Star" Goals		
	Optimal birth outcomes for mother and child	Optimal physical health and a secure attachment with a primary caregiver	Optimal physical health and developmentally on track at school entry
	Key Indicators		
	<ul style="list-style-type: none"> • Birthweight <2500 grams • Preterm births • Severe maternal morbidity 	<ul style="list-style-type: none"> • On-target developmental and social-emotional screens • Reported cases of abuse and neglect 	<ul style="list-style-type: none"> • On-target developmental and social-emotional screens • ED visits for unintentional injury • Expulsions/suspensions • Kindergarten readiness using standardized tool (aspirational) • Reported cases of abuse and neglect
	High-Value, Often Underutilized Primary Care Strategies		
	<p>Early and regular prenatal care visits including:</p> <ul style="list-style-type: none"> • Birth spacing/contraceptive use counseling • Breastfeeding encouragement • Care transition plan for use by obstetrician, newborn nursery and primary care doctor • Screening/treatment for preterm birth risks and tobacco/substance use <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) • Social determinants of health • Domestic violence/personal safety • Maternal depression <p>Enhancing parental skills through evidence-based education/home visitation programs</p> <p>Seamless information exchange between women's health and child health providers</p>	<p>Regular well-child visits including:</p> <ul style="list-style-type: none"> • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • ACEs • Social determinants of health • Domestic violence/personal safety • Maternal depression <p>Enhancing parental skills through evidence-based education/home visitation programs</p> <p>Seamless information exchange between women's health and child health providers (when mother is primary caregiver of child)</p>	<p>Regular well-child visits including:</p> <ul style="list-style-type: none"> • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral • Dental screening/treatment • Eye and hearing examination/referral • Vaccinations <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • ACEs • Social determinants of health <p>Enhancing parental skills through evidence-based educational programs</p> <p>Management/treatment of chronic conditions</p>

North Star Framework (cont.)

3. Adoption of outcomes across child-serving sectors will yield better outcomes
4. Primary care can drive change, especially in earliest years of life
5. Brain science tells us social determinants and family systems must be included



Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age





6 Years to 10 Years	11 Years to 14 Years	15 Years to 21 Years
 Overarching "North Star" Goals		
Staying healthy and strengthening social, emotional and intellectual skills	Staying healthy and coping effectively with challenges of early adolescence	Staying healthy and able to succeed in the world of work, school, and other adult responsibilities
 Key Indicators		
<ul style="list-style-type: none"> • Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Grade progression • Standard 3rd-grade reading scores 	<ul style="list-style-type: none"> • Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use 	<ul style="list-style-type: none"> • Algebra 1 Regent passing • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use • Cohort graduation • Post-secondary enrollment • Pregnancy, ages 15-17
 High-Value, Often Underutilized Primary Care Strategies		
Regular well-child visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Dental screening/treatment Co-located/integrated behavioral health services	Regular adolescent visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations Co-located/integrated behavioral health services	Regular adolescent visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations Co-located/integrated behavioral health services
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North Star – Zeroing-in on maternal/infant

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North Star Goal pre-term to 1 Month = Optimal birth outcomes for mother and child

North Star Goal 1 month to 1 year = Optimal physical health and a secure attachment with primary caregiver

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First 1K Days Charge & Principles

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Develop a 10-point plan for how Medicaid can improve health/development of children ages 0 to 3 that is:

- **Affordable** – Reasonable cost to state Medicaid
- **Cross-sector** – Collaboration beyond health care
- **Feasible** – Able to be implemented in near term through Medicaid levers
- **Evidence-based** – Proposed interventions or approaches are backed by strong evidence
- **High Impact** – Likely to improve children's "North Star" goals, reduce disparities, and encourage systems change

Opportunities

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- Pediatricians and family physicians play an important role in the early years. Over 90% of young children are seen by a primary care physician at least once per year. (<https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf>)
- Health care system has unique opportunity for early identification and connection of families to resources to strengthen health, education, child welfare, family economic security, and other outcomes.

Values of Children's VBP and First 1K

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- Emphasis on crucial role of caregivers
- Outsize role of SDH
- Understanding that current investment may be insufficient to achieve desired outcomes
- Need to seek and measure outcomes beyond health/medical
- Evidence-based programs and processes
- Expectation of cross-sector collaboration and communication