

CHILDREN WITH COMPLEX HEALTH CARE NEEDS IN MEDICAID AND CHIP: A PRACTITIONER'S PERSPECTIVE

David Keller

**Designing Systems that Work for Children with Complex Health Care Needs
Lucile Packard Foundation for Children's Health
December 7, 2015**



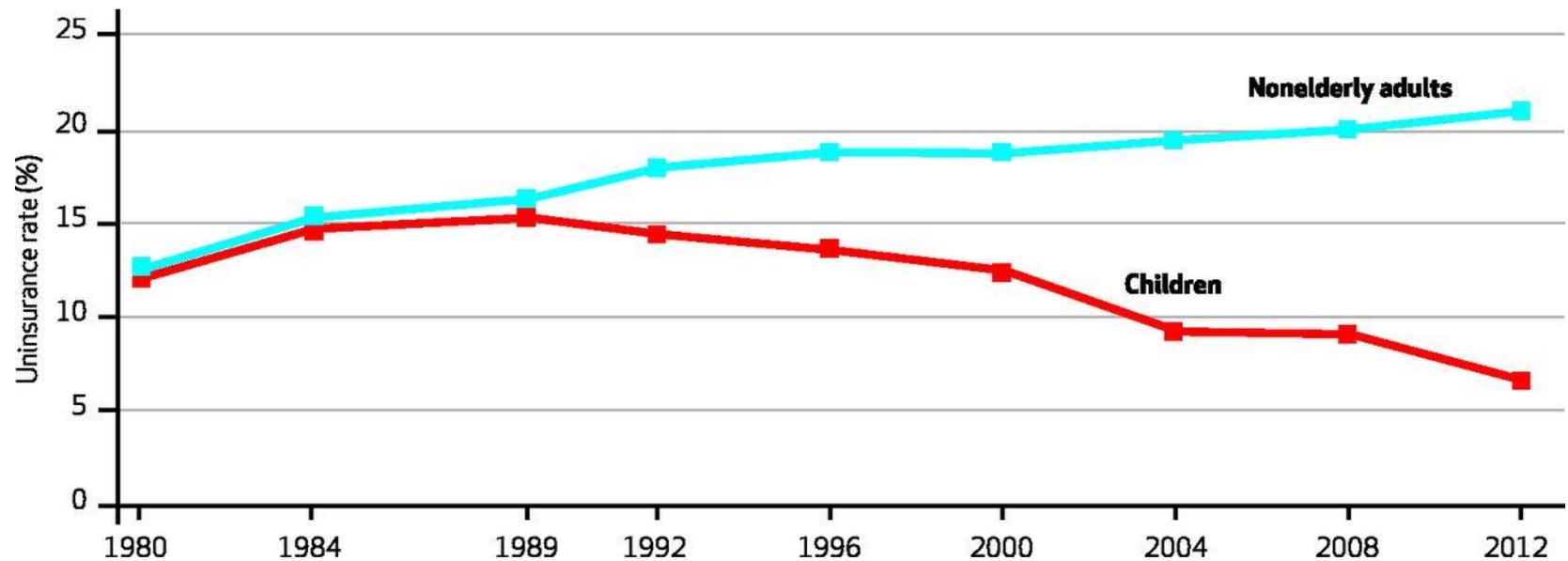
1. Medicaid policy is focusing on adults.

Children have been on Medicaid for a long time.

Medicaid is new for adults covered by Medicaid expansion.

Children with complex health care needs are not the priority in the current discussion

Uninsurance Rates For Children And Nonelderly Adults, Selected Years 1980–2012.



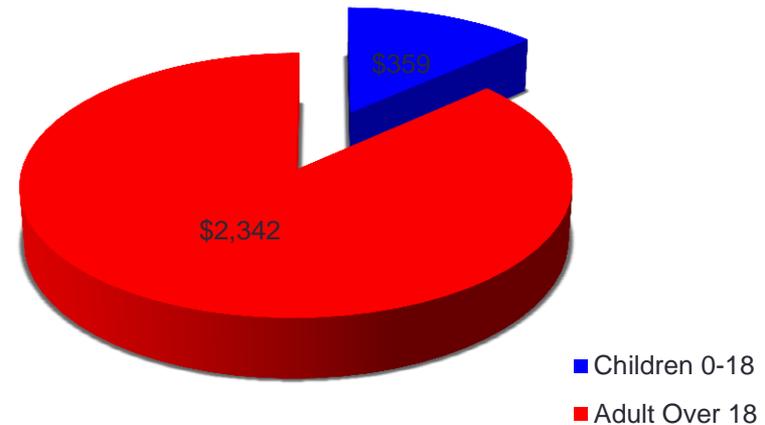
Sara Rosenbaum, and Genevieve M. Kenney Health Aff
2014;33:2125-2135

©2014 by Project HOPE - The People-to-People Health Foundation, Inc.

2. Alternative payment models aren't designed with children in mind

Child health practice:

- Primary prevention more than chronic disease management
- Rare vs. common chronic diseases
- Long term vs. short term outcomes
- May not be able to demonstrate shared savings.



Total Health Spend, 2011, in \$Billions

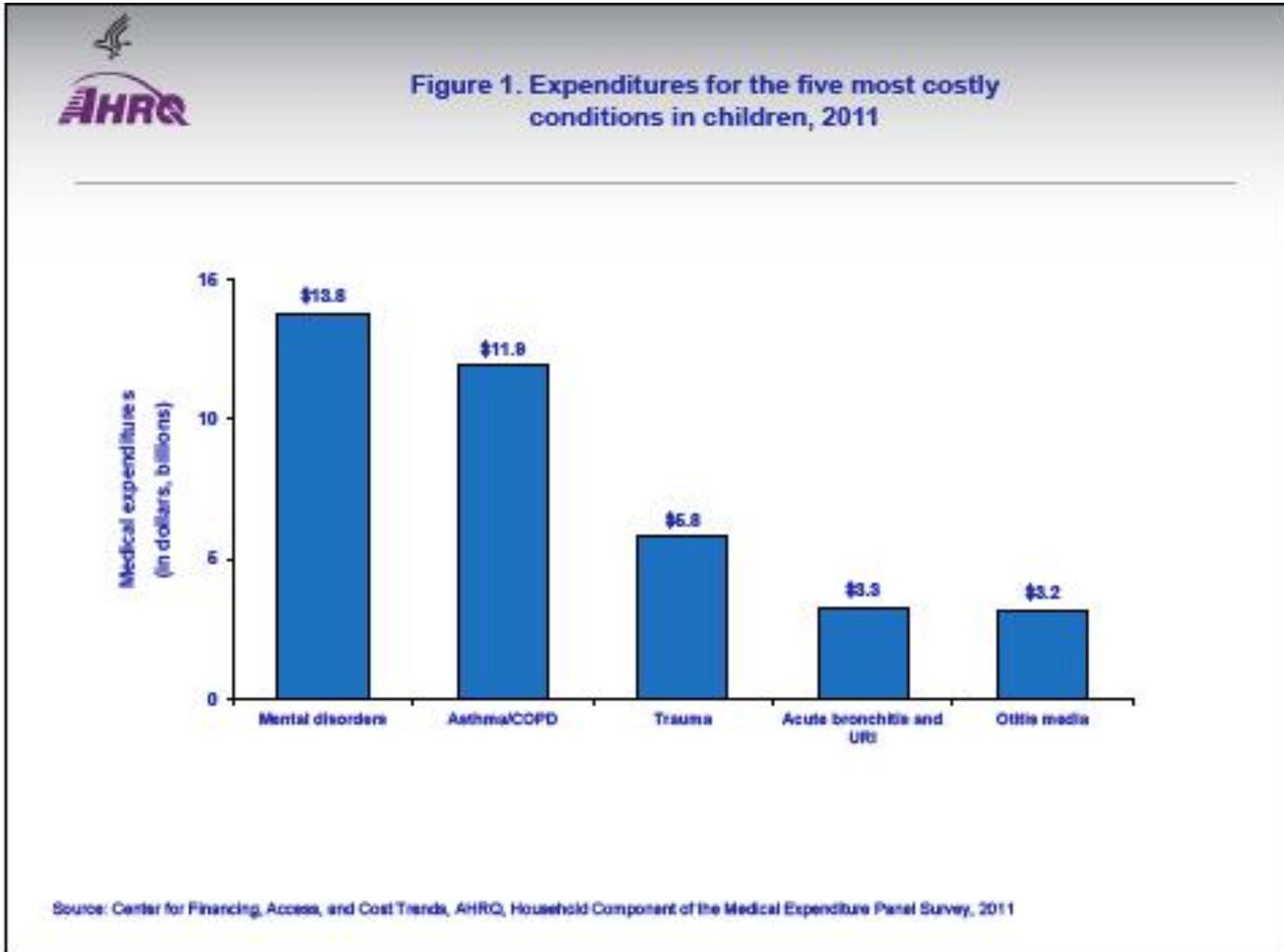
3. Measures for quality and performance in child health need to reflect the Five D's

- Developmental change
- *Dependency*
- Differential Epidemiology
- *Demographic Patterns*
- Dollars
- Need to look at life-course outcomes with multiple inputs
- *Need to include families*
- Need to focus on behavioral health, mental health and school
- *Need to account for diversity and poverty*
- Need to reward incentive with more than shared savings

Keller et. al. Not Just Little Adults: Policies to Support Medical Home Transformation in Pediatric Practice.
<http://www.qualitymeasures.ahrq.gov/expert/expert-commentary.aspx?id=47896>



4. Behavioral health needs are omnipresent and generally under-recognized and under-funded.



5. It's a state by state process

- 56 different different state/territory-based health service ecosystems
 - Variation in managed care penetration
 - Variation in relationship between CHIP and Medicaid
 - Variation in Essential Health Benefits on the Marketplaces
 - Variation in relationship with MCHB (Title V) and VFC programs within each state.
- Much churn within the health care systems in each state/territory
 - Hospital consolidation, practice consolidation, clinical integrated networks
 - Academic health centers and Federally-qualified health centers
 - Health plans developing multiple sets of poorly aligned metrics for payment, stressing practices analytic capacity

What's that mean for providers?

Be at the table, to assure the needs of children are not forgotten

- Learn to measure process and outcomes
- Develop QI and analytic infrastructure
- Develop capacity to coordinate care
- Shore up your partnerships with behavioral health and others in your organization
- Don't forget your roots

