The Next Steps to Improving Home Health Care for Children with Medical Complexity

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Today’s Moderator

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Home Health Care For Children With Medical Complexity: Workforce Gaps, Policy, And Future Directions

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HEALTH AFFAIRS
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Meet Today’s Speakers

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Medical Director, Pediatric Home Service, American Academy of Pediatrics Representative
Ask Questions!

We look forward to a lively discussion with our audience. Enter questions in the GoToWebinar question box.
A 15 month old diagnosed with an unexpected genetic disorder, Sarah needs a portable breathing machine and monitoring to live at home safely

- Parents were both working with employer-based insurance, but it does not cover home care nursing.
- Sarah is eligible for Medicaid waiver, but even with it the parents cannot reliably identify qualified home nurses to care for her.
- Sarah’s mother had to drop out of work-force and the family moved homes to accommodate.

“Sarah’s” Story
When faced with patient stories like Sarah’s:

Conduct research to understand how home health care is serving children by examining:

- Current evidence base
- Measurement of current access and quality
- Identify key driving policy concerns
1. Growing population with diverse set of conditions
   - Uniquely reliant on adult caregivers for health care tasks

2. Legally entitled services
   - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid Provision

3. Inadequate home health care workforce pool to care for them
   - Non-competitive wages for highly skilled work
   - Few training opportunities

4. Current lack of evidence and quality measures incentivizes states to institute high-thresholds for service eligibility

5. Leads to preventable hospital spending, hard on families and patients
Policy Recommendations to Address Gaps and Areas of Improvement

Summary of *Home Health Care For Children With Medical Complexity: Workforce Gaps, Policy, And Future Directions*

1. Enhance access and readjust spending via payment reform
   - Introduce increase in wages better matched to clinical needs, comparable to other skilled nursing labor

2. Improve quality through partnerships with child-focused care systems (e.g. trainings, telemedicine)
   - Trainings: Children’s hospitals are a source of clinical and technical expertise
   - Real-time extension, telemedicine to support families and home nursing staff

3. Align with adult care to improve evidence base and inform quality measurement
   - National data collection efforts
   - Support quality measures to hold care accountable and track quality efforts
Key Thoughts

• Gaps, policy and future directions spot on for families
• Measure it for kids!
  ▪ Can’t (and actually do not) have quality care (incl. accountable, accessible, continuous, helpful) without measures
• Integration of home health within child-focused health care systems
  ▪ Utilize family workforce expertise-as providers, coordinators, teachers, quality improvement specialists, advocates, etc.

One thing to change about the discussion

• Families and family-led organizations MUST be partners in care AND systems change
  ▪ We are the engine- don’t try to drive future directions without us!
Key Thoughts

- Caregiver support
- Education & training of home health care professionals
- Single points of entry for services
Key Thoughts

• Factors that affect access to home health care

• Access to home health contributes to healthcare disparities

• Reimbursement and home health care

• Recommendations to expand access to home health care
Submit your questions

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Additional Resources

HEALTH AFFAIRS BLOG—Workforce in the Community

AAP Section on Home Care (SOHCa)
Visit: services.aap.org/en/community/aap-sections/home-care/

Access more research and publications: lpfch.org/CSHCN