KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

APRIL 10, 2019 MEETING

KANSAS MATERNAL & CHILD HEALTH

Welcome
Approval of Minutes
Recognize New Members

DENNIS COOLEY, MD, FAAP KMCHC CHAIR

KANSAS MATERNAL & CHILD HEALTH

PRAMS Update: 2017 Results and 2019 Questionnaire

LISA WILLIAMS AND BRANDI MARKERT

KDHE

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SPECIAL HEALTH CARE NEEDS POPULATION OVERVIEW

KAYZY BIGLER, KDHE

HEATHER SMITH, KDHE

Today's Learning Objectives

Overview	• Population Overview • Key Definitions
What's Now?	• Kansas vs. National • Title V Responsibility to CYSHCN Population
What's Next?	• Shifting Service Delivery Models (Direct to Population-Based)

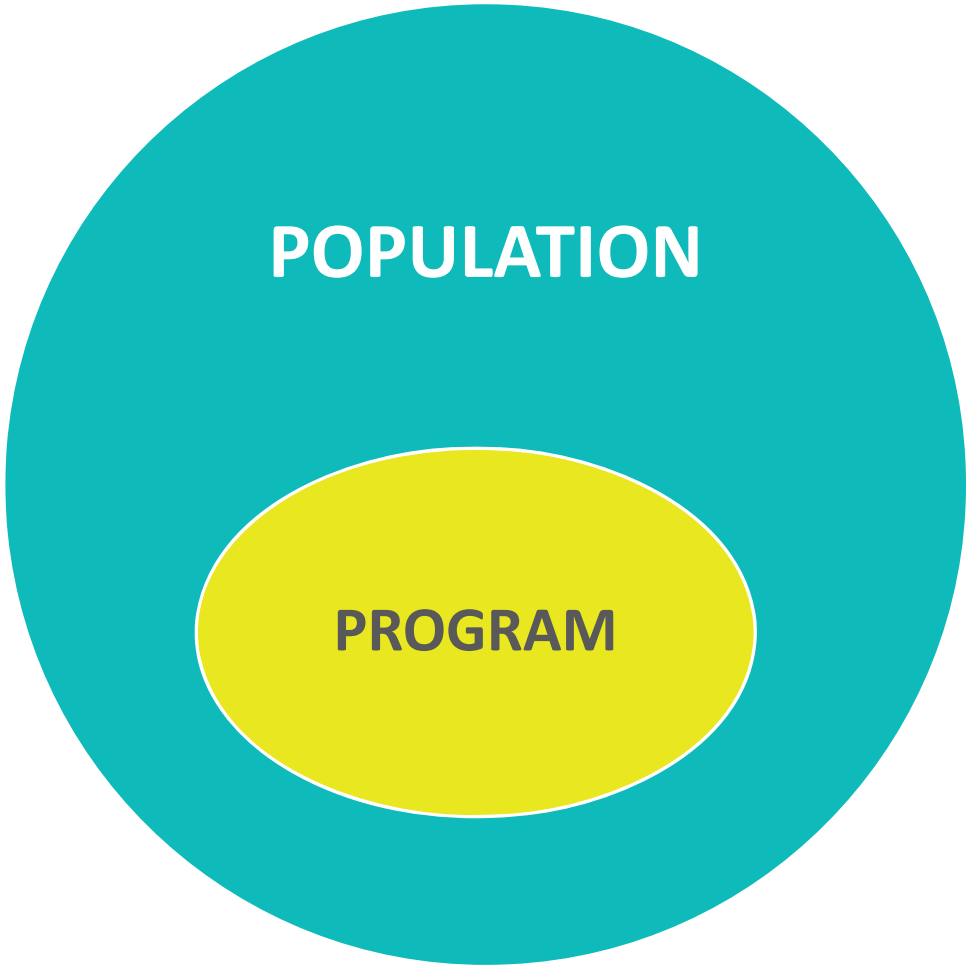
We Believe…

Children with special health care needs are children first.

Families must be at the center to everything we do.

Collaboration is critical to service provision.

Population vs. Program



Population

Broadly Defined

Focus is on System of Care

Birth **through** 21 years

Program

Narrowed Definition

Focus is on Individual Supports

Birth **to** 21 years

TARGET POPULATION Definitions

State Statute – KSA 6-5a01

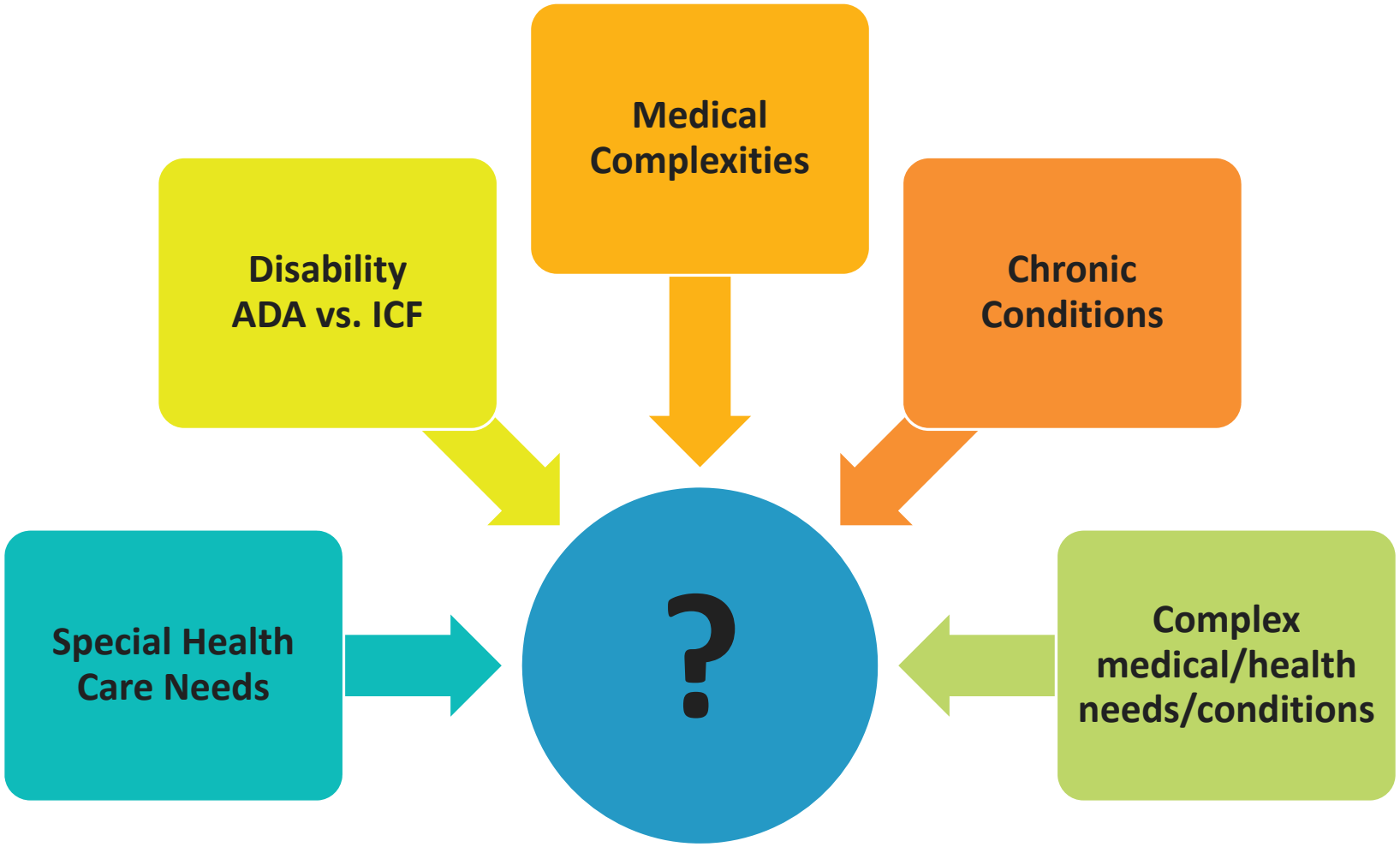
"A child with special health care needs" means a person under 21 years of age who has an organic disease, defect or condition which may hinder the achievement of normal physical growth and development."

Maternal and Child Health Bureau

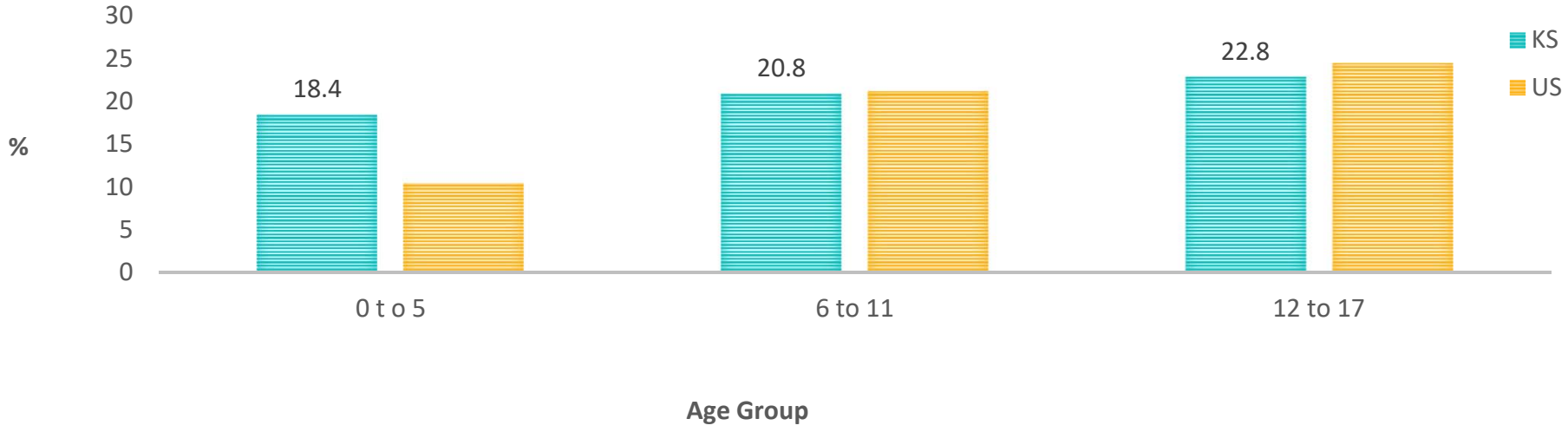
"Children and youth with special health care needs (CYSHCN) are those who have, or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally"

Currently, we provide services to 0-21 with specific health conditions and all ages with genetic conditions.

So many definitions…



Nearly 21% of Kansas children and youth (age 0-17) have a special health care need.
Compared to the US at 18.8%



Data from National Survey of Children's Health

Responsibility for CYSHCN:

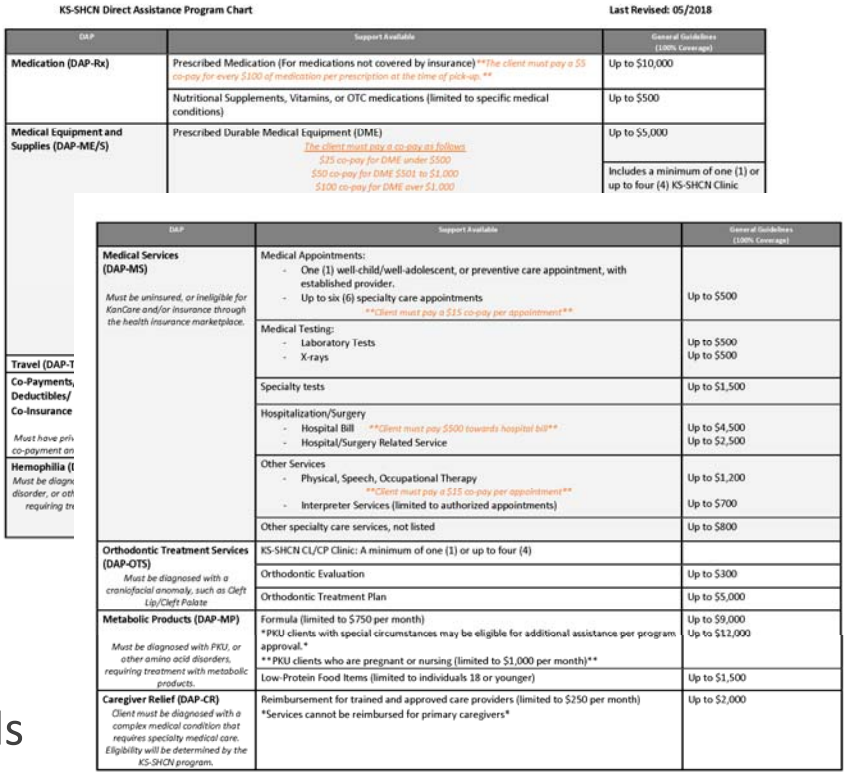
Specific to the CYSHCN population, Title V is responsible for the provision or promotion of:

- rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX
- family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families

Moving Down the Pyramid

Direct Services – *Must maintain per State statutes*

- Direct Assistance Programs (DAPs):
  - financial support for families greatest needs
  - focus beyond clinical or medical services (e.g. copays/ deductibles, travel, interpreters, caregiver relief/respite)
- Supporting Clinical Care
  - Multi-disciplinary specialty care (reduced from previous years)
  - Outreach seating services
  - Moving towards telehealth models



KS-SHCN Direct Assistance Program Chart — Last Revised: 05/2018

DAP	Support Available	General Guidelines (100% Coverage)
Medication (DAP-Rx)	Prescribed Medication (For medications not covered by insurance) ***The client must pay a $5 co-pay for every $100 of medication per prescription at the time of pick-up.***	Up to $10,000
	Nutritional Supplements, Vitamins, or OTC medications (limited to specific medical conditions)	Up to $500
Medical Equipment and Supplies (DAP-ME/S)	Prescribed Durable Medical Equipment (DME) *The client must pay a co-pay as follows* *$25 co-pay for DME under $500* *$50 co-pay for DME $501 to $1,000* *$100 co-pay for DME over $1,000*	Up to $5,000
		Includes a minimum of one (1) or up to four (4) KS-SHCN Clinic
Travel (DAP-T		
Co-Payments, Deductibles/ Co-Insurance *Must have pri… co-payment an…*		
Hemophilia (*Must be diagn… disorder, or oth… requiring tr…*		
Medical Services (DAP-MS) *Must be uninsured, or ineligible for KanCare and/or insurance through the health insurance marketplace.*	Medical Appointments: - One (1) well-child/well-adolescent, or preventive care appointment, with established provider. - Up to six (6) specialty care appointments ***Client must pay a $15 co-pay per appointment***	Up to $500
	Medical Testing: - Laboratory Tests - X-rays	Up to $500 Up to $500
	Specialty tests	Up to $1,500
	Hospitalization/Surgery - Hospital Bill ***Client must pay $500 towards hospital bill*** - Hospital/Surgery Related Service	Up to $4,500 Up to $2,500
	Other Services - Physical, Speech, Occupational Therapy ***Client must pay a $15 co-pay per appointment*** - Interpreter Services (limited to authorized appointments)	Up to $1,200 Up to $700
	Other specialty care services, not listed	Up to $800
Orthodontic Treatment Services (DAP-OTS) *Must be diagnosed with a craniofacial anomaly, such as Cleft Lip/Cleft Palate*	KS-SHCN CL/CP Clinic: A minimum of one (1) or up to four (4)	
	Orthodontic Evaluation	Up to $300
	Orthodontic Treatment Plan	Up to $5,000
Metabolic Products (DAP-MP) *Must be diagnosed with PKU, or other amino acid disorders, requiring treatment with metabolic products.*	Formula (limited to $750 per month) **PKU clients with special circumstances may be eligible for additional assistance per program approval.** ***PKU clients who are pregnant or nursing (limited to $1,000 per month)***	Up to $9,000 Up to $12,000
	Low-Protein Food Items (limited to individuals 18 or younger)	Up to $1,500
Caregiver Relief (DAP-CR) *Client must be diagnosed with a complex medical condition that requires specialty medical care. Eligibility will be determined by the KS-SHCN program.*	Reimbursement for trained and approved care providers (limited to $250 per month) **Services cannot be reimbursed for primary caregivers**	Up to $2,000

Moving Down the Pyramid

Enabling Services

- Care Coordination – KS-SHCN Eligible Clients
  - Shifting from medical case management to holistic care coordination
  - Focusing on social determinants of health
  - Supporting the family unit vs. only medical care needs of “patient”
  - Engaging families, equipping families, and empowering families
- Expanding Program Access
  - Expansion from a centralized access model to regional access model
  - Evolution from basic administrative support to program outreach and care coordination

Moving Down the Pyramid

Public Health Services and Systems – Ever-evolving Systemic Change

- Care Coordination – Beyond Eligibility
  - Phased approach to care coordination with plans to expand the SHCN CC model to FQHC and primary care models
  - Pursue reimbursement to expand beyond eligibility guidelines (financial and/or medical)
  - Expanding the reach through expanding capacity
- Caregiver Health/Peer Supports:
  - Supporting You: A Peer Support Network
  - Family Care Coordination Trainings
- Developmental Promotion & “Beyond the Screen” System of Care
  - Developmental Assessment/Evaluation ECHO Project
  - Help Me Grow Implementation
- Youth Leadership Development

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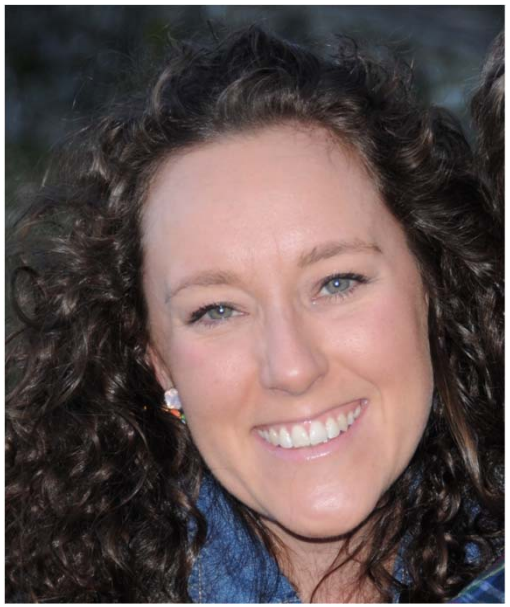
ADVANCING POPULATION-BASED APPROACHES FOR SHCN POPULATION

KAREN TRIERWEILER, MS, CNM
TOTAL POPULATION HEALTH, LLC

SARAH BETH MCLELLAN, MPH
MATERNAL AND CHILD HEALTH BUREAU

LET'S HEAR FROM THE EXPERTS!

Sarah Beth McLellan, MPH
Maternal And Child Health Bureau



Karen Trierweiler, MS, CNM
Total Population Health, LLC

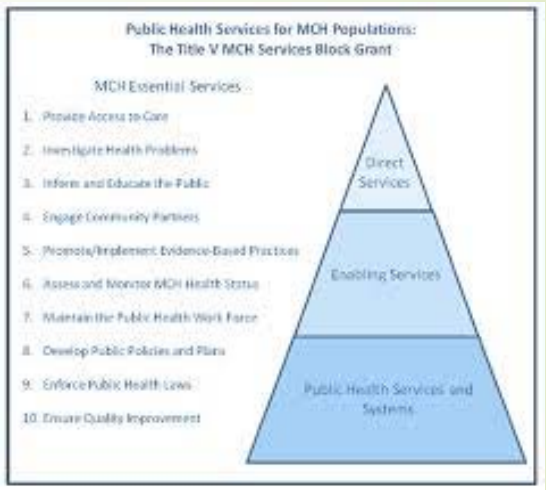
Advancing Population-Based Approaches for CYSHCN

Results of Interviews with 9 States

- Karen Trierweiler, MS, CNM (ret)
  Partner, Total Population Health, LLC
  Former Title V Director

Purpose of the Project

- Conduct interviews with 9 states: CO, KS, MS, ND, OR, TN, TX, VA, WA
- Understand state vision/efforts to serve CYSHCN - direct, enabling, population-based
- Learn how states define population-based approaches
- Gauge interest in/progress toward moving "down the MCH Pyramid" for CYSHCN including benefits/facilitators & challenges
- Develop recommendations to guide future action



Terminology

Population-Based Approaches & Population Health are synonyms

- Systems & policy interventions that improve outcomes for <u>all</u> CYSHCN

Population Health Management/ Population Medicine

- Usually health system interventions to improve outcomes for a sub-set of a population, e.g., CYSHCN within a health plan, provider practice, geographic area or with certain conditions, etc.

Interesting Findings

State statutes, admin codes or other mandates governing CYSCHN programming common

No uniform definition of population-based approaches

Progressive movement down the pyramid common, direct→ enabling →pop health

Adopting PB-approaches influenced by leadership, competency and organizational drivers & program location

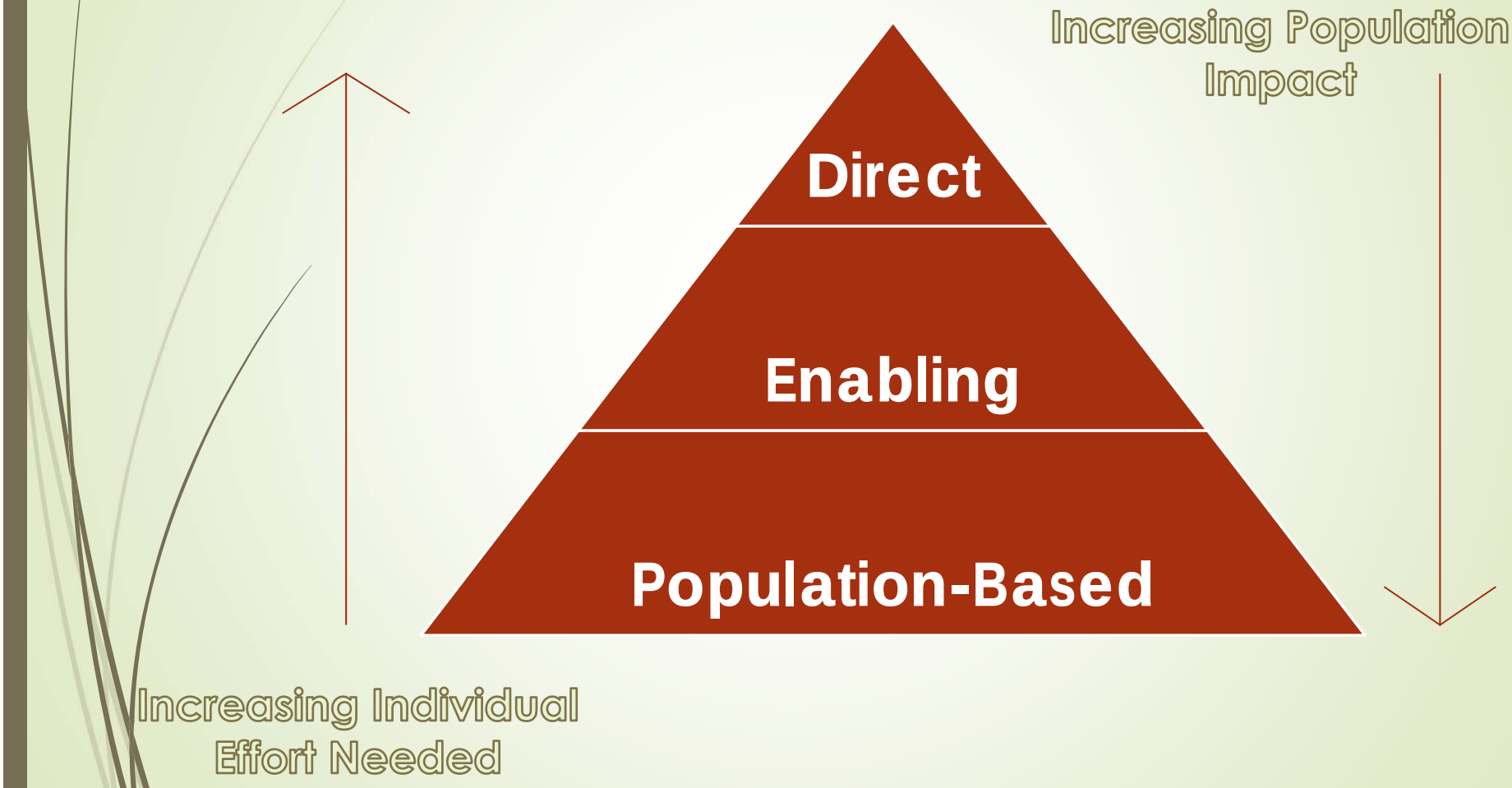
Change process not linear; sometimes opportunistic (readiness); frequently data-informed

Commitment to the population & Interest in expanding reach and impact evident

Recommendations

1. Initiate a "CYSHCN 3.0" Transformation process similar to "MCH 3.0"
2. Develop a "working definition" of population-based approaches
3. Establish "Innovation hubs" with "Thought Leaders" for CYSHCN
4. Consider different models of TA for change management
5. Identify a curated list of population health resources

Population-Based Approaches
(aligned with Direct & Enabling)
Can Increase Reach & Impact for CYSHCN



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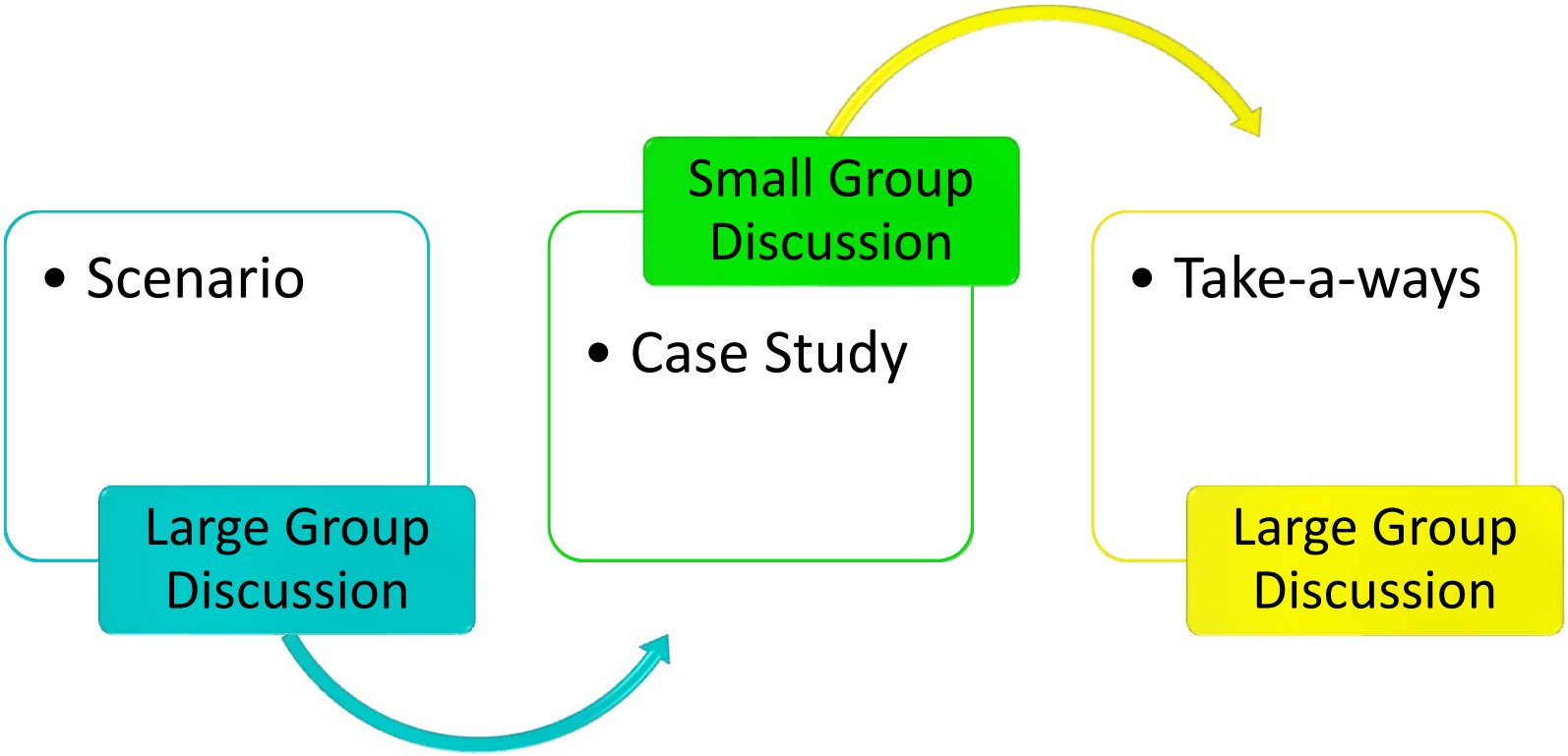
GROUP ACTIVITY!

HEATHER SMITH, KDHE

KAYZY BIGLER, KDHE

GROUP PROCESS



PRIORITY #6: CYSHCN

PRIORITY #6: Services are comprehensive and coordinated across systems and providers.

NPM: Medical Home

A single father has recently moved to Kansas and is raising his infant child. At this time, the family does not have a consistent medical provider.

How would you connect this family to a medical home?

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Lunch & Networking

PRIORITY #1: WOMEN/MATERNAL

PRIORITY #1: Women have access to and receive coordinated, comprehensive service before, during and after pregnancy.

NPM: Well Woman Visit

Woman presents at the local health department. During the intake, she indicates that she has not had her annual preventive check-up.

What could be barriers to her not receiving this care?

PRIORITY #3: PERINATAL/INFANT

PRIORITY #3: Families are empowered to make educated choices about infant health and well-being.

NPM: Breastfeeding

During an appointment, the OB/GYN discusses breastfeeding goals with a patient.

What challenges might need to be considered in terms of helping her with her goal?

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BREAK

PRIORITY #2: CHILD

PRIORITY #2: Developmentally appropriate care and services are provided across the lifespan.

NPM: Developmental Screening

Family presents to their medical home for an appointment with their 11 month old child. Parents report they have never completed the ASQ-3 or ASQ-SE.

What could be factors as to why?

PRIORITY #4: ADOLESCENTS

PRIORITY #4: Communities and providers support physical, social and emotional health.

NPM: Adolescent Well Visit

Family presents to their medical home for an appointment with their 15 year old teen.

What types of screenings or education should be provided during the visit?

PRIORITY #7: CROSS-CUTTING

PRIORITY #7: Information is available to support informed health decisions and choices.

SPM: Health Literacy

You are at the doctor and they are giving you test results. The doctor is explaining what your diagnosed condition is and what the next steps need to be.

What are factors the doctor should consider in assuring you understand the condition and their directives?

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Announcements

KDHE & KMCHC MEMBERS

MCH Opportunity Project

The Why: Some Kansas mothers, children, and families have much poorer health outcomes

Project Aim: Support local efforts to assure equal opportunities for health

Eligibility: 5-10 local MCH partnering agencies

Due Date: May 2019

Applications Available: SOON! (~4/15)

CENTER FOR COMMUNITY HEALTH & DEVELOPMENT
The University of Kansas

Kansas Department of Health and Environment

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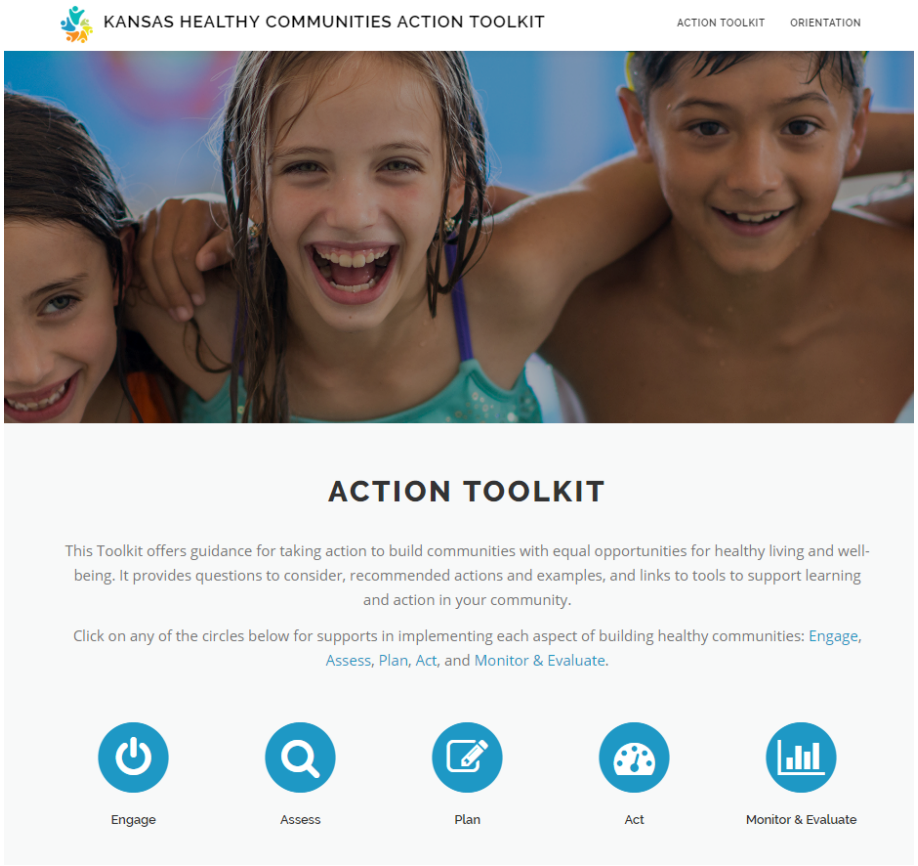
A program of KDHE

HE Collaborative: Action Toolkit

- Offers guidance for taking action to build communities with equal opportunities for healthy living and well-being
- Provides questions to consider, recommended actions and examples, and links to tools to support learning and action in your community
- https://ksactiontoolkit.org



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Next Meeting Date
July Agenda

JULY 31, 2019

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Closing Remarks

KARI HARRIS, MD, STAND-IN CHAIR