

First
1000 Days
on Medicaid

Welcome & Agenda

Chad Shearer, Vice President for Policy, United Hospital Fund

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- Currently all lines are muted
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Meeting Agenda

Agenda Items	Time	Duration
1. Welcome and Agenda	12:30 pm	5 mins
2. Chairs' and Vice-Chairs' Welcome	12:35 pm	10 mins
3. DOH Welcome and Update	12:45 pm	5 mins
4. Project Implementation Progress and Next Steps	12:50 pm	35 mins
5. Discussion	1:25 pm	30 mins
6. Closing	1:55 pm	5 mins

Welcome

Nancy Zimpher, Co-Chair, First 1000 Days on Medicaid

Renee Rider, On behalf of Co-Chair Commissioner MaryEllen Elia

Welcome

Kate Breslin, Vice-Chair, First 1000 Days on Medicaid

Jeff Kaczorowski MD, Vice-Chair, First 1000 Days on Medicaid

DOH Welcome & Update

Donna Frescatore, Medicaid Director and Executive Director, NY State of Health

First 1,000 Days on Medicaid: DOH Leaders

- Donna Frescatore, Medicaid Director
- Liz Misa, Deputy Medicaid Director
- Dr. Douglas Fish, Medical Director, NY State Department of Health
- Dr. Stephen Cook, Medical Director, NY State Department of Health
- Kimberly Jones, Project Manager, NY State Department of Health

Implementation: Progress & Next Steps

Douglas Fish, MD - Medical Director
Office of Health Insurance Programs
NY State Department of Health

First 1,000 Days on Medicaid: 10-Point Plan

Final Rank	Proposal Description
1	Proposal 17: Braided Funding for Early Childhood Mental Health Consultations
2	Proposal 10: Statewide Home Visiting
3	Proposal 1: Create a Preventive Pediatric Clinical Advisory Group
4	Proposal 4: Expand Centering Pregnancy
5	Proposal 2: Promote Early Literacy through Local Strategies
6	Proposal 14: Require Managed Care Plans to have a Kids Quality Agenda
7	Proposal 5: New York State Developmental Inventory Upon Kindergarten Entry
8	Proposal 20: Pilot and Evaluate Peer Family Navigators in Multiple Settings
9	Proposal 18: Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy
10	Proposal 16: Data System Development for Cross-Sector Referrals

Status Updates

Early literacy through local strategies—to improve early language development by expanding “Reach Out and Read” in pediatric primary care

- *Consultation with national Reach Out and Read organization and state literacy experts to inform program design*

Developmental inventory upon kindergarten entry—to create standard measurement tool(s) for use at that milestone

- *SED survey to education providers completed; cross-agency discussions underway before launching 2019 stakeholder committee*

Peer family navigators in multiple settings—to launch pilot projects, in homeless shelters, drug treatment programs, and other settings, to help hard-to-reach families connect to resources

- *Identified state agency partners and relevant research for implementation design; coordinating with Kids’ BH rollout*

Parent/caregiver diagnosis as eligibility criterion for dyadic therapy—to allow children’s Medicaid enrollment to cover a proven parent/child therapy model based solely on a parent’s mood, anxiety, or substance use disorder diagnosis

- *Finalizing research on dyadic therapy statewide and other state approaches; Medicaid Update being drafted and reviewed*


Data system development for cross-sector referrals—to develop a screening and referral data system that connects families to nearby health and social services

- *Ongoing research efforts and alignment of pilot design with VBP and Social Determinants of Health efforts*

#17 Braided funding for Early Childhood Mental Health Consultations

This is a proposal for the Office of Health Insurance Programs to convene a cross-agency design committee to explore a braided funding approach for paying for mental health consultation services to early childhood professionals in early care and education settings.

- *DOH Lead: Jonathan Lang*
- *Partners: NYC DOHMH, OMH, OASAS, OCFS, OPWDD, SED, CCF*

 Government workgroup convened on Jan 23, 2019. Three more meetings planned for the year.

 Workgroup charged with:

- Completing an analysis of each agency's current Early Childhood Mental Health Consultations (ECMHC) programs and policies;
- Identifying gaps in current service provision;
- Identifying opportunities for interagency collaboration to improve the current state of ECMHC by leveraging existing resources;
- Determining what additional resources would be required to implement ECMHC in NY; and
- Developing recommendations on how to best use existing resources and develop new resources

#10 Statewide Home Visiting

This proposal is for New York Medicaid to take several significant steps to ensure the sustainability of home visiting in New York, so every child and pregnant woman who is eligible and desiring of the services, receives them.

- DOH Leads: Dr. Steve Cook and Emily Steinbach
- Partners: Office of Public Health – Division of Family Health, Office of Children & Family Services
- ☑ Existing NY home visiting efforts have been catalogued, and other state approaches have been researched
- ☑ Stakeholder workgroup, chaired by Kari Siddiqui from the Schuyler Center for Analysis and Advocacy and Kara Williams from the Allyn Family Foundation, launched on Feb 6 (this morning!)
- ☑ Workgroup charge: Identify key reimbursement and programmatic barriers to the spread of home visiting, recommend solutions, and inform DOH's development of a pilot program that uses a risk - stratification approach to spread evidence-based models across high-risk communities.

#4 Expand Centering Pregnancy

This proposal is for Medicaid to support a pilot project in the neighborhoods/communities of poorest birth outcomes to encourage obstetrical providers serving Medicaid patients to adopt the Centering Pregnancy group-based model of prenatal care, which has shown dramatic improvements in birth-related outcomes and reductions in associated disparities.

- DOH Lead: Dr. Khalil Alshaer
- Partners: DOH Office of Quality & Patient Safety, Island Peer Review Organization (IPRO), Centering Healthcare Institute (CHI)

- ☑ Data on maternal and infant outcomes used to identify high-risk Counties (10 Counties and NYC)
- ☑ Potential pilot sites were identified through collaboration with CHI and Medicaid managed care plans that are interested in the pilot. In addition, any clinic located in any of the high risk Counties is also welcome to apply.
- ☑ Pilot will focus on 2 key measures: low birth weight and rates of preterm birth, in addition to other maternal health outcome measures that might be impacted by the Centering Pregnancy model.
- ☑ Program and financing details being finalized; expect to launch pilot in mid 2019.

#14 Require Managed Care Plans to have a Kids Quality Agenda

Under this proposal, the Department of Health would develop a two-year effort to improve managed care plan performance on children and perinatal health care quality measures.

- DOH Lead: Dr. Khalil Alshaer
- Partners: DOH Office of Quality & Patient Safety, Island Peer Review Organization

- ☑ Managed care Performance Improvement Plans (PIP) strategy (“Kids Quality Agenda”) will focus on 3 measures:
 - Newborn hearing screening and follow up
 - Lead screening and follow up
 - Developmental screening


- ☑ *All* managed care plans will participate


- ☑ Performance improvement period will run from February 2019 – December 2020; final reporting July 2021


#1 Create a Preventive Pediatric Care Clinical Advisory Group

This proposal is to convene a clinical advisory group charged with developing a framework for how best to organize well-child visits/pediatric care in order to implement the Bright Futures Guidelines (the American Academy of Pediatrics standard of care).

- DOH Lead: Dr. Douglas Fish
- Partners: Office of Quality & Patient Safety, Office of Public Health-Division of Family Health

 The Clinical advisory group, chaired by Dr. Mary McCord of Gouverneur Health and Dr. Dennis Kuo of University of Buffalo, convened 5 times in 2018

 The group has completed a report to the New York Medicaid program that includes a description of an enhanced care model for pediatrics and implementation recommendations.

 The report has been endorsed by NYS AAP (District II) and accepted by the Department of Health

Care Model Description

Three core components that build upon the traditional PCMH model:

1. Higher standards for comprehensive, well-child care that call for the integration of evidence-based interventions to support optimal growth and development;
2. Care coordination/case management capacity for navigating across medical services and social determinants of health to include other supporting roles such as community health workers and peer navigators, and engagement with faith-based organizations; and
3. Integrated behavioral health care that is sensitive to the relationship between the health care practitioner and family, culturally sensitive, age appropriate, and 2-generational.

Recommendations (in brief)

1. **Embrace** the NYS Model of Pediatric Population Health.
2. **Continue to invest** in the core programs that comprise the NYS Model of Pediatric Population Health and fill funding gaps.
3. **Pilot** the NYS Model of Pediatric Population Health with the goal of defining an alternative payment model that supports this population health-based model of primary care for children.
4. **Interpret primary care patient-centered medical home (NYS PCMH) standards** for pediatrics, and advance health and education collaborations to improve the baseline performance for all NYS pediatric practices.
5. **Track progress** toward implementing the NYS Model of Pediatric Population Health and its impact on children's health, development, and well-being.

Next Steps for Pediatric CAG

- Report submitted to and accepted by the New York State Department of Health
- Disseminate the report
- Subgroup of the Preventive Pediatric Care is working on one of the recommendations to develop a list of existing, evidenced-based and evidence-informed, effective NYS efforts that currently support care consistent with this model of Pediatric Population Health.
- Recommendation to join with the Children's Value Based Payment Clinical Advisory Group

Additional Initiative Activities

- DOH and OQPS evaluation plan
- Albany Connections pilot
- Leveraging philanthropy: Pritzker Foundation with Rockefeller Institute of Government, potentially others
- Maternal health initiatives: Efforts to reduce maternal mortality and racial disparities, promote maternal health, reduce and treat maternal depression

Discussion

Closing

Nancy Zimpher, Co-Chair, First 1000 Days on Medicaid

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