NEW YORK STATE | Department of Health

Children's Health

Subcommittee/Clinical Advisory Group (CAG) Meeting

Spring 2019

Webinar Instructions

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- During discussion periods we will unmute individuals with raised hands for comments and questions
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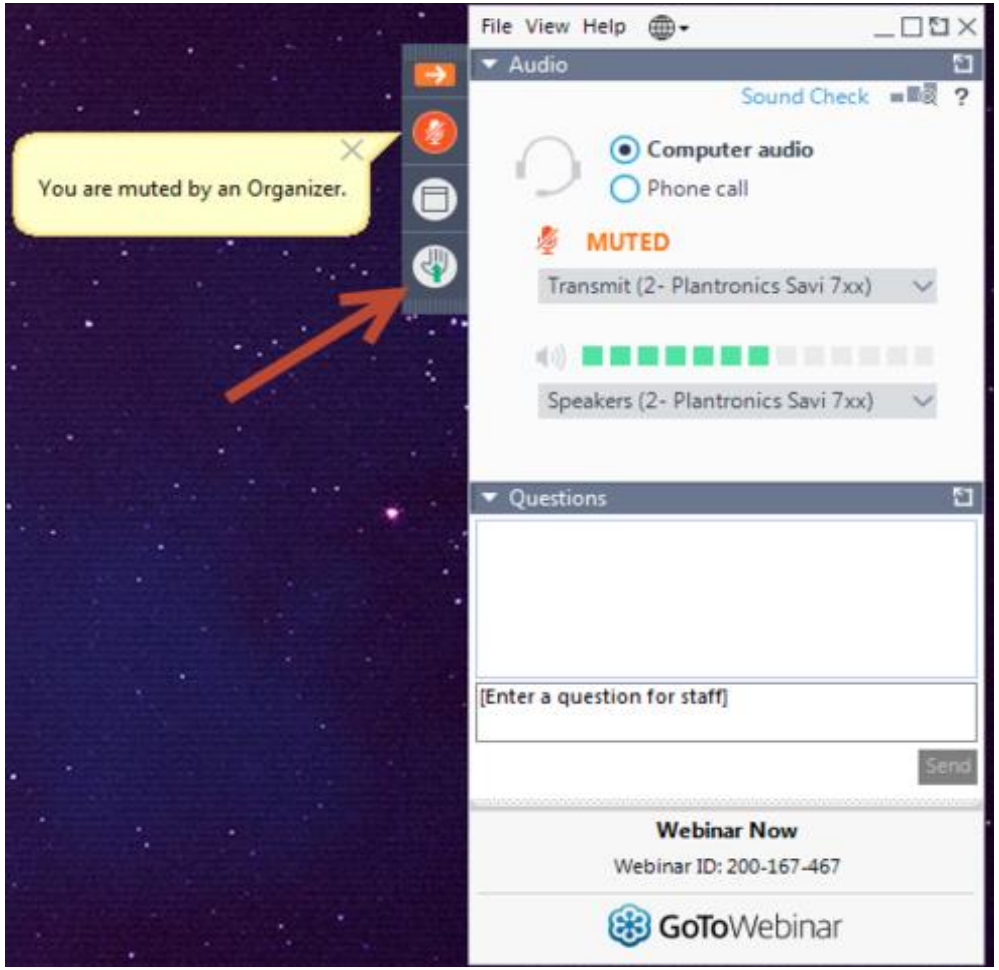


Agenda

1. Co-Chair Welcome **10 min**
- Goals for Today
- Children's Value Based Payment in New York State Process Overview

2. Introduction: DOH Approach to Children's VBP **10 min**
- Reminder of Core Principles
- Overview of DOH Approach to Children and VBP

3. Preventive Pediatric Care CAG **15 min**
- Origin
- Proposed Model and Recommendations

4. Integrated Care for Kids (InCK) Federal Opportunity **15 min**

5. Questions **10 min**

6. Crosswalk Between InCK Opportunity and NYS Efforts **20 min**

7. Discussion **35 min**

8. Next Steps **5 min**

Section 1: Co-Chair Welcome

- ***Kate Breslin***, *President and CEO, Schuyler Center for Analysis and Advocacy*
- ***Jeffrey Kaczorowski, MD***, *Professor of Pediatrics, University of Rochester; Senior Advisor, The Children's Agenda*

Goals for Today

1. Review principles and process for creation of a Children's VBP model

2. Discuss parallel effort to further define a "preventive pediatric primary care" model

3. Discuss one opportunity to test a pediatric delivery system model with a new payment model

4. Learn what additional innovations related to pediatric delivery system models and payment are being pursued across New York's communities/regions

Children's VBP Process: Overview

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

Milestones

Aug 2017

Children's VBP Subcommittee submits recommendations to NYS VBP Workgroup – quality measures accepted, payment principles accepted

Aug 2017

First 1,000 Days on Medicaid Initiative launches

June 2018

Preventive Pediatric Primary Care Clinical Advisory Group formed to outline "Advanced Pediatric Primary Care" model

Jan 2019

Preventive Pediatric Primary Care Clinical Advisory Group finishes work – recommends piloting primary care model using Children's VBP Subcommittee principles for payment

June 2019

NYS applying for Integrated Care for Kids federal demonstration project and exploring other opportunities to pilot a children's delivery system and payment reform approach

Section 2: Introduction to DOH Approach to Children's VBP

- ***Ryan Ashe**, Director, Medicaid Payment Reform and Healthcare Innovation, Office of Health Insurance Programs*
- ***Lindsay Cogan**, Director, Division of Quality Measurement, Office of Patient Quality and Safety*

Reminder: Children's VBP Principles

- Children are not "little adults." Children represent a unique population and with that, have a unique set of needs that will inform development of a child and their trajectory over the next critical phases of their life.
- Healthy growth and development of children today will bring long-term value to Medicaid and other public systems, including but not limited to education, child welfare, and juvenile justice. For these reasons a longer horizon for assessing cost savings must be considered.
- The payment model must allow and enable prospective capitated payment to support pediatricians and providers.

Reminder: Children's VBP Principles (cont.)

- Access to high-quality primary care is essential, and access to specialty care—especially for maternal and child behavioral health—should be integrated into primary care settings.
  - Community based organizations play a critical role in child care.
- Addressing social determinants of health and mitigating the effects of adverse childhood experiences is critical.
- Current investment in children's health may not be enough to fully meet the unique needs of children.
- Children with complex medical needs require highly specialized care.
  - This cohort would require a separate VBP arrangement.

VBP Contract Quality Measurement Analysis

- OQPS examined 53 VBP contracts from 15 MCOs created/modified between 2016 – 2018. The review indicated that 81% of the contracts clearly indicated one or more quality measures used in determining a shared savings calculation.

NYS VBP Children's Quality Measures	Unique Appearances in VBP Contracts	Unique Appearances as % of total contracts with Specific Shared Savings Quality Measures (N = 43)
Adolescent Well-Care Visits	29	67%
Well-Child Visits in 3rd – 6th Years of Life	28	65%
Chlamydia Screening in Women – Total	21	49%
Annual Dental Visit – Total	20	47%
Well-Child Visits in the first 15 months of life	17	40%

Immediate: Proposed Roadmap Requirements for 2019

- Managed Care Organizations (MCOs) (excluding MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must include at least one CAT 1 P4P measure for each of the following domains:

    i. **Children's**
    ii. Integrated Primary Care
    iii. Mental Health
    iv. Substance Use Disorder
    v. HIV/AIDS
    vi. Maternity

- MCOs and providers that engage in VBP arrangements are encouraged to collaborate with third party partners to identify and secure investment and support for SDH interventions.

Proposed 2019 Updates to VBP Roadmap

- The Department of Health is in the process of updating the NYS Value Based Payment (VBP) Roadmap for submission to the Centers of Medicare and Medicaid Services (CMS)

- Updated text is available online at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2019/docs/2019-06_redline_version.pdf

- Feedback on the proposed updates are due to vbp@health.ny.gov by **5pm on Tuesday, May 28, 2019.**

- Discussion of Children's VBP Arrangement can be found on pages 2, 16 – 17, 42, 56, 67

Longer Term: Pursue Children-Specific VBP Development

"The Center for Medicare and Medicaid Innovation (Innovation Center) is announcing a new model, tested under the authority of section 1115A of the Social Security Act, as part of a multi-pronged strategy to combat the nation's opioid crisis. The **Integrated Care for Kids (InCK) Model** is a child-centered local service delivery and state payment model aimed at reducing expenditures and improving the quality of care for children covered by Medicaid and the Children's Health Insurance Program (CHIP) through prevention, early identification, and treatment of priority health concerns like behavioral health challenges and physical health needs. The models will offer states and local providers support to address these priorities through a framework of child-centered care integration across behavioral, physical, and other child providers." – CMMI Fact Sheet on InCK model

Source: Charles Bruner, BrunerChildHealthEquity LLC, InCKMarks website: http://www.inckmarks.org

Section 3: Preventive Pediatric Care Clinical Advisory Group

- ***Mary McCord, MD**, NYC Health + Hospitals/Gouverneur*
- ***Dennis Kuo, MD**, University at Buffalo*

Background

NY's First 1,000 Days on Medicaid initiative included a proposal to form a "Preventive Pediatric Care 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).

- The Clinical advisory group was chaired by Dr. Mary McCord of Health + Hospitals/Gouverneur and Dr. Dennis Kuo of University at Buffalo
- Dr. Douglas Fish was the NYS DOH lead in partnership with the NYS Office of Quality & Patient Safety and Office of Public Health-Division of Family Health
- The CAG convened 5 times in 2018
- The group submitted a report to the New York Medicaid program that included a description of an enhanced care model for pediatrics and implementation recommendations

➢ NYS AAP (District II) endorsed the report and NYS Department of Health accepted it. It is awaiting release.

Strengthening Pediatric Primary Care is a *Population Health Opportunity*

- Take advantage of Pediatric Primary Care's nearly universal and frequent access to families in the earliest years of life
- Focus on social/emotional and developmental outcomes – they drive many other outcomes
- Value models that contribute to cross-sector and long-term outcomes
- Science supports "2 Generation" and "Life-course" informed models
  - Substantial evidence that improving child outcomes and achieving health equity require addressing family needs holistically (e.g. helping caregiver and child) while supporting families to address the broad social, economic, and environmental factors that are the underlying causes of persistent inequities

NYS Model of Pediatric Population Health

Three core components to children's primary care that build upon the traditional patient-centered medical home 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.

Note: "Pediatric" refers to all providers of primary care for children, including family medicine practitioners.

Key Features of the Model

- Health equity among all children and families
- Two-generational, trauma-informed, culturally competent care
- Integrated behavioral health care
- Risk stratification to ensure that care is targeted to family need
- Promotion of community linkages
- Practice transformation to address social determinants of health related to poverty, racism and other environmental influences

Roadmap for How NYS Can Realize This Vision

- Equip primary care practices and managed care organizations with resources to promote optimal development of the child
- Focus health promotion efforts on family resiliency and protective factors
- Develop primary care payment models linked to health and developmental outcomes that will support this model of care
- Use trackable, cross-agency population health measures for optimal developmental and social-emotional outcomes
- Focus resources, trainings, and practice transformation assistance from the New York State Patient-Centered Medical Home program on child health and development, including
  - developmental and psychosocial screening
  - screening for family needs
  - cross-agency care management
  - integrated data systems
  - multi-generational, integrated behavioral health care

Recommendations to NYS Department of Health and Partner Agencies

1. Embrace the NYS Model of Pediatric Population Health
2. Continue to invest in existing programs that provide core services in the NYS Model of Pediatric Population Health and fill funding gaps
3. **Pilot an alternative payment model that supports the NYS Model of Pediatric Population Health**
4. Interpret NYS patient-centered medical home (NYS PCMH) standards for pediatrics, focusing on the NYS Model of Pediatric Population Health
5. Track progress toward implementing the NYS Model of Pediatric Population Health and its impact on children's health, development, and well-being

Section 4: Integrated Care for Kids (InCK) Opportunity

- ***Douglas G. Fish, MD**, Medical Director, Division of Medical and Dental Directors, Office of Health Insurance Programs*
- ***Stephen Cook, MD**, Medical Director, Division of Medical and Dental Directors, Office of Health Insurance Programs*

Overview

- New *Integrated Care for Kids* (InCK) model is the first Centers for Medicare and Medicaid Innovation (CMMI) funding effort to focus specifically on kids
- Through a competitive process, 8 states will be awarded up to $16 million over 7 years
- Funds are to design and test an alternative payment model and integrated service delivery models for children prenatal to age 21 within a specific, sub-state geographic region

"The Integrated Care for Kids (InCK) Model is a **child-centered local service delivery and state payment model** aimed at **reducing expenditures and improving the quality of care** for children covered by Medicaid and the Children's Health Insurance Program (CHIP) through **prevention, early identification, and treatment of priority health concerns** like behavioral health challenges and physical health needs."

-CMMI Fact Sheet on Integrated Care for Kids Model: http://www.inckmarks.org/docs/CMMI-Fact-Sheet.pdf

Three Entities Must Be Engaged

Medicaid Agency
- Partner with Lead Organization
- Responsible for Alternative Payment Model and data

Lead Organization
- Established entity
- Local convening of Partnership Council
- Responsible for implementation of delivery system model

Partnership Council
- Represent core service areas
- Formal relationships and engaged

Goals

The InCK Model will award states and local communities cooperative agreements to build on existing delivery system innovations with the goals of:

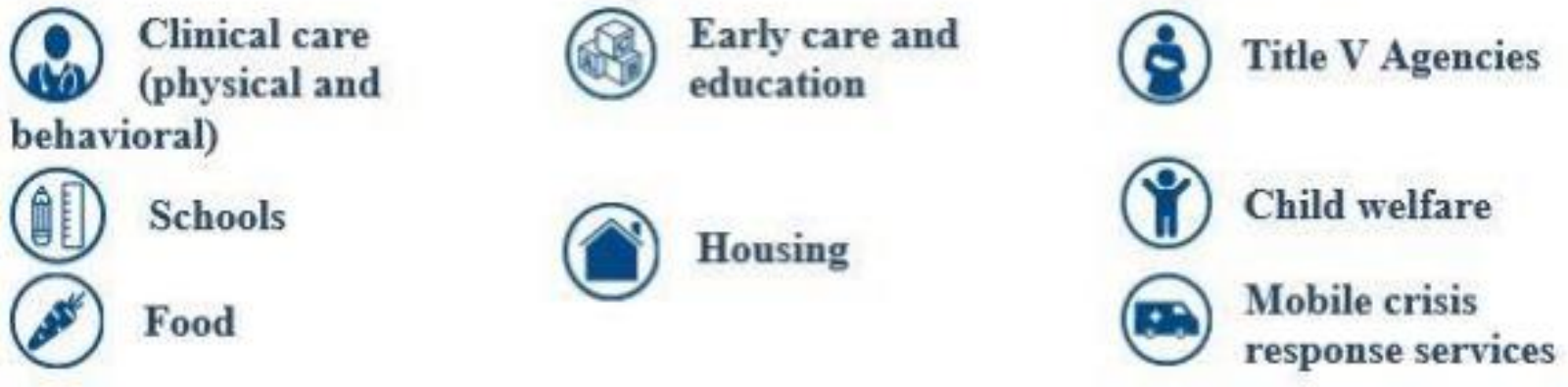
1. **Improving child health outcomes,**
   including preventing substance use disorder

2. **Reducing avoidable inpatient stays and out-of-home placements,**
   including substitute care (e.g. foster care)

3. **Create sustainable APMs**
   that ensure provider accountability for cost and quality outcomes

Core Service Elements

- Inclusion of **core child services** in service integration model



- **Service integration**: flexible but must include streamlined and coordinated eligibility and enrollment processes; mobile crises response services

- **Risk stratification and tiered service delivery:** integrated care coordination and case management levels of increasing intensity appropriate for individual needs

Alternative Payment Model (APM) Elements

- Awardees are required to design and implement one or more child-focused Medicaid APMs for all or a subset of children in the defined geographic area
- States with existing APMs may instead alter those APMs as necessary to meet the CMMI model's criteria
- APMs should support care coordination, case management, and mobile crisis response and stabilization services via existing state authorities available under Medicaid and CHIP
- The goals of the APMs are to:
  1) promote accountability for improved outcomes, such as rates of avoidable out-of-home placement and opiate use, and
  2) ensure the model's sustainability long-term.
- APM to be tested beginning in year 4

NYS Response to InCK Notice of Funding Opportunity

- In April 2019, DOH released a Request for Proposals for a lead partner
- Montefiore was highest scoring proposal
- Dr. Andrew Racine is Clinical Executive Sponsor, Stephen Rosenthal is Administrative Executive Sponsor, and Dr. Henry Chung is Senior Project Director
- NYS and Montefiore are assembling the application to now: due to CMMI on June 10

NYS Approach

Timeline

CAG Input

NYS DOH is working closely with Montefiore in the development of its proposal to CMMI. While the proposal details will need to be decided between Montefiore and the State, the key principles from the Preventive Pediatric Care Clinical Advisory Group and the Children's VBP Subcommittee will inform our proposal submission. Remember, if awarded InCK funds there will be a **two year** planning period for payment model design.

Section 5: Questions

- ***Douglas G. Fish, MD****, Medical Director, Division of Medical and Dental Directors, Office of Health Insurance Programs*
- ***Stephen Cook, MD****, Medical Director, Division of Medical and Dental Directors, Office of Health Insurance Programs*

Questions

Before we cross-walk the InCK opportunity with the Children's VBP Subcommittee deliberations and the Preventive Pediatric Care Clinical Advisory Group recommendations, are there any questions?

Section 6: Crosswalk Between InCK Opportunity and NYS VBP and Pediatric Primary Care CAG Efforts

- ***Suzanne Brundage,*** *United Hospital Fund*

Crosswalk: Goals and Population Focus

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Goals	• Improve child health • Decrease avoidable inpatient hospitalizations • Decrease out of home placements	**VBP North Star Framework:** • Improve child health through developmental stages approach • Decrease avoidable inpatient hospitalizations • Various indicators related to academic engagement/success • Decrease in reported cases of abuse and neglect
Population Focus	Pregnant women and all children (up to 21 years of age) covered by Medicaid residing within an awardee-specified (and CMS-approved), sub-state geographic service area	**VBP Recommendation:** Children who are in the bottom 90th percentile of the MCO´s overall cost/utilization distribution among its child members.

Crosswalk: Core Services

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Scope of services included in delivery model discussion	Core services must include (but not be limited to): (1) Clinical care (physical) (2) Clinical care (behavioral) (3) School district or equivalent (4) Housing (5) Food (6) Early care and education (7) Title V agencies (8) Child welfare (9) Mobile crisis response services	**VBP and PPC CAG:** Enhanced primary care services (consistent with North Star Framework and PPC CAG model), including connections to community resources

Crosswalk: Cross-Sector Service Coordination

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Service Delivery Model Component:		
Cross-sector service coordination	Emphasis is on coordination of child health services across physical and behavioral health providers and child core services (e.g., schools, food services) and intensive, team-based care management for children at-risk for, or already in, out of home placement	**VBP and PPC CAG:** Calls for care coordination/case management capacity (not necessarily practice-based) that can navigate across health services and child/family services. Calls out need for expertise in early childhood services and transition management for parents between prenatal care and pediatrics.

Crosswalk: Risk Stratification

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Service Delivery Model Component:		
Risk Stratification	Three tiers: Service Integration Level 1: All children Service Integration Level 2: Children with needs involving more than one service type and who exhibit a functional symptom or impairment Service Integration Level 3: Children in or at-risk of out-of-home placement	**PPC CAG:** Three tiers: Level 1: All children Level 2: Children with an identified need (or caregiver has an identified need). These needs, in their severity or singularity, are not considered “complex.” Level 3: Children or caregivers with complex needs

Crosswalk: Personnel, Crisis Response, Prevention, 2-Gen

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Service Delivery Model Component:		
Personnel	Use of “Service Integration Coordinators”	**VBP and PPC:** Use of care coordinators or care managers
Crisis hotline and mobile response unit	Mandatory	**VBP and PPC:** Not specifically mentioned
Universal Primary Prevention Program	Not required, although NOFO calls out importance of “preventive measures delivered during the earliest years of life”	**PPC:** At least one evidence-based program for primary prevention should be used in primary care
2-Generation Approaches	Incentivized but not mandatory	**VBP and PPC:** Identified as core to high-value pediatric primary care

Crosswalk: Payment Principles

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Alternative Payment Model Component:		
APM Guidelines/ Principles	1) Payment incentives should motivate providers to invest in and adopt new approaches to care delivery without facing financial/clinical risk they cannot manage; 2) Pediatric APMs should maximize long-term opportunities for returns on investment and reward short-term outcomes that contribute to managing long-term risk; and 3) It is essential to empower individuals and their families/caregivers as partners in health care transformation.	**VBP:** See principles on Slide 8

Crosswalk: APM Models and Approach to Risk

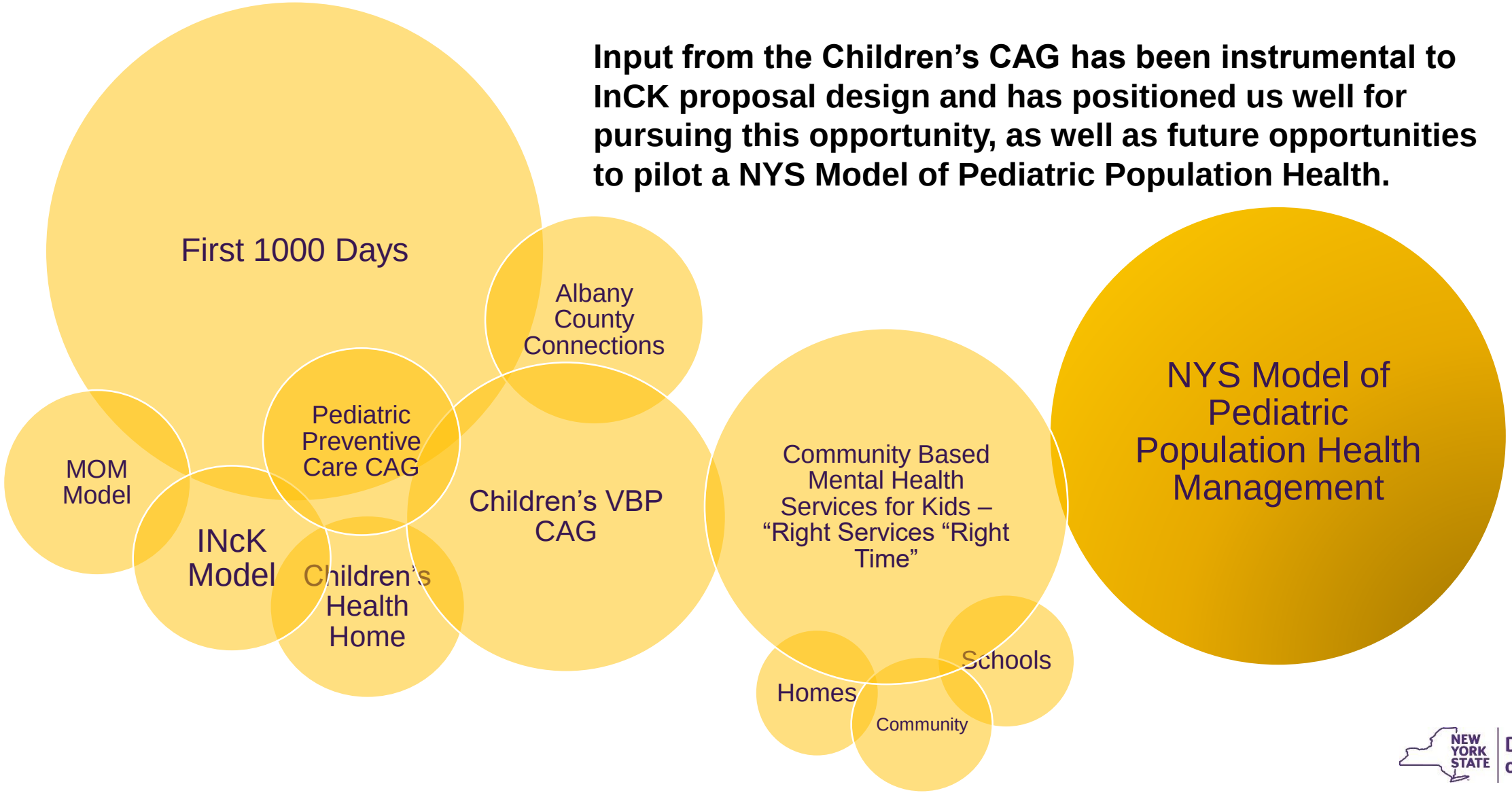
Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Alternative Payment Model Component:		
APM Population-Based Allowable Models	Options include prospective payment that reflects the total cost of care for: (1) broad array of pediatric services; (2) treating a primary (typically chronic) condition; (3) a more limited set of specialty services (e.g., primary care or behavioral health); or (4) Comprehensive pediatric care for the entire attributed population.	**VBP:** Prospective payment that supports primary care was recommended. The subcommittee recommended either a separate APM (or no APM) for children with complex medical conditions.
APM Approach to Risk Bearing	Downside financial risk not required; states that include a risk-sharing element can't use downside risk until model year 5	**VBP:** All levels allowed in NY VBP Roadmap but child principles state that payment models must allow subcapitation for primary care providers

Crosswalk: Quality Measurement

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
Use of Quality Measures	Quality measures required for monitoring state performance: Domain 1 – Clinical Care Measures Domain 2 – Care Coordination Domains 3 – 5: Education, Food Security, Housing	**VBP:** Recommended quality measures for use in payment model: Domain 1: 5 out of 8 InCK Domain 1 measures are in NY 2019 Children's Quality Measure set Domain 2: InCK care coordination measure not currently in use by NYS Domain 3: Kindergarten Readiness and Chronic Absence from School included as "Future measures" for VBP Domains 4 – 5: Measures not included in Quality measure set or measure recommendations

Moving Toward the NYS Model of Pediatric Population Health

Input from the Children's CAG has been instrumental to InCK proposal design and has positioned us well for pursuing this opportunity, as well as future opportunities to pilot a NYS Model of Pediatric Population Health.



Section 7: Discussion

- ***Kate Breslin***, *President and CEO, Schuyler Center for Analysis and Advocacy*
- ***Jeffrey Kaczorowski, MD***, *Professor of Pediatrics, University of Rochester; Senior Advisor, The Children's Agenda*

Discussion

Now that we've discussed the InCK opportunity, what other efforts are unfolding across the state to pursue children's VBP and delivery model innovations?

Section 8: Next Steps

- ***Kate Breslin***, *President and CEO, Schuyler Center for Analysis and Advocacy*
- ***Jeffrey Kaczorowski, MD***, *Professor of Pediatrics, University of Rochester; Senior Advisor, The Children's Agenda*

Next Steps

- Comments on proposed updates to the VBP Roadmap are due to vbp@health.ny.gov by **5pm on Tuesday, May 28, 2019.**

- Mid-summer webinar to review proposed NYS children's VBP quality measure set – date TBD

- Update on InCK proposal submission will be provided at that time

- CMMI will notify InCK applicants in December 2019 for a January 2020 start date

Thank you!

Options for sending questions and feedback:

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