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   Enter participant access code: 2093166
2. Phone in for the audio portion of the conference:
   1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:
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Healthcare Reform in Colorado: What About the Children?

PRESENTER

David Keller, M.D.
Professor and the first Vice Chair for Clinical Affairs and Clinical Transformation of the Department of Pediatrics of the University of Colorado School of Medicine and Colorado Children’s Hospital

MEETING HANDOUTS:
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Healthcare Reform in Colorado: What about the Children?

David Keller MD

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Department of Pediatrics, UC Denver SOM and
Children’s Hospital Colorado,
Denver CO
DISCLOSURE STATEMENT

Speaker: David Keller

Dr. Keller has documented that he has nothing to disclose.
Objectives

By the end of today’s session, you will be able to:

• Discuss the ways in which the health care landscape is changing nationally and within Colorado

• Describe how payment reform, quality measures and health information technology will affect your practice

• Outline challenges to assuring that changes in payment and practice improve the health of children
The Problem of Health Reform

- **Economic Problem**
  - 17.9% GDP and growing

- **Health Problem**
  - Not #1 Internationally

- **Business Problem**
  - Cost to employers
  - Cost to patients
  - Uninsured
  - Access down

The Proposed Solution:
March 23, 2010: PPACA Signed

- **Access:**
  - Getting people on insurance
  - Medicaid/Exchanges

- **Quality:**
  - Improving the quality of care
  - Set standards/Pay for meeting them

- **Cost:**
  - Bending the cost curve
  - Try things/Take them to scale
Shared Savings

Launch of “Illustrative” ACO

Projected Spending
Spending Benchmark

Shared Savings

Actual Spending
But for children: A small piece of the pie!

- 13% of total spend
- Savings may not be enough to fund transformation
- Outcomes
  - Take longer
  - Cross systems
  - Social determinants

*Total Health Spend, 2011, in $Billions*
How Do You Measure Success?

Several possibilities
- Structure
- Process
- Outcome
- Access
- Patient Experience

Each has particular challenges in child health
What’s Different about children?: The 5 D’s

In settings goals and establishing measures, children are different. CONSIDER:

- Developmental change
- Dependency
- Differential Epidemiology
- Demographic Patterns
- Dollars
PPACA is an Act of Federalism, Implemented State by State

- Congress: Provides the frame, and appropriates the money, from House to Senate to President
- Executive: Sets up the frame and spends the money

*But this frame needs the States!*

- Governors: Exchanges, Medicaid, Regulations, Workforce
- State Legislators: Exchanges, Programs, Regulations, Matching Funding
State Marketplace and Medicaid Expansion Decisions-2104

- New Mexico, Nevada, and Oregon are Federally-supported State-based Marketplaces for 2015.
- NOTES: In PA, coverage under the expansion will go into effect January 1, 2015.
What’s happening in Massachusetts?

Adapted from J Harris, Address to Safety Net Medical Home Initiative, 4/11/13

How’s the AQC working for children?

Adapted from Chien AT et al. Two-Year Impact of the Alternative Quality Contract on Pediatric Health Care Quality and Spending, Pediatrics 2014;133;96
Rhode Island is Different

How many Rhode Islands fit into each state?
Another approach: RI PCMH, for adults only?

- Data-driven practice transformation
- NCQA Level 3
- Nurse Case Manager on the team
- Common Contract
- All-payers involved
- PMPM paid on attributable lives
- PMPM based on performance
## Harmonized Measures of Change in Multiple Domains

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Diabetes HbA1C &lt; 8</th>
<th>Diabetes BP &lt;140/90</th>
<th>Diabetes LDL &lt; 100</th>
<th>Hypertension &lt;140/90</th>
<th>Tobacco Cessation</th>
<th>Adult BMI (18-64)</th>
<th>Adult BMI (65+)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>67%</td>
<td>75%</td>
<td>50%</td>
<td>68%</td>
<td>85%</td>
<td>50%</td>
<td>50%</td>
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<td>Pilot Sites</td>
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<td>68% (74%)</td>
<td>85% (81%)</td>
<td>56% (65%)</td>
<td>83% (76%)</td>
<td>85% (90%)</td>
<td>73% (66%)</td>
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<td>86% (73%)</td>
<td>55% (48%)</td>
<td>77% (67%)</td>
<td>86% (97%)</td>
<td>78% (17%)</td>
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<td>73% (79%)</td>
<td>45% (48%)</td>
<td>66% (72%)</td>
<td>99% (89%)</td>
<td>82% (93%)</td>
<td>86% (95%)</td>
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<tr>
<td>P-4</td>
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<td>78% (76%)</td>
<td>50% (48%)</td>
<td>72% (73%)</td>
<td>99% (95%)</td>
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<td>76% (70%)</td>
<td>45% (45%)</td>
<td>70% (63%)</td>
<td>91% (95%)</td>
<td>56% (30%)</td>
<td>69% (50%)</td>
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<td>Expansion Sites</td>
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<td>E-1</td>
<td>69% (66%)</td>
<td>74% (67%)</td>
<td>45% (42%)</td>
<td>74% (59%)</td>
<td>64% (46%)</td>
<td>35% (23%)</td>
<td>55% (39%)</td>
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<tr>
<td>E-2</td>
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<td>69% (76%)</td>
<td>88% (79%)</td>
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<td>60% (59%)</td>
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<td>E-3</td>
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<td>77% (52%)</td>
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<td>57% (16%)</td>
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<td>E-5</td>
<td>62% (64%)</td>
<td>79% (72%)</td>
<td>39% (29%)</td>
<td>72% (68%)</td>
<td>81% (76%)</td>
<td>53% (32%)</td>
<td>69% (41%)</td>
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<td>48% (51%)</td>
<td>81% (62%)</td>
<td>86% (53%)</td>
<td>57% (31%)</td>
<td>64% (41%)</td>
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<td>E-7</td>
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<td>67% (75%)</td>
<td>59% (59%)</td>
<td>66% (68%)</td>
<td>92% (85%)</td>
<td>68% (14%)</td>
<td>74% (30%)</td>
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<tr>
<td>E-8</td>
<td>51% (42%)</td>
<td>76% (77%)</td>
<td>41% (39%)</td>
<td>68% (67%)</td>
<td>94% (90%)</td>
<td>59% (28%)</td>
<td>60% (19%)</td>
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<td>Wave 1</td>
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<td>67% (59%)</td>
<td>73% (74%)</td>
<td>31% (21%)</td>
<td>65% (61%)</td>
<td>58% (19%)</td>
<td>51% (94%)</td>
<td>75% (94%)</td>
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<tr>
<td>E-10</td>
<td>65% (-)</td>
<td>78% (-)</td>
<td>48% (46%)</td>
<td>75% (15%)</td>
<td>88% (75%)</td>
<td>45% (9%)</td>
<td>60% (22%)</td>
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<tr>
<td>E-11</td>
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<td>59% (59%)</td>
<td>43% (34%)</td>
<td>48% (48%)</td>
<td>82% (21%)</td>
<td>36% (25%)</td>
<td>72% (31%)</td>
</tr>
</tbody>
</table>

**Legend:**
- **Green** = Attained Target Value
- **Light Green** = passed ½ way from baseline method
- **Red** = Not Attained Target Value

*Reported Score for Q12013 (Baseline score Q12012)*

*University of Colorado School of Medicine*
How are children faring in Rhode Island?

• Continued involvement driven by engagement
  • State organized initially around adult services, facilitated by Health Insurance Commissioner
  • Pediatricians persisted, advocating for inclusion
  • New initiative backed by Health and Human Services, Medicaid, insurers and Foundations

• Challenges remain
  • What are the measures that matter?
  • How does the transformed pediatric practice differ from the adult equivalent?
  • What is the pediatric medical neighborhood?
So What About Colorado?

- **The State of Health:** administration-wide commitment to making Colorado healthiest state in the nation
- **Senate Bill 208 Commission & Commission on Affordable Health Care:** bipartisan and public/private commitments to upgrade health policy
- **Comprehensive Primary Care Initiative (CPCI):** Convened public/private payers to engage in joint-decision making & develop data aggregation solution
- **Accountable Care Collaborative (ACC):** Colorado Medicaid advancing public sector delivery/payment reform
- **State Innovation Model (SIM):** engaged stakeholders around integrating Behavioral Health & Primary Care
The State of Health Framework

Promoting prevention & wellness
Helping individuals stay healthy or become healthier

Improving health system integration & quality
Eliminating barriers & working effectively within & across systems to ensure person-centered care

Expanding coverage, access & capacity
Ensuring individuals can access care at the right time & place

Enhancing value & strengthening sustainability
Redesigning financial incentives & infrastructure to focus on quality & value, not volume

State Innovation Model
ACC, RCCO and BHO
Focus on the Key Performance Indicators

Medicaid KPIs

- **ER Use:**
  - Mixed results
- **Rehospitalization:**
  - Improvements seen
- **High Cost Imaging:**
  - Doing OK
- **WCC**
  - Outreach strategy

- **Challenge is attribution**
Focus on Children with Medical Complexity: Coordinate All Resources Effectively (CARE)

10 hospitals within Children’s Hospital Association

Objective: Inform sustainable change in health care delivery through new payment models supporting improved care and reduced costs for children with medical complexity (CMC).

Goals:
1) improve the health and well-being of CMC and their families/caregivers
2) improve quality of health care for CMC
3) reduce health care costs through improved efficiency
## CARE Model: Tiered System of Care

<table>
<thead>
<tr>
<th>CMC TIER LEVEL</th>
<th>TIER 1 Community Pediatrician</th>
<th>TIER 2 Advanced Medical Home</th>
<th>TIER 3 Hospital Based Complex Care Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Children’s Health Status</strong></td>
<td>Typically stable with minimal impact on functional status</td>
<td>Health status varies from stable to unstable or slowly improving</td>
<td>Health status is unstable and health trajectory is declining or variable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sees two or more pediatric specialists; may require visits to ED or hospitalizations</td>
<td>• Followed closely by 3 or more pediatric specialists frequent ED visits hospitalizations</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>Children with asthma, ADHD, or uncomplicated epilepsy</td>
<td>Children with cerebral palsy with developmental delay, children with juvenile idiopathic arthritis</td>
<td>Children with chronic lung disease, complex epilepsy, developmental delay and feeding disorders or technologically dependent</td>
</tr>
<tr>
<td><strong>Location for Receiving services</strong></td>
<td>Pediatric or family practice office</td>
<td>Community based advanced medical home</td>
<td>Hospital-based complex care clinic</td>
</tr>
<tr>
<td><strong>Care Services Received</strong></td>
<td>Care Coordination, Team based care, shared goal and health information, family engagement, health care crisis intervention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Focus on rural CMC

- 10 Practices in RCCO 2:
- 78% of CMC

- SUNRISE COMM HEALTH CNTR
- PLAN DE SALUD DEL VALLE INC
- POUDRE VALLEY MEDICAL GROUP LLC
- NORTH COLORADO FAMILY MEDICINE
- BANNER HEALTH PHYSICIANS
- COLORADO I FAMILY CARE CLINIC
- OGD PC
- UNIVERSITY PHYSICIANS INC
- FAMILY PHYSICIANS OF GREELEY
- BRUSH FAMILY MEDICINE

- How do we help them?
And then, the State Innovation Model: There is a LOT going on in Colorado.
HIT, Data & Quality Measures
If You Can’t Measure It, You Can’t Improve It

**Quality measures:**

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Obesity</th>
<th>Tobacco</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Diabetes</td>
<td>Ischemic Vascular Disease (IVD)</td>
<td>Safety</td>
</tr>
<tr>
<td>Depression</td>
<td>Anxiety</td>
<td>Substance Use</td>
<td>Child Development</td>
</tr>
</tbody>
</table>

**Evaluation measures:**

<table>
<thead>
<tr>
<th>Population Health</th>
<th>Health Care Systems</th>
<th>Quality of Care</th>
<th>Quality Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs Statewide</td>
<td>Costs Region-wide</td>
<td>Costs Population-wide</td>
<td>Program Monitoring</td>
</tr>
<tr>
<td>Rapid-cycle Evaluation</td>
<td>Cost Reduction</td>
<td>Return on Investment</td>
<td></td>
</tr>
</tbody>
</table>
How are children faring in Colorado?

- Many processes, many silos
  - Children benefited from 2008 legislation
  - Multi-payer initiatives focused on adult care (HealthTeamWorks, CPCI)
  - Children currently in majority in the RCCOs

- Challenges remain
  - What are the measures that matter?
  - What is the measure of a medical home?
  - How does one integrate public and private sector initiatives?
  - Where do children fit into the State Innovation Model?
What about the 114th Congress?

• Elections have consequences
  • Senate and House are controlled by Republicans
  • White House remains Democratic
• Major health issues are still about adults
  • SGR fix
  • PPACA repeal
• What about the children?
  • CHIP reauthorization and reappropriation
  • Medicaid primary care “bump”
• Children are bipartisan, but not really on the radar
Take Home Message: What’s different for children?

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 and mental health outcomes
- Need to account for diversity and poverty
- Need to reward incent with more than shared savings

What’s that mean for the future?

*Be at the table, to assure focus on primary prevention and acute illness, not just chronic disease*

- Different than adults
  - Broaden focus to whole population
  - Focus on shared savings may disadvantage children

- The 5 D’s can help
  - Make networks appropriate for children
  - Maintain prevention and early intervention
What’s that mean for your practice?

• Learn to measure process and outcomes
• Develop QI and analytic infrastructure
• Ingrain the triple aim onto your practice
• Firm up your partnerships
• Develop capacity to coordinate care
• Don’t forget your roots
It’s a Moving Target: Stay Informed!

- Kaiser Health News: www.khn.org
- Health Reform GPS: www.healthreformgps.org
- AAP Federal Affairs: www.aap.org/advocacy/washing/mainpage.htm
- AHRQ Medical Home Site: http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483
- Patient Centered Care Collaborative: http://www.pcpcc.net/
- National Center for Medical Home: http://www.medicalhomeinfo.org