Arm in Arm: Partnering to Improve the Health of Children and Youth with Special Health Needs

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Marilyn Berardinelli BS
OCCYSHN, OHSU

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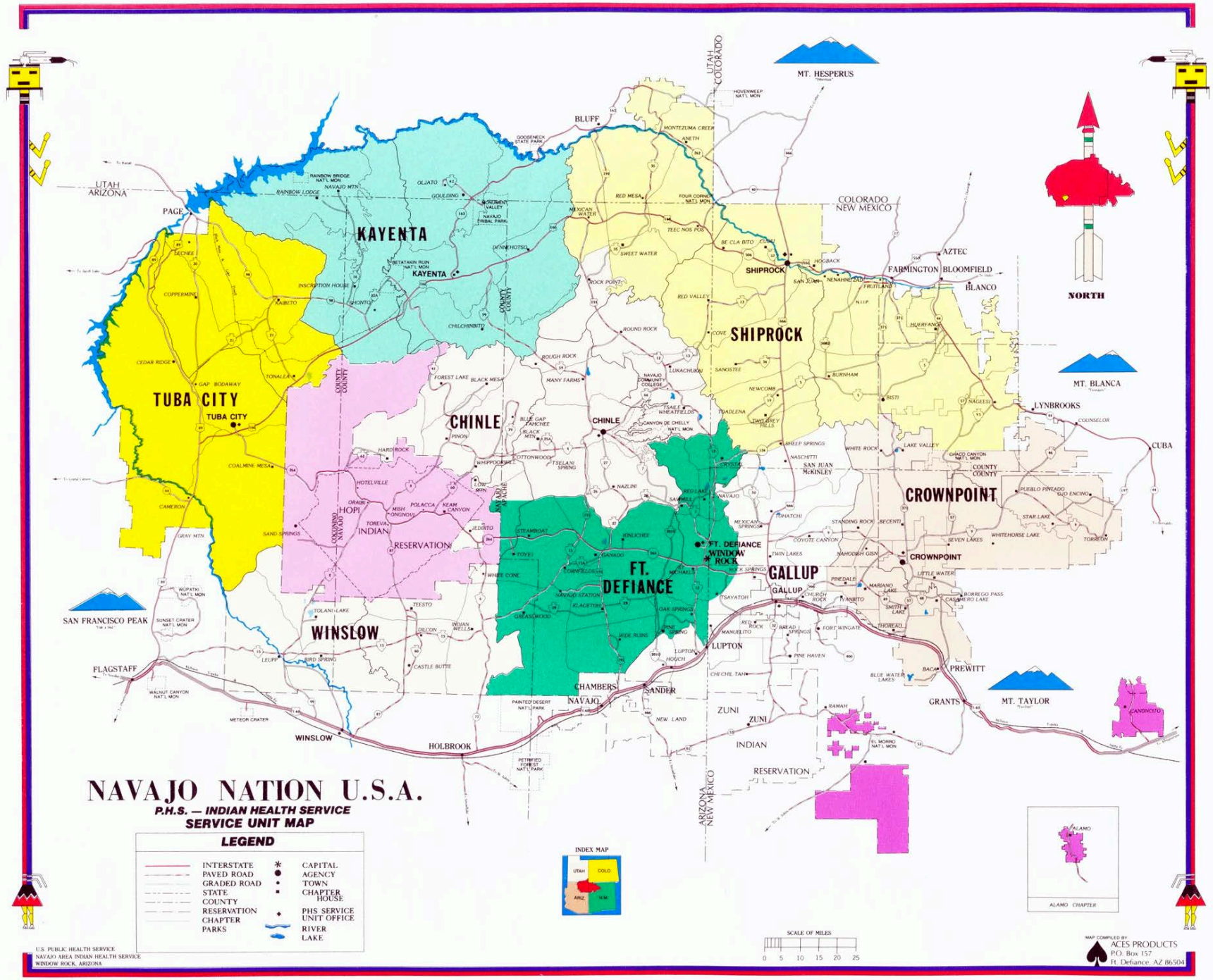
NAVAJO NATION U.S.A.
P.H.S. — INDIAN HEALTH SERVICE
SERVICE UNIT MAP
KAYENTA
TUBA CITY
CHINLE
SHIPROCK
CROWNPOINT
FT. DEFIANCE
GALLUP
WINSLOW
NORTH
MT. HESPERUS
MT. BLANCA
MT. TAYLOR
SAN FRANCISCO PEAK
UTAH
COLORADO
NEW MEXICO
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INDEX MAP
SCALE OF MILES
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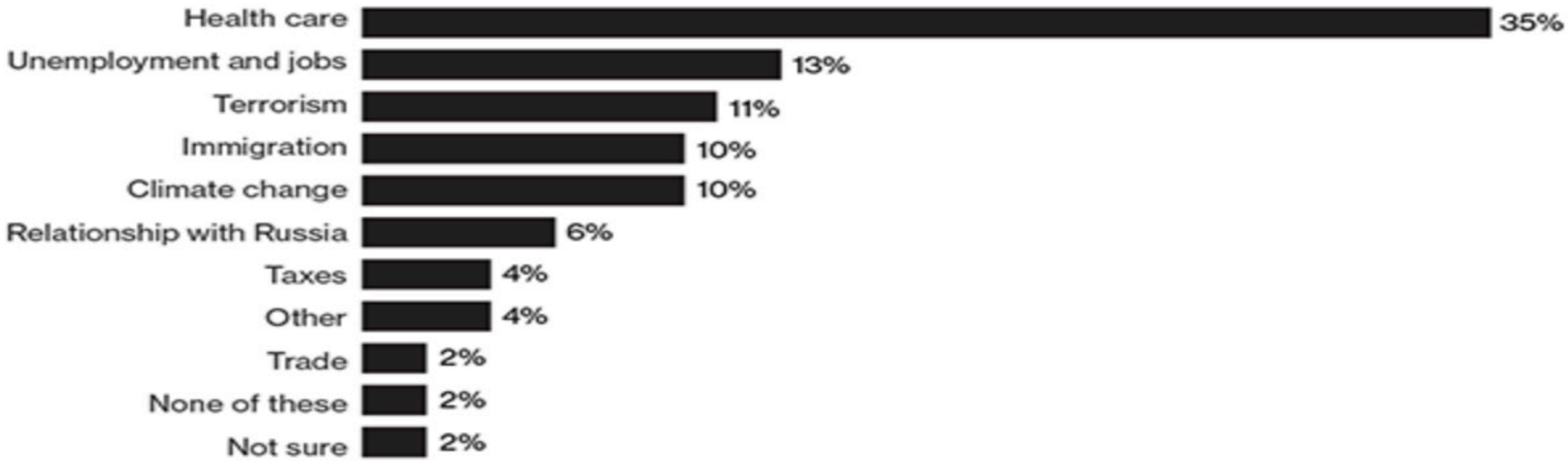
ALAMO CHAPTER
U.S. PUBLIC HEALTH SERVICE
NAVAJO AREA INDIAN HEALTH SERVICE
WINDOW ROCK, ARIZONA
MAP COMPILED BY
ACES PRODUCTS
P.O. Box 157
Ft. Defiance, AZ 86504

Top Issues for Americans

Which of the following do you see as the most important issue facing the country right now?



Note: Percentages may not add to 100 due to rounding.
Source: Bloomberg National Poll conducted by Selzer & Co. July 8-12, 2017, with 1,001 American adults. Margin of error +/- 3.1 percentage points.

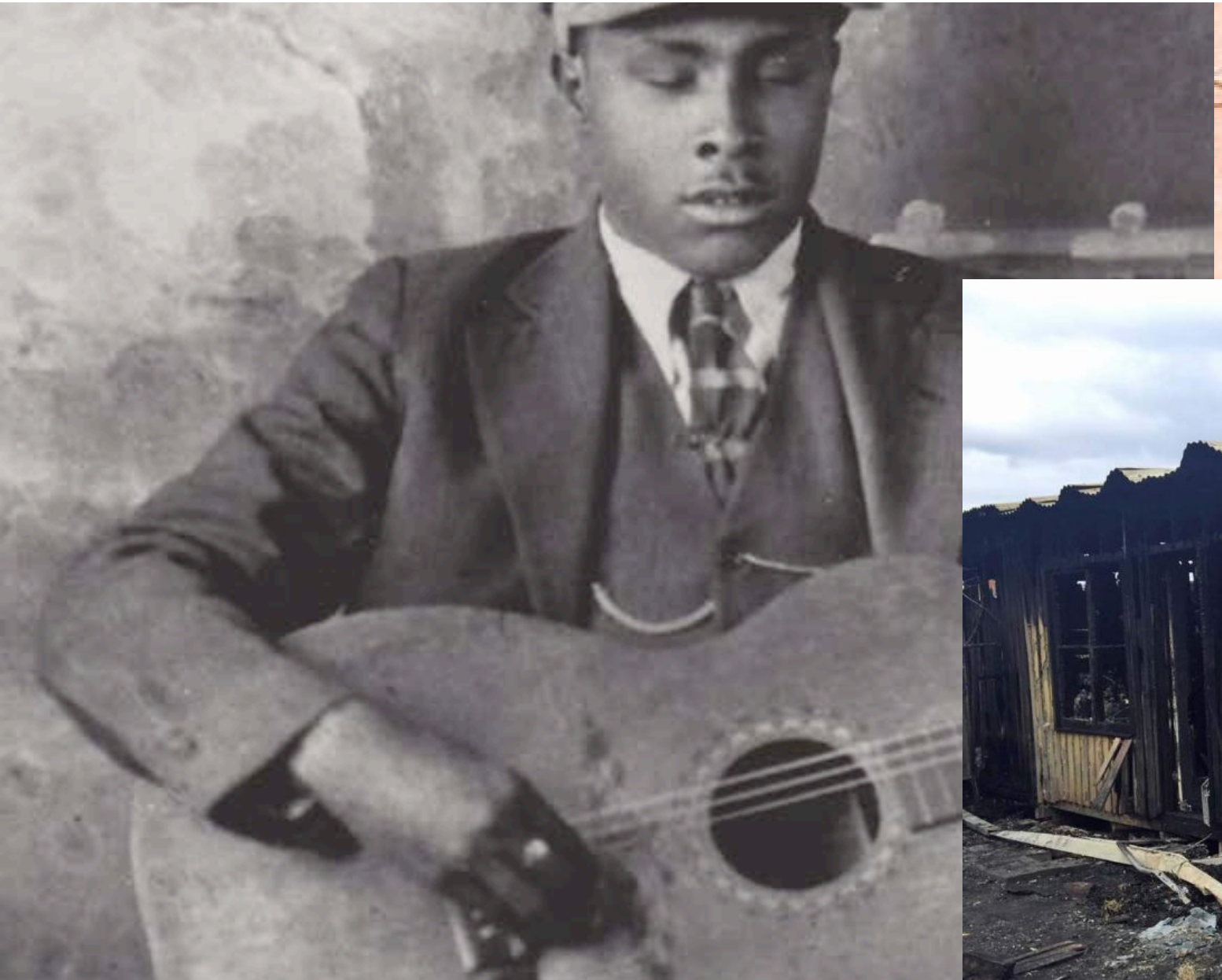
Bloomberg

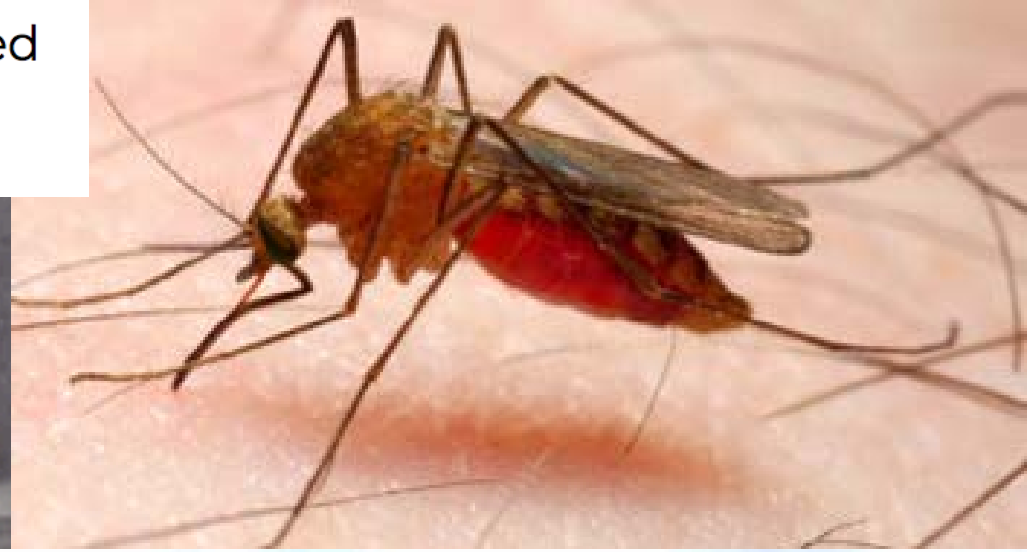
Health

Health

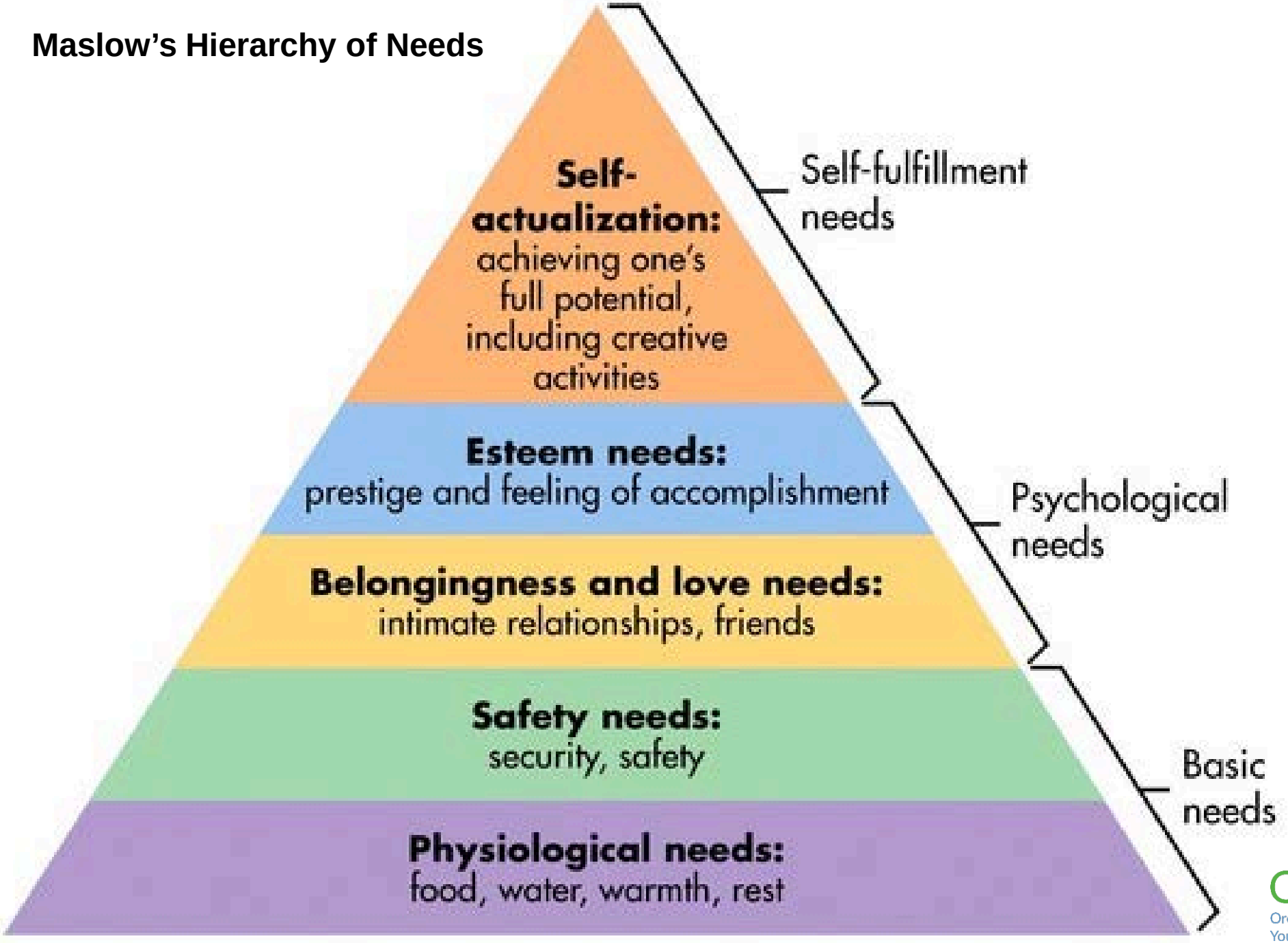
CARE

Johnson continued to sing and beg until, after his house burned down, he slept in its remains, contracted malaria, and died.





Maslow's Hierarchy of Needs

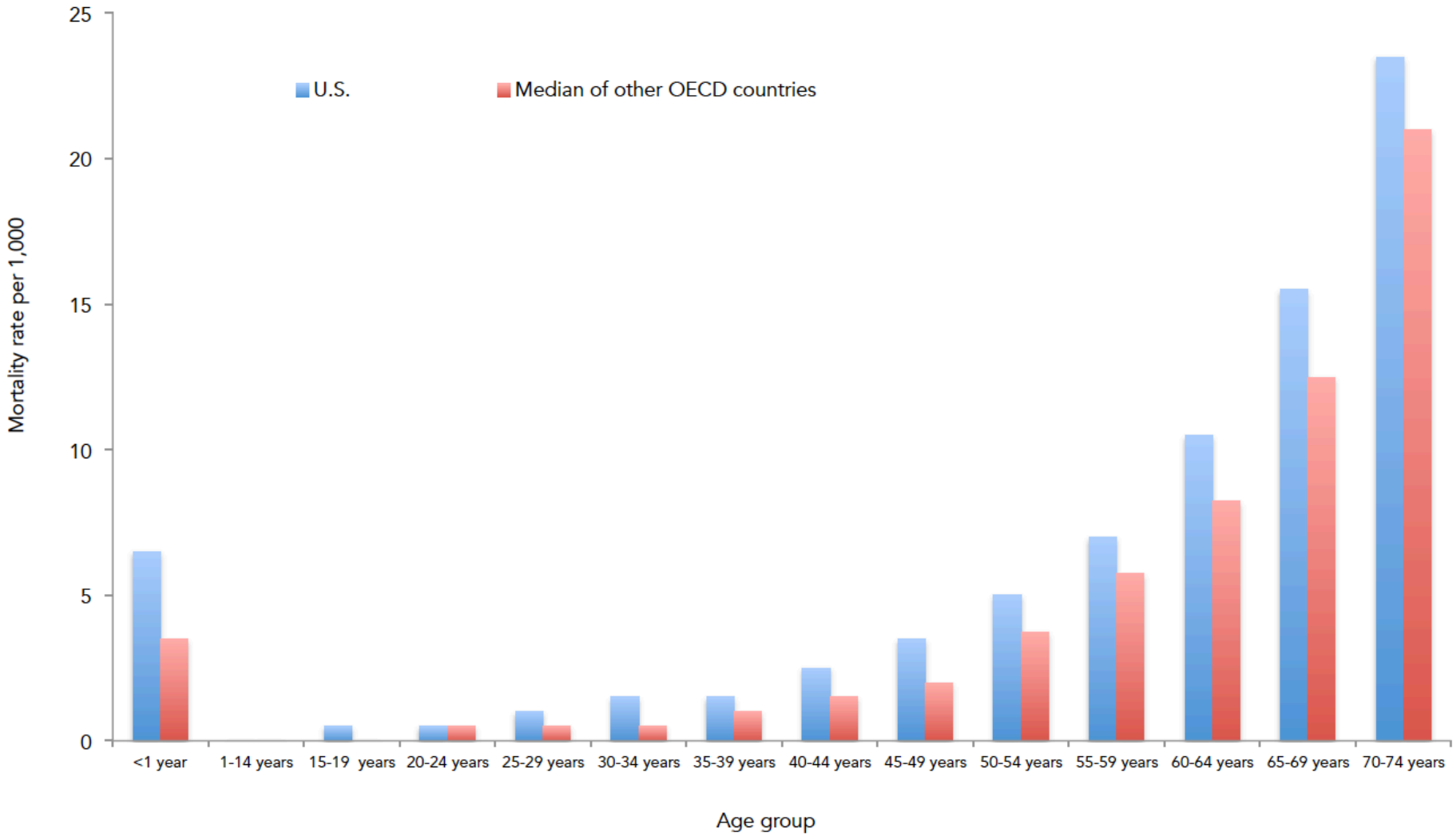


America has the best doctors, the best nurses, the best hospitals, the best medical technology, the best medical breakthrough medicines in the world. There is absolutely no reason we should not have in this country the best health care in the world.

(Bill Frist)

izquotes.com

U.S. vs. median mortality rates, age 0-75



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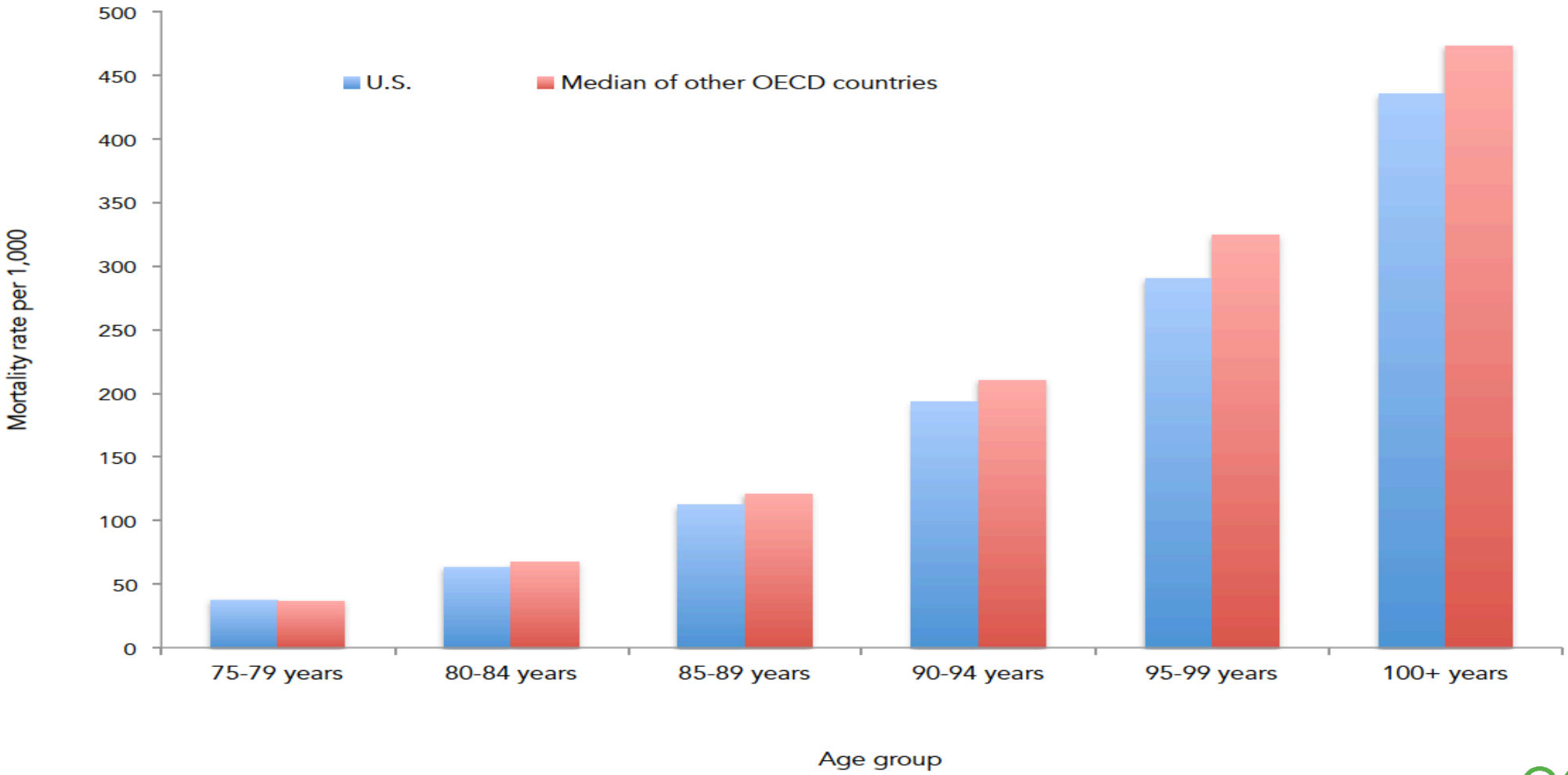
U.S. vs. median mortality rates, age 75+



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Objectives

By the end of this discussion, you should be able to:

1. Define CYSHN and discuss their demographics in OR
2. Describe the role of Public Health in improving the health of CYSHN
3. Discuss how we might better align the medical home as a valuable partner in care coordination to help better work across traditional barriers
4. Describe how community based cross-sector teams can improve the health of CYSHN in rural communities

Why us?

"Pediatricians are the ultimate witnesses to failed social policy"

Paul Wise, MD, MPH

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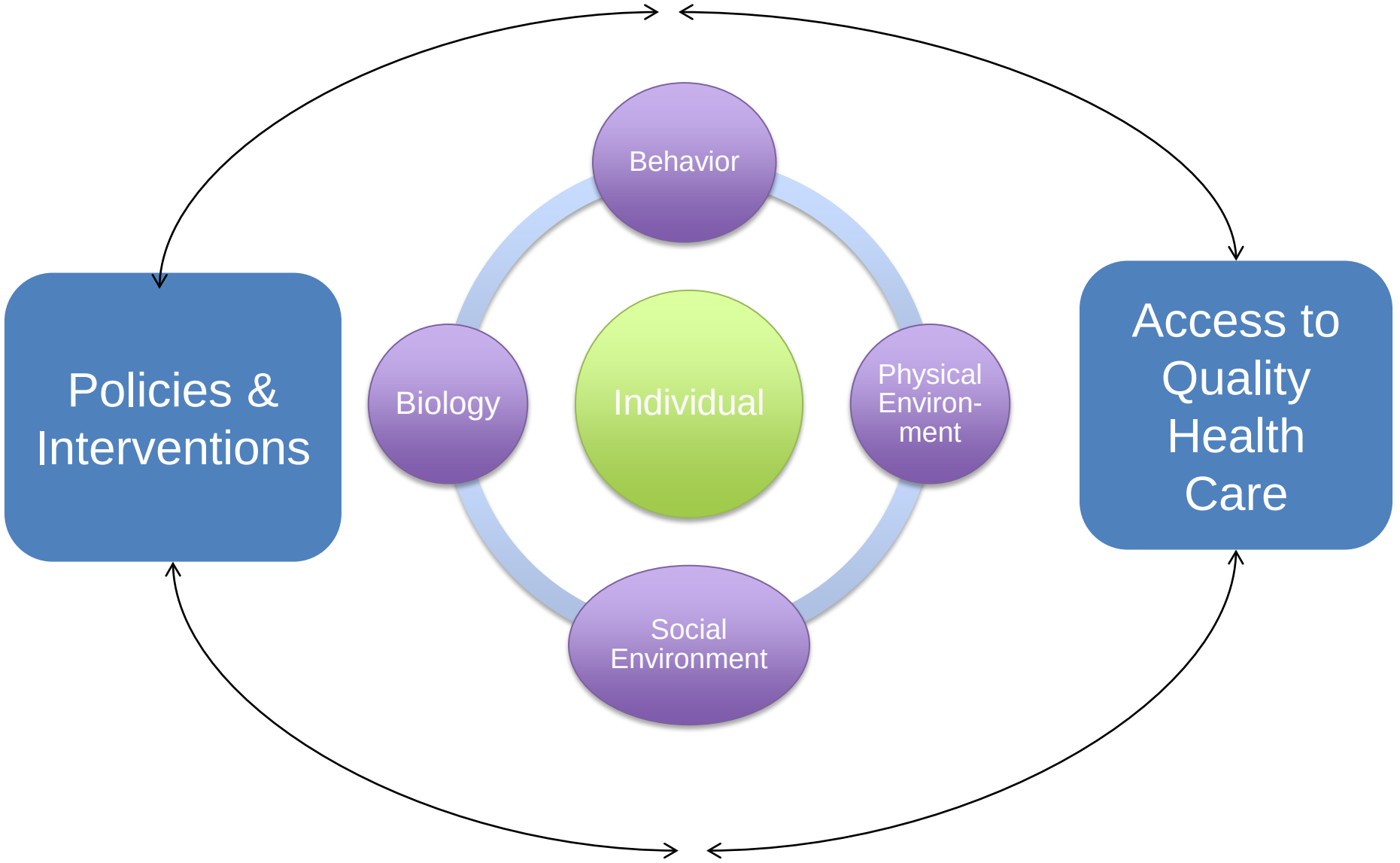
Determinants of Health

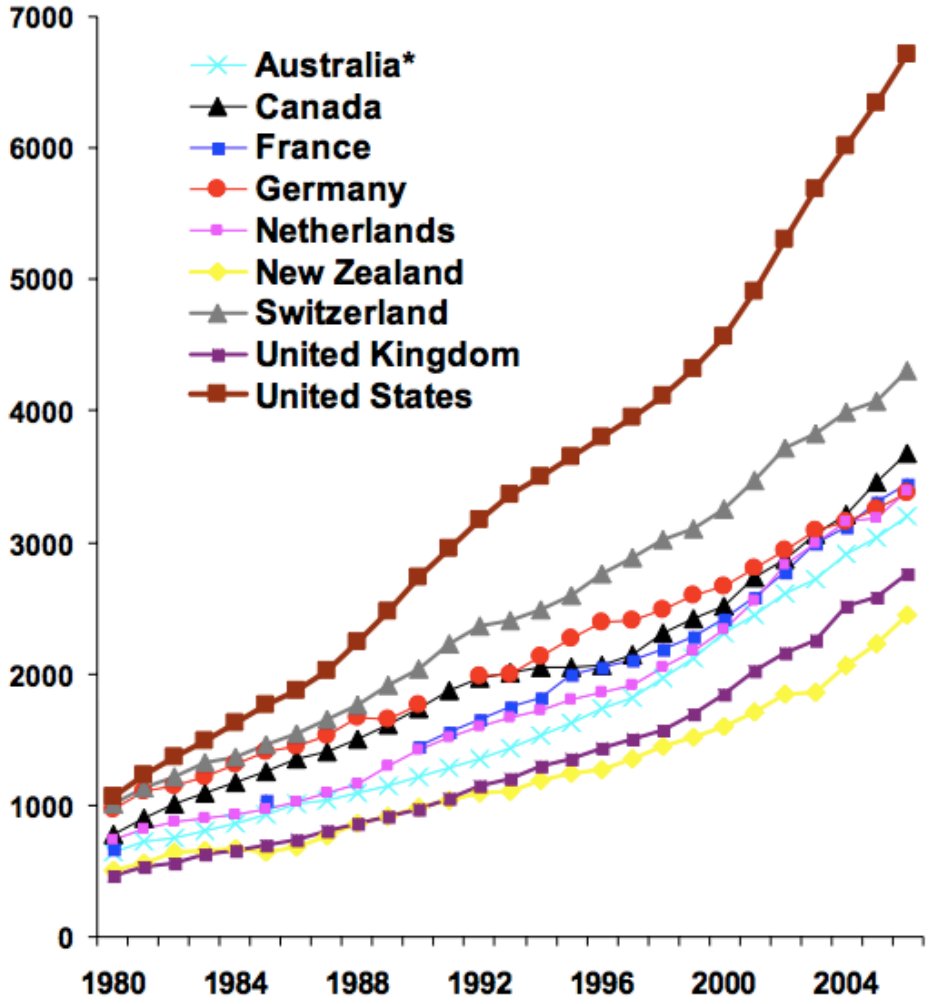


Healthy People 2010

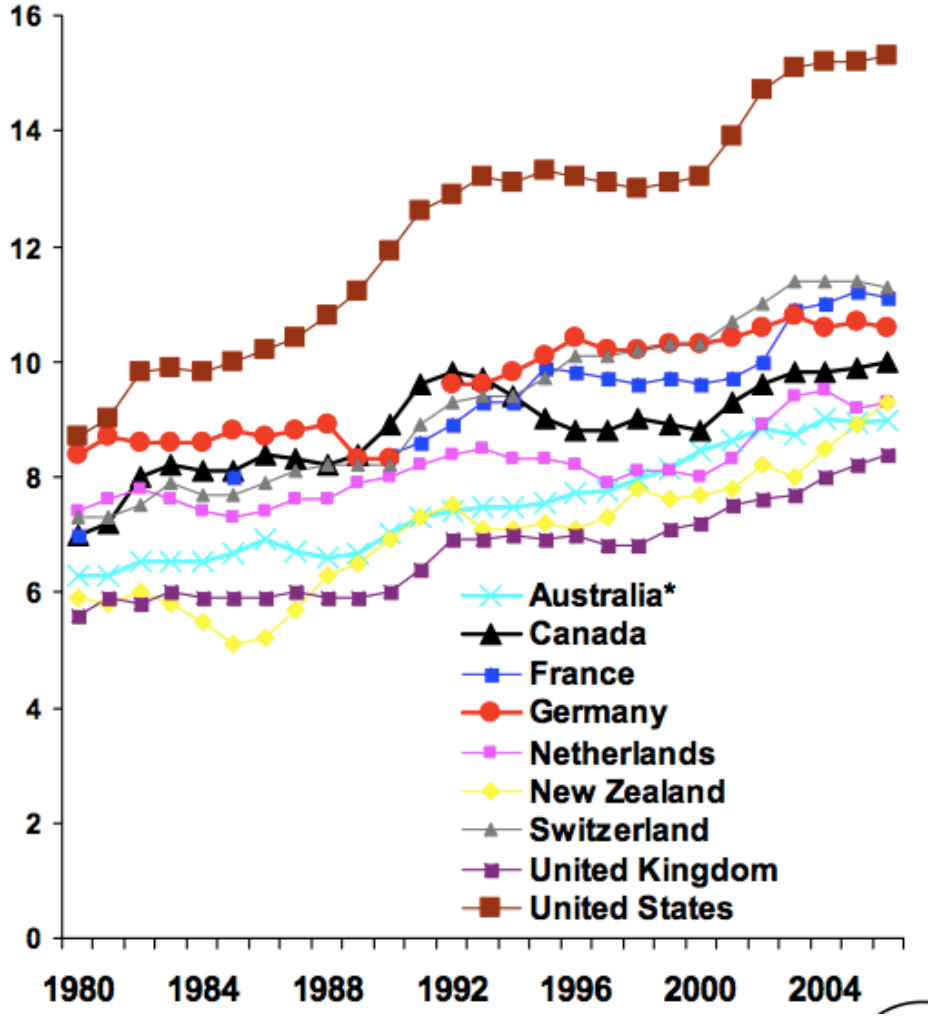
The spending mismatch: health determinants vs. health expenditures

"Healthy People/Healthy Economy: An Initiative to Make Massachusetts the National Leader in Health and Wellness." 2015. Data from NEHI 2013. <http://www.tbf.org/tbf/56/hphe/Health-Crisis>
Tarlov A. Social determinants of health: the sociobiological translation. In: Blane D, Brunner E, Wilkinson R, editors. Health and social organization: towards a health policy for the 21st century. London: Routledge; 1996 pp. 71-93.
Bostonfoundation.org

Average spending on health per capita ($US PPP)



Total expenditures on health as percent of GDP



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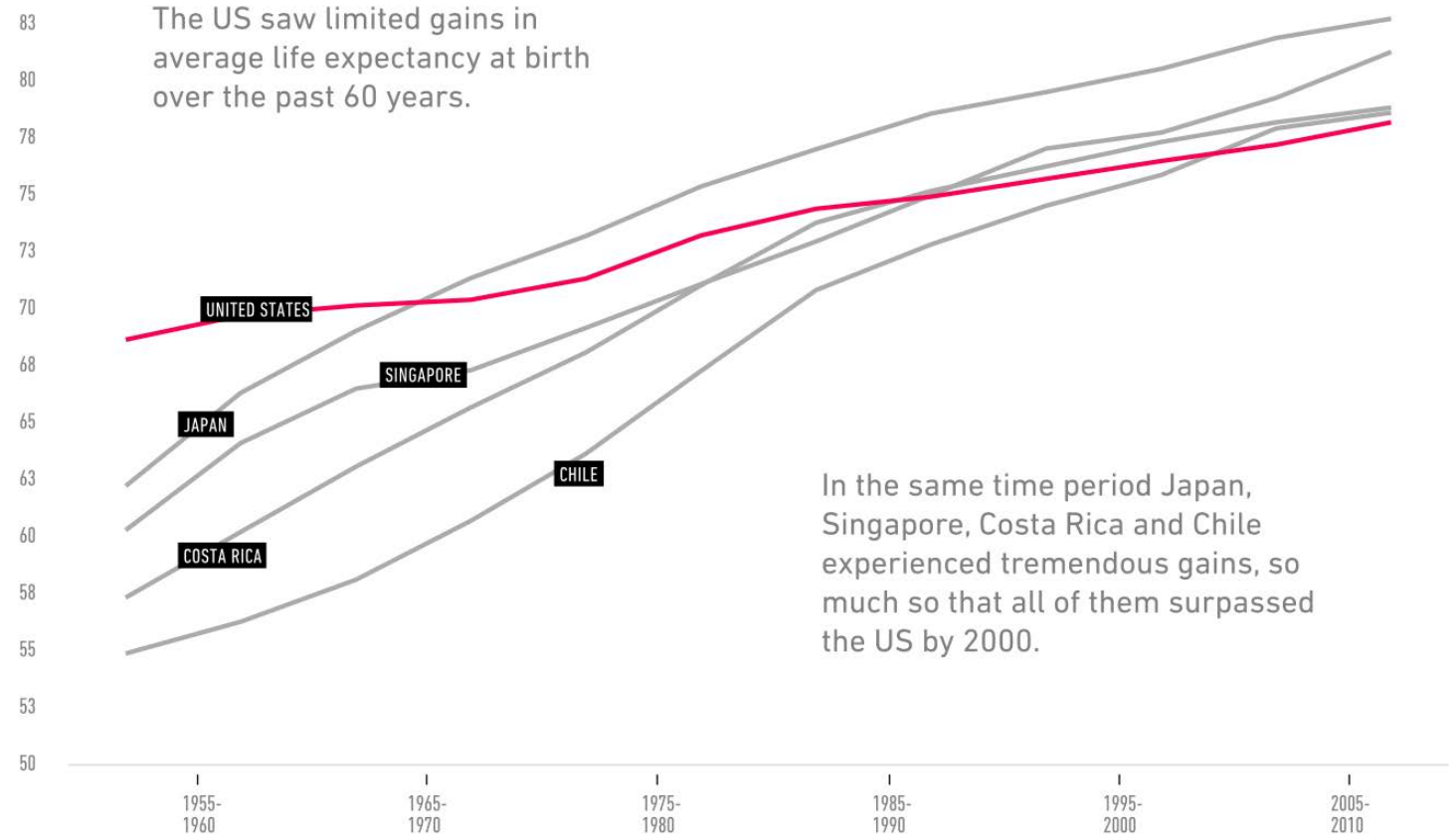
SURPASSING THE US IN LIFE EXPECTANCY

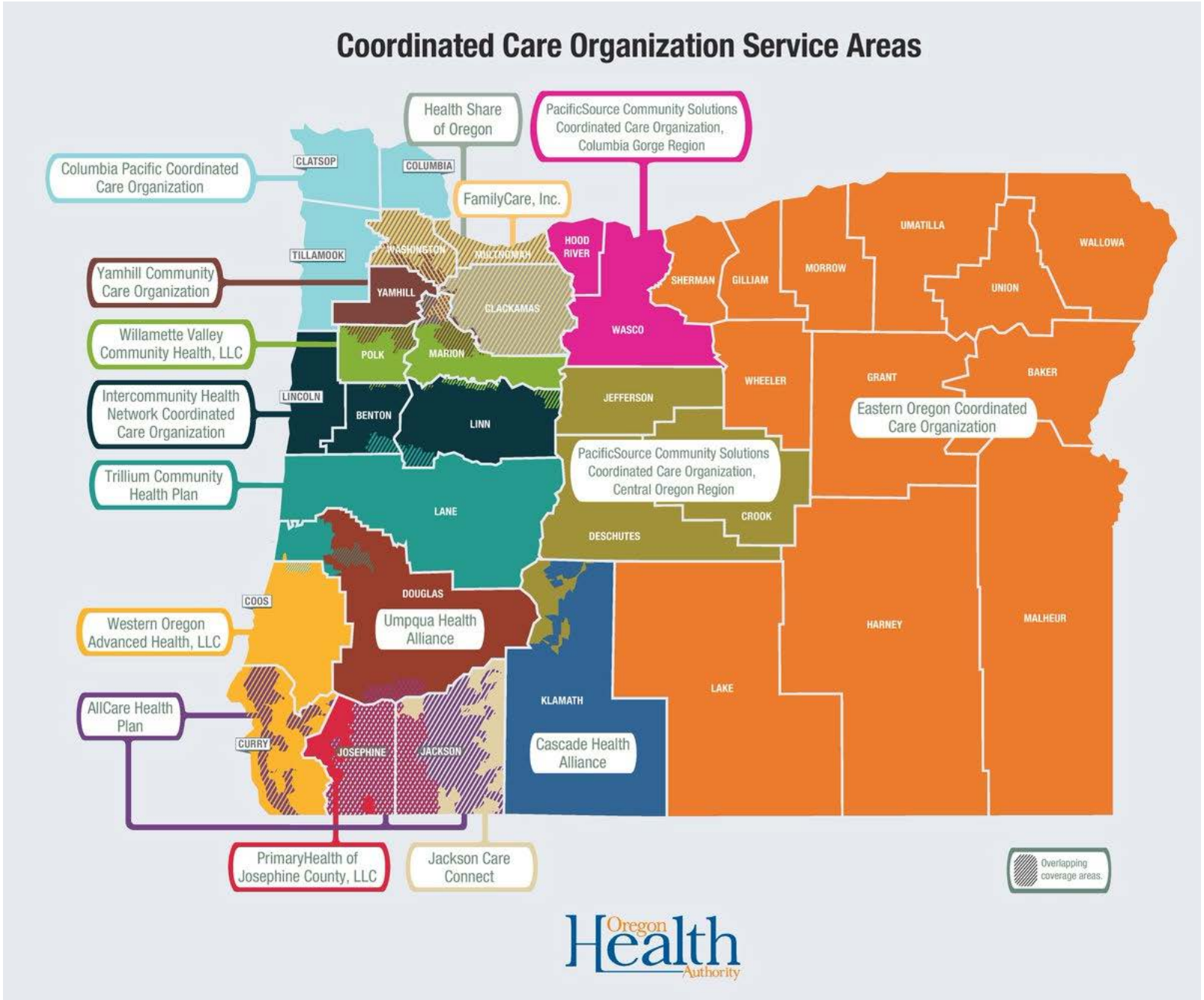


Author: GRAPH Team **Published:** December 11th, 2013 **Tagged:** life expectancy, high-income countries, oecd

DATA SOURCE: UNITED NATIONS, DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, POPULATION DIVISION (2013). WORLD POPULATION PROSPECTS: THE 2012 REVISION, DVD EDITION.

http://cugraph.org/databytes/surpassing-the-us-in-life-expectancy


Ian Parker 2011



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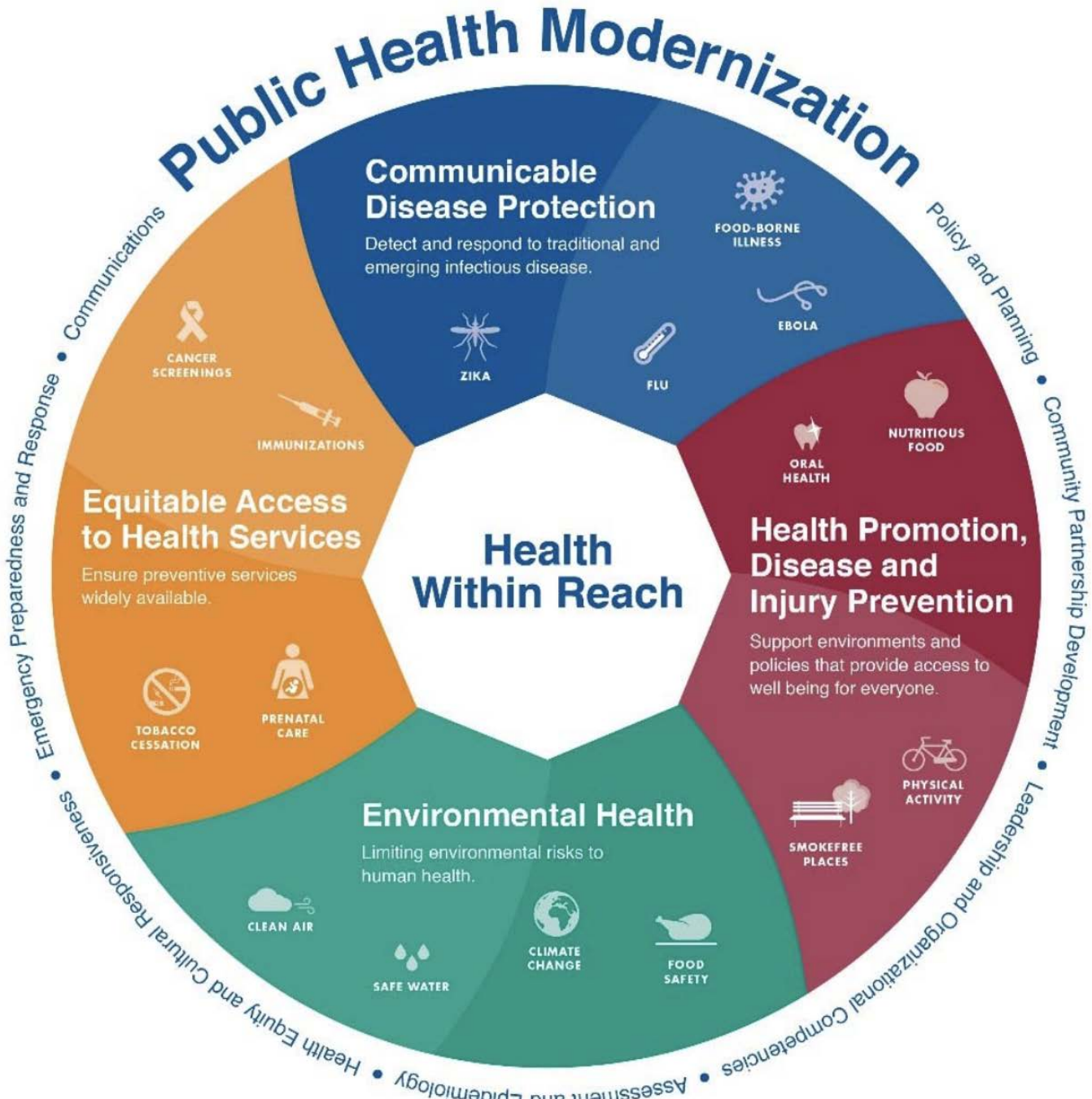

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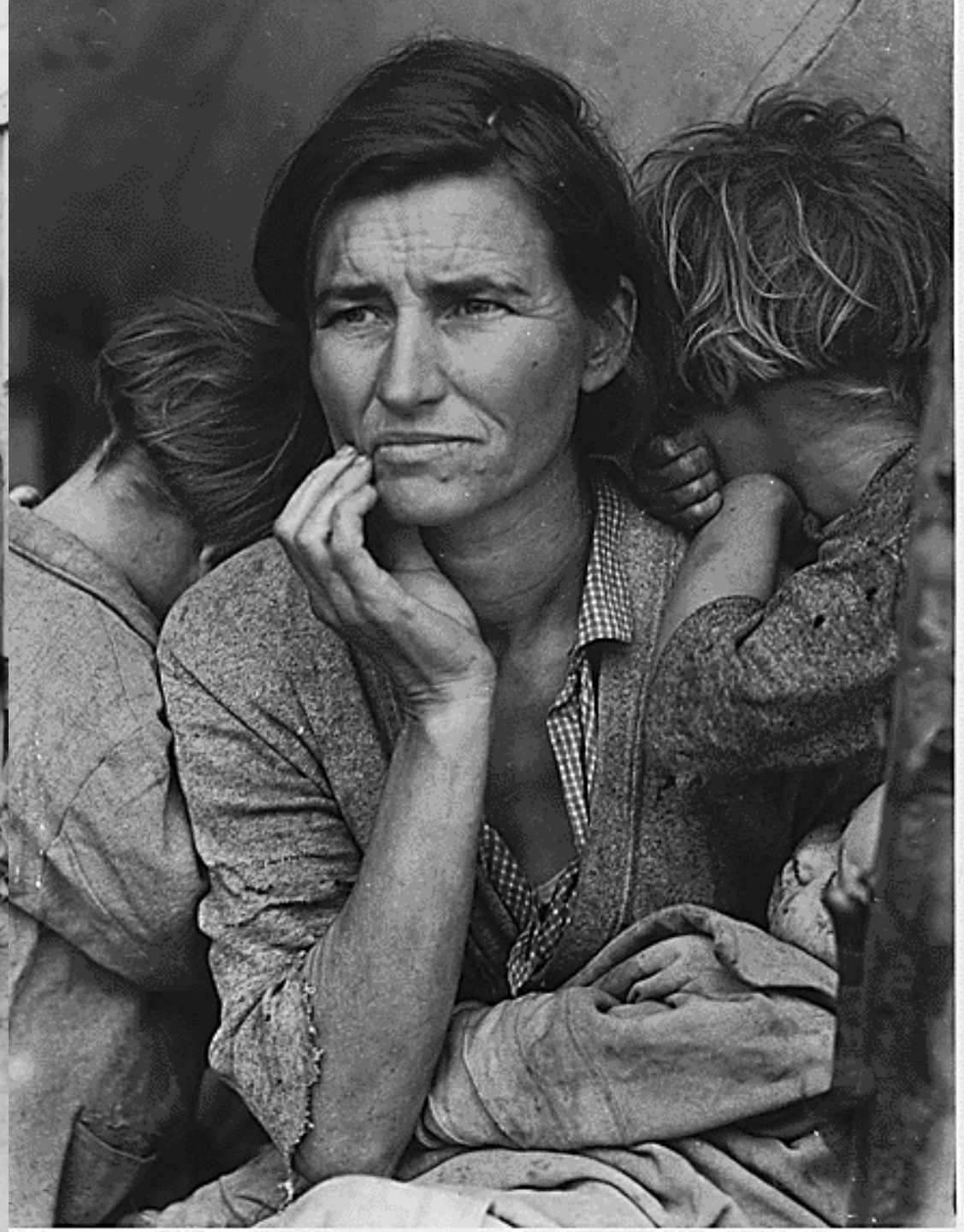
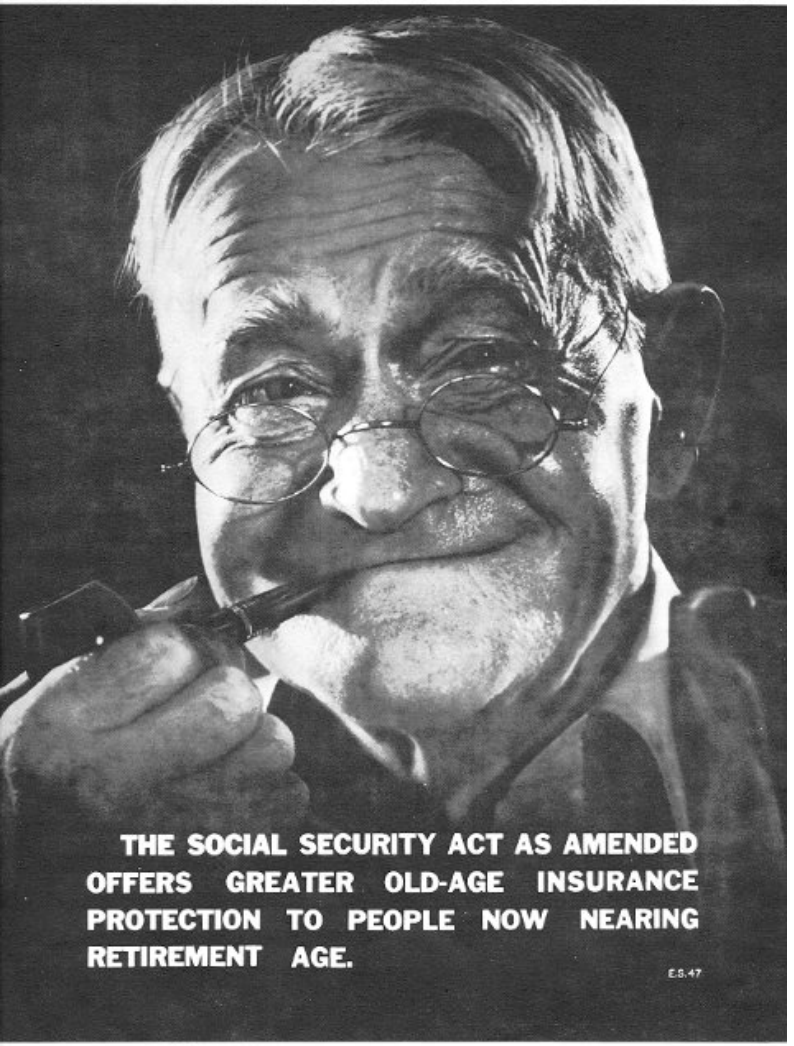


MORE SECURITY FOR THE AMERICAN FAMILY



THE SOCIAL SECURITY ACT AS AMENDED OFFERS GREATER OLD-AGE INSURANCE PROTECTION TO PEOPLE NOW NEARING RETIREMENT AGE.

E.S.47

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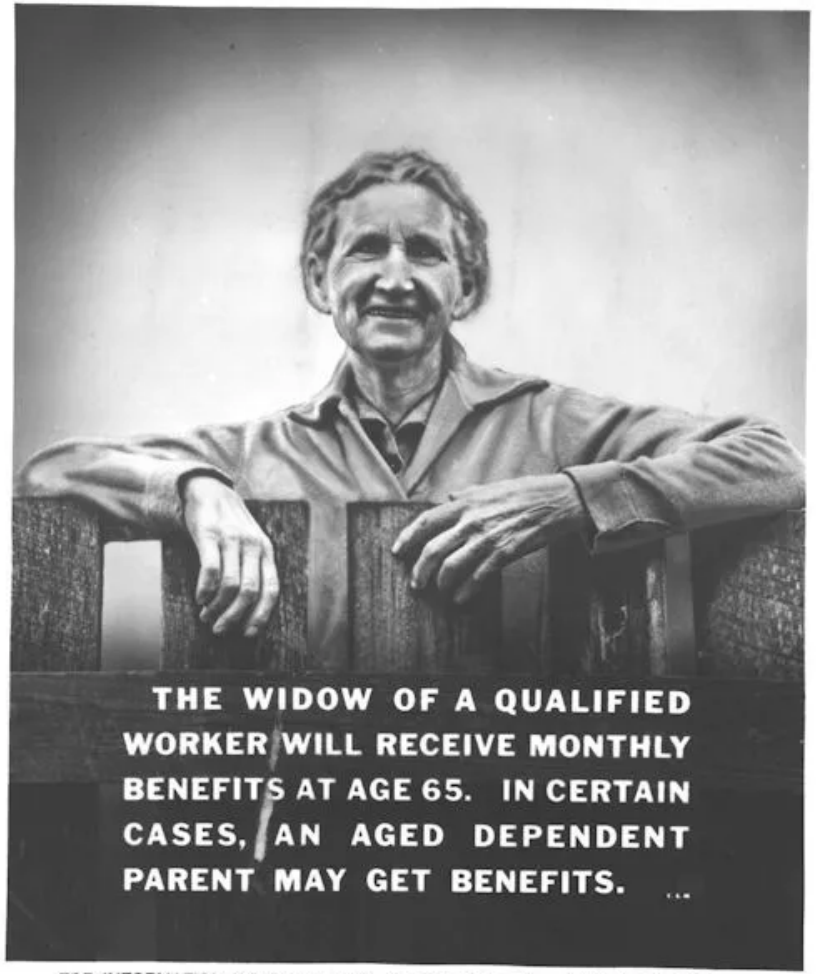
MORE SECURITY FOR THE AMERICAN FAMILY



THE WIDOW OF A QUALIFIED WORKER WILL RECEIVE MONTHLY BENEFITS AT AGE 65. IN CERTAIN CASES, AN AGED DEPENDENT PARENT MAY GET BENEFITS. ...

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MORE SECURITY FOR THE AMERICAN FAMILY

WHEN AN INSURED WORKER DIES, LEAVING DEPENDENT CHILDREN AND A WIDOW, BOTH MOTHER AND CHILDREN RECEIVE MONTHLY BENEFITS UNTIL THE LATTER REACH 18.

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THIS
SOCIAL SECURITY MEASURE
gives at least some protection to
THIRTY MILLION OF OUR CITIZENS
who will reap direct benefits through
UNEMPLOYMENT COMPENSATION,
THROUGH AGE-OLD PENSIONS,
and through increased services for the
PROTECTION OF CHILDREN AND
THE PREVENTION OF ILL HEALTH.
-President Franklin Delano Roosevelt
THINK PROGRESS
THE
SOCIAL SECURITY
ACT
Signed AUGUST 14, 1935

Title V Vision and Mission

- Vision - A nation where all mothers, children and youth, including children and youth with special health care needs, and their families are healthy and thriving.

- Mission - To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Block Grant Requirements for States

- 30/30/10
  - 30% of total state BG funds must be allocated to child/adolescent population;
  - 30% of total state funds must allocated to CYSHCN population
  - No greater than 10% administrative cost

Children and Youth with Special Health Care Needs

….are those who have or are at increased risk for physical, developmental, cognitive, behavioral or social-emotional conditions

….require services of type or amount beyond what most kids require

McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P.W., et al. (1998). A new definition of children with special health care needs. Pediatrics, 102(1), 137-140.

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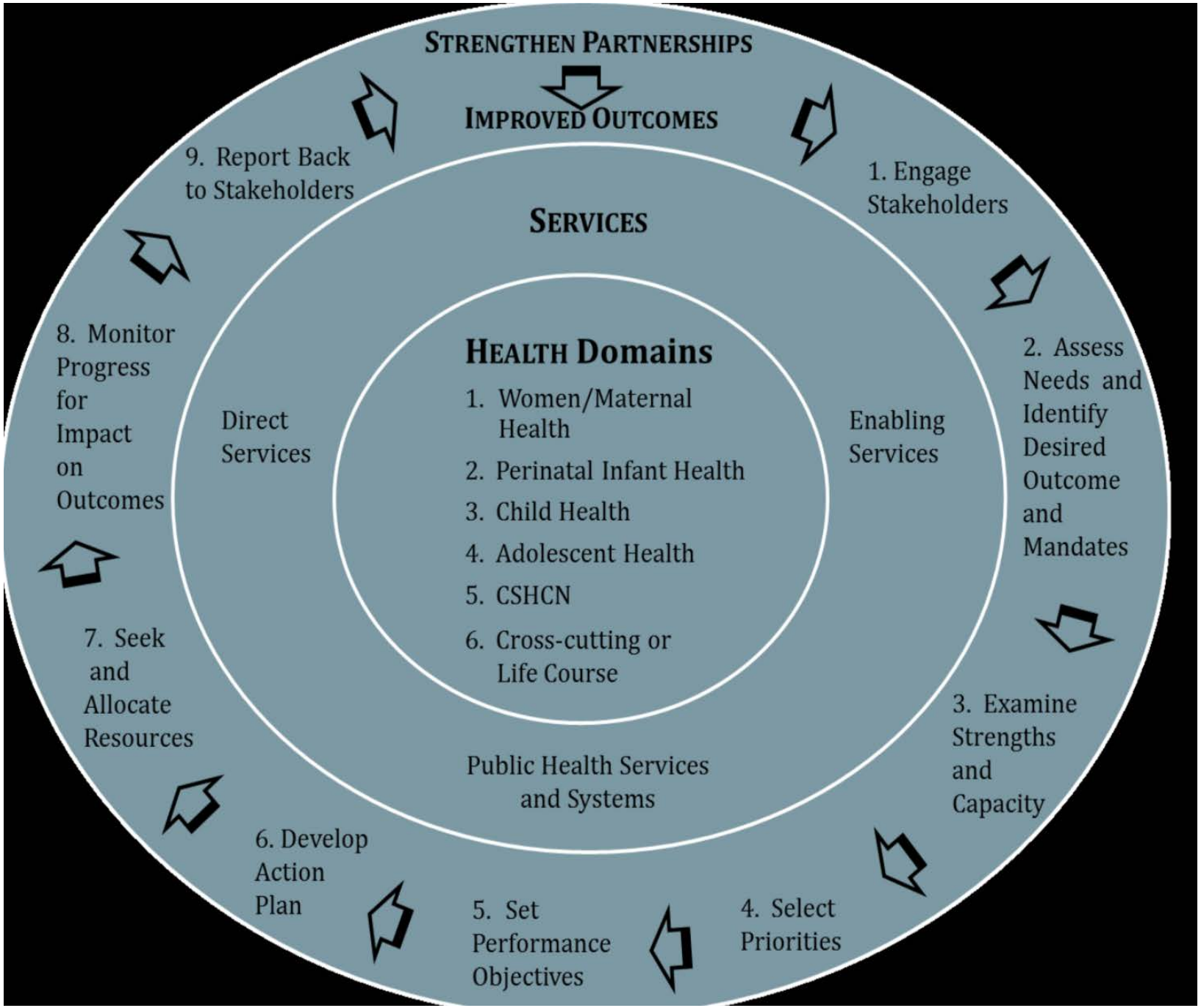
Block Grant Requirements for States

- Address 8 national performance measures with at least one from the six federal population domains

NPH #	National Performance Priority Area	MCH Population Domains
1	Well-woman visit	Women/maternal health
2	Low-risk cesarean delivery	Women/maternal health
3	Perinatal regionalization	Perinatal/infant health
4	Breastfeeding	Perinatal/infant health
5	Safe sleep	Perinatal/infant health
6	Developmental screening	Child health
7	Injury	Child health and/or adolescent health
8	Physical activity	Child health and/or adolescent health
9	Bullying	Adolescent health
10	Adolescent well-visit	Adolescent health
11	Medical home	Children with special health care needs
12	Transition	Children with special health care needs
13	Oral health	Cross-cutting/life course
14	Smoking	Cross-cutting/life course
15	Adequate insurance coverage	Cross-cutting/life course

- Identify and address 3-5 state performance measures


STRENGTHEN PARTNERSHIPS
IMPROVED OUTCOMES
1. Engage Stakeholders
2. Assess Needs and Identify Desired Outcome and Mandates
3. Examine Strengths and Capacity
4. Select Priorities
5. Set Performance Objectives
6. Develop Action Plan
7. Seek and Allocate Resources
8. Monitor Progress for Impact on Outcomes
9. Report Back to Stakeholders
SERVICES
Direct Services
Enabling Services
Public Health Services and Systems
HEALTH Domains
1. Women/Maternal Health
2. Perinatal Infant Health
3. Child Health
4. Adolescent Health
5. CSHCN
6. Cross-cutting or Life Course

MCH Pyramid of Health Services

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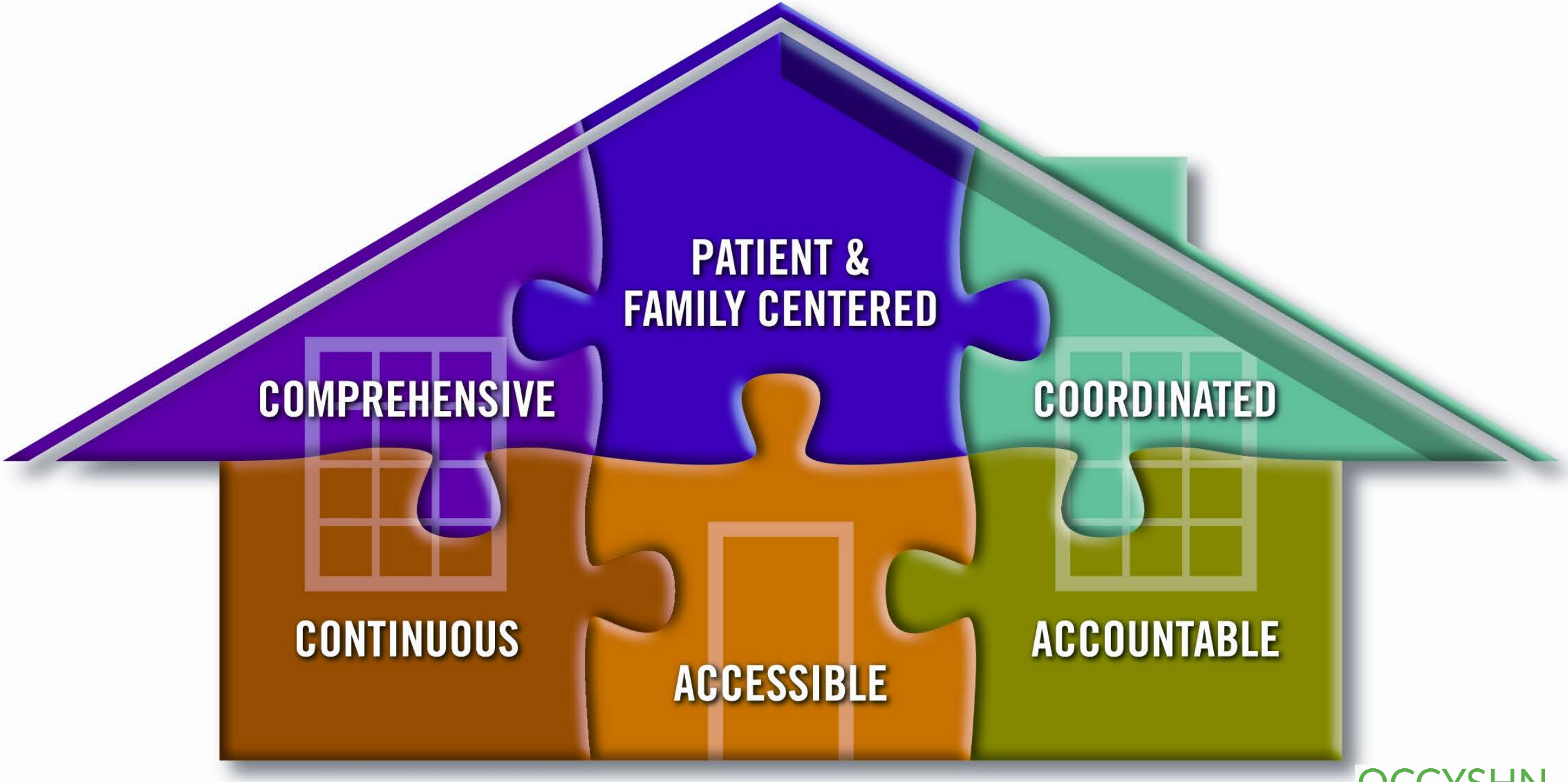

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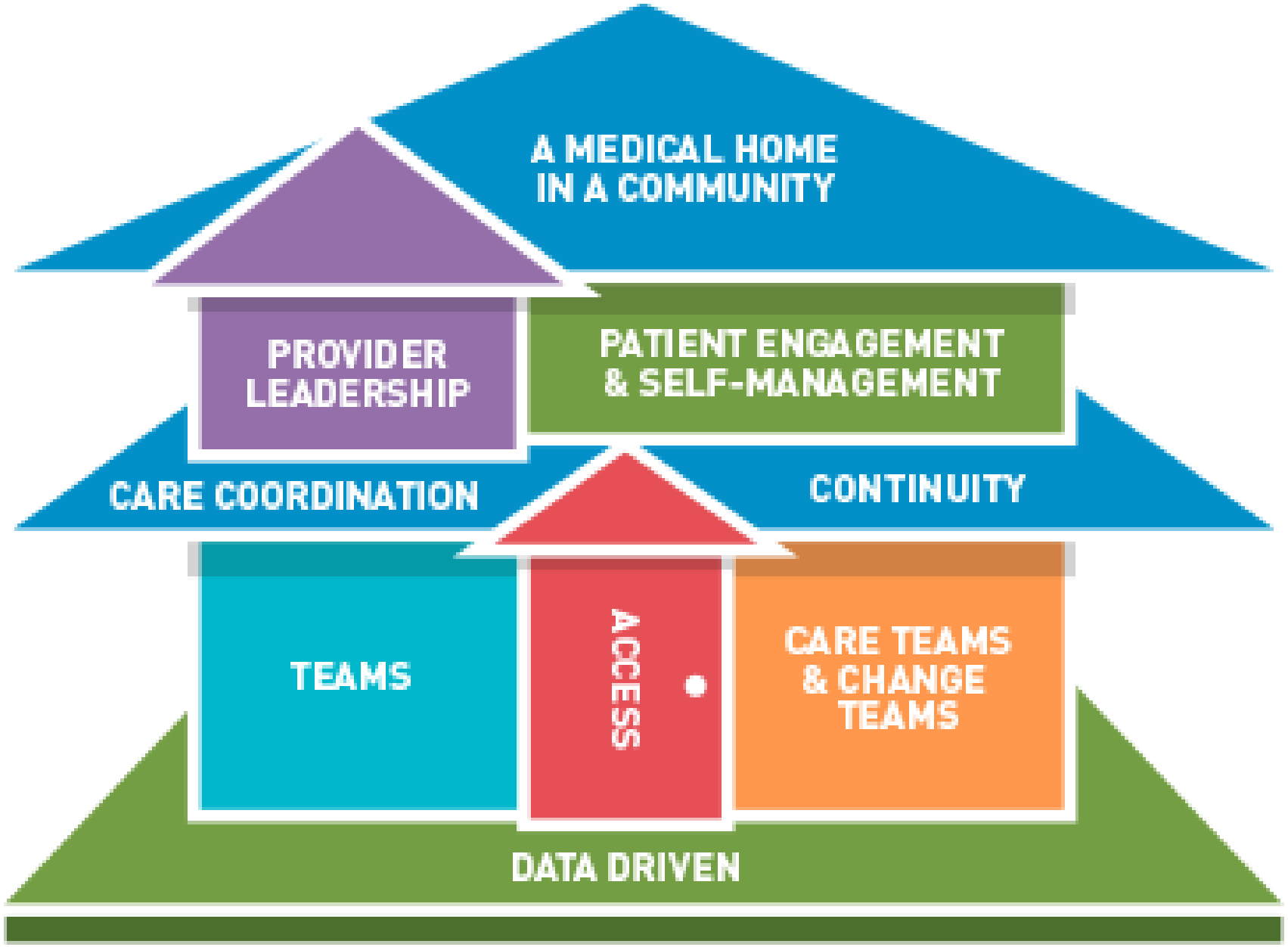

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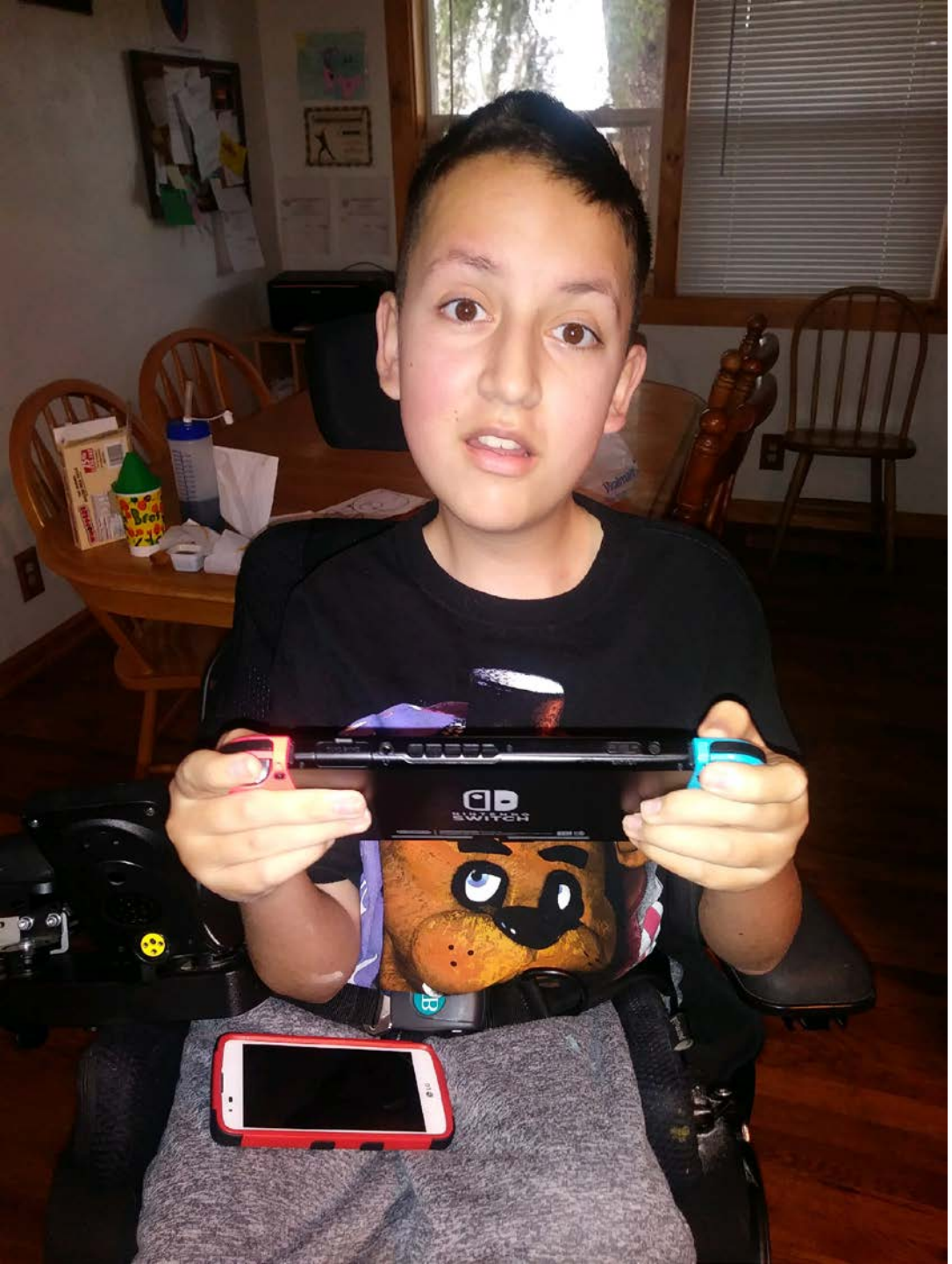
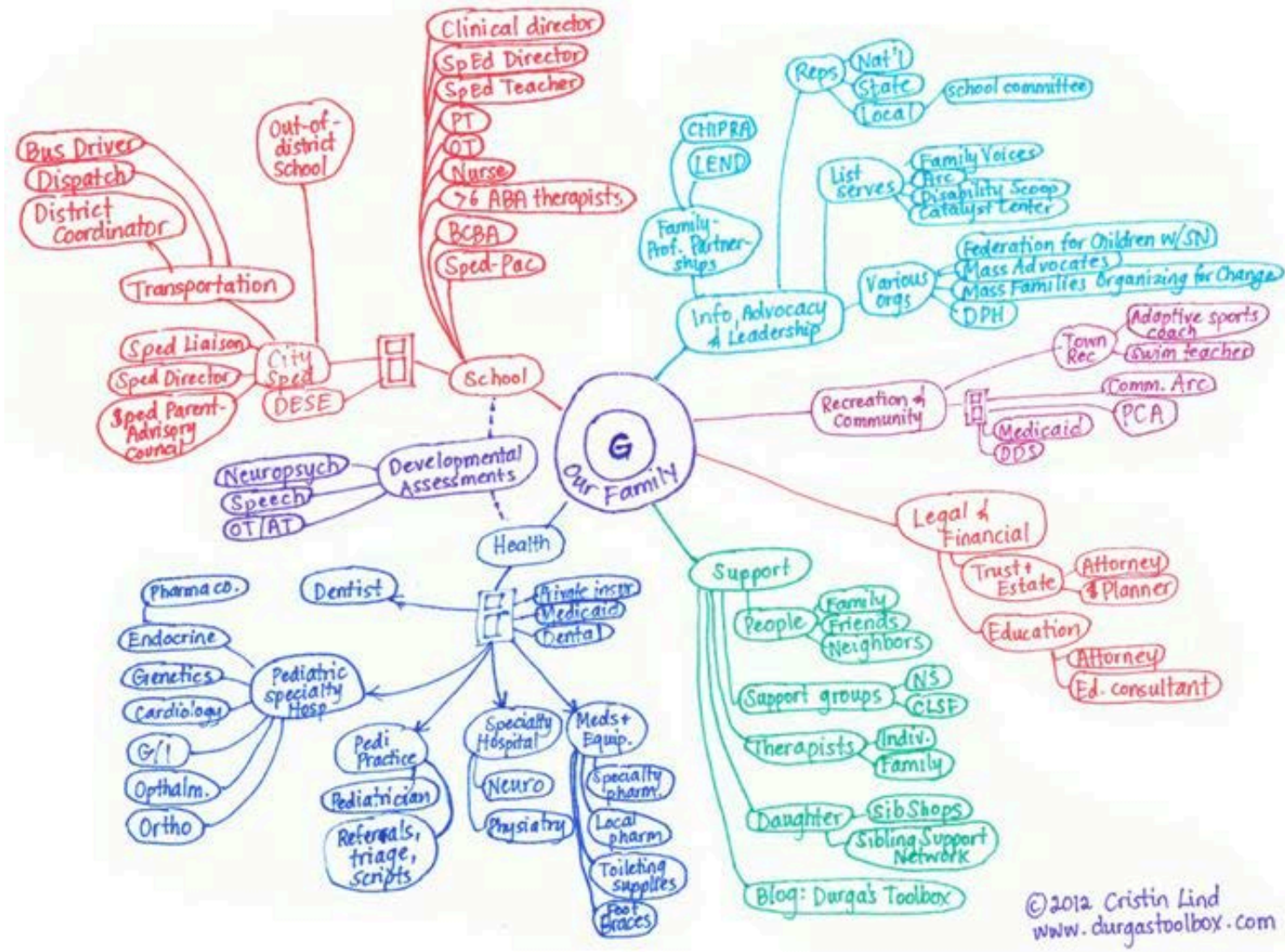
Youth with Special Health Needs





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Identify barriers in care coordination for kids with special health needs

Identify 2-3 strategies that might be effective

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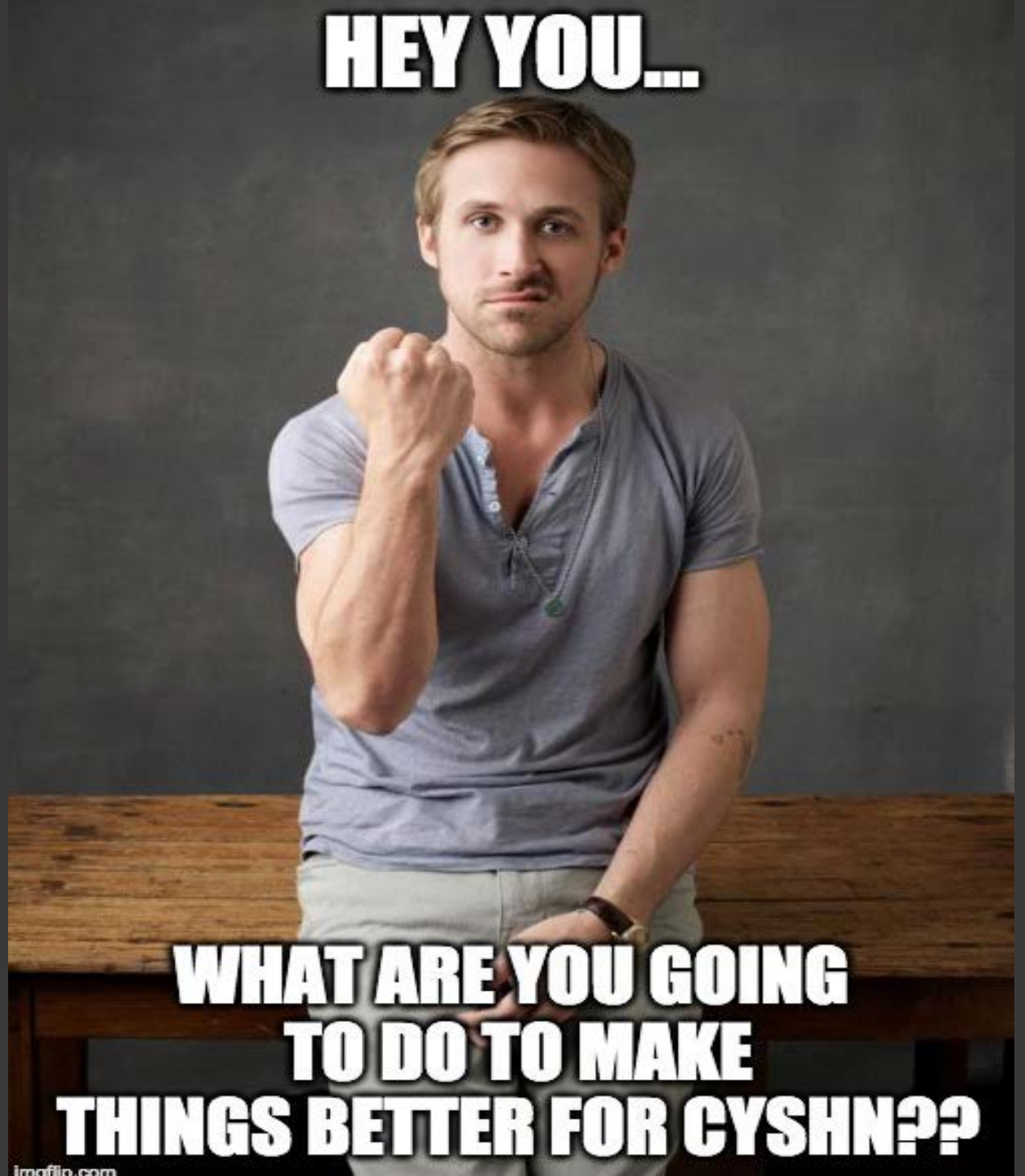
How do we do it?



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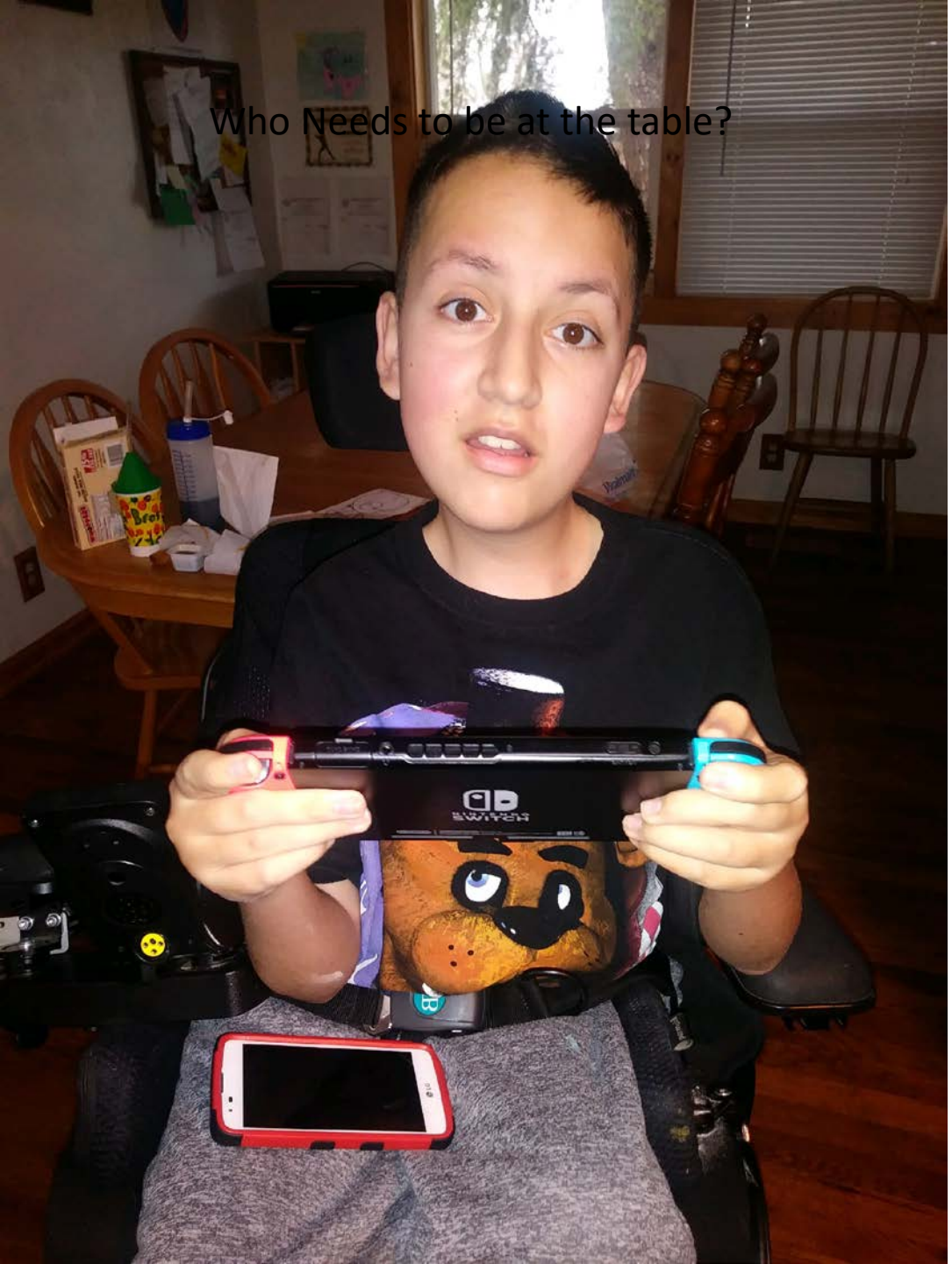
Who Needs to be at the table?



Shared care planning

- A Public Health approach to team-based care coordination for children/youth 0-21
- Addresses family's goals for their child or youth with special health needs
- Convene right team at the right time to meet needs
- Family-centered and strengths-based
- Family and professionals partner on a care plan

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Some Public Health Authorities, along with their community partners, are building upon the shared care planning work….

…to form community-based, care coordination teams for children and youth.

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Care Coordination Teams

Work of the team:

- Triage new referrals
- Shared care planning
- Monitoring open care plans
- Ensuring care plans are coming together
- Re-evaluating care plans, as needed
- Functions as a Community of Practice
    - Problem-solving for children and youth with special health needs and families
    - Share and accumulate expertise
    - Changing practices to address gaps and barriers

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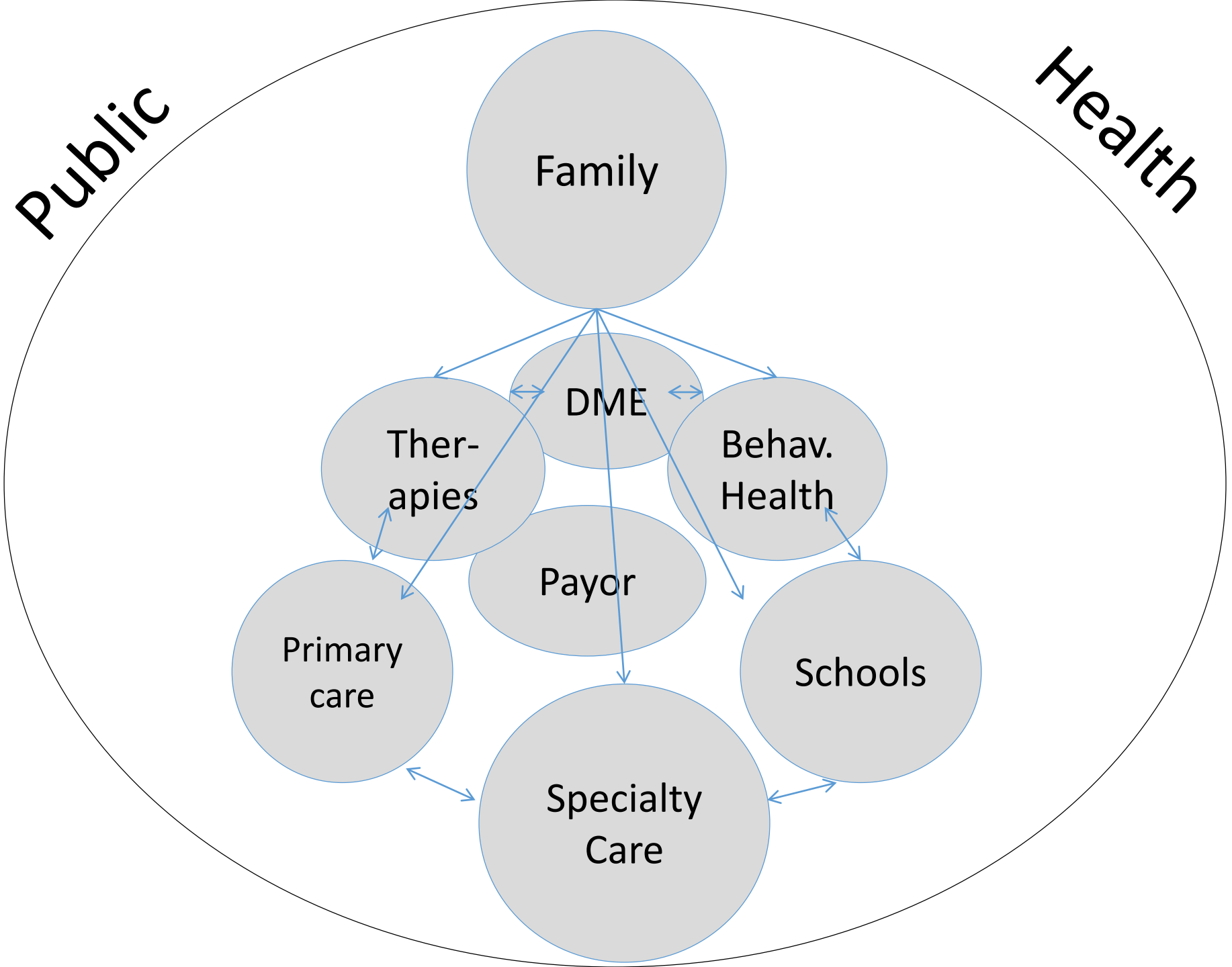

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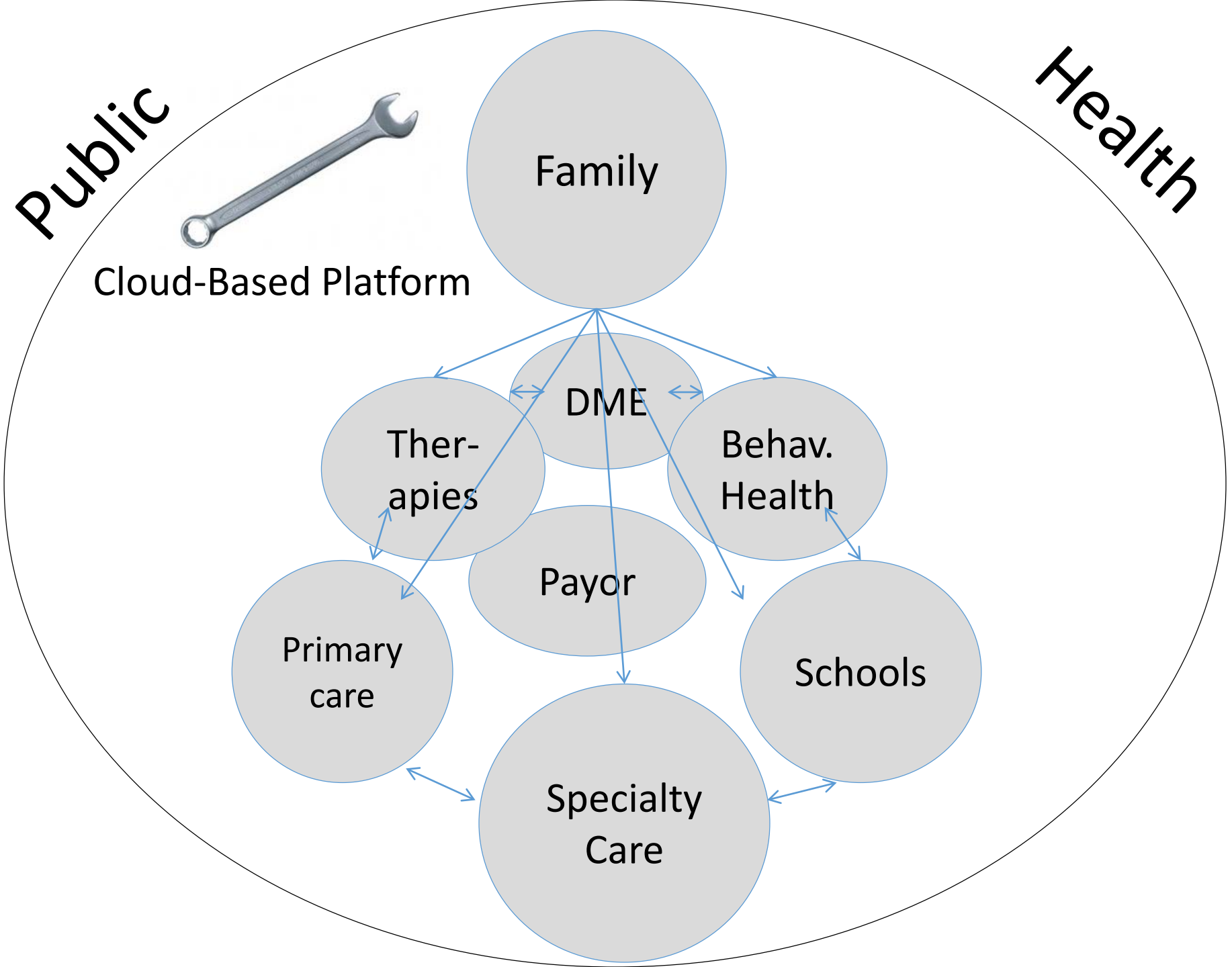

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ACT.md

Learn more about ACT.md CareHub™

Industry-leading solution for healthcare and social determinants

Selected by leaders across the country

The Camden Coalition, Partners HealthCare, Boston Medical Center and hundreds of organizations use ACT.md to coordinate health and social care across diverse community networks.

ACT.md's CareHub™ software is designed to help leaders like you:

- **Convene stakeholders** including healthcare providers, social services organizations, and everyone across the continuum of health & social care.
- **Exchange data** across community health sectors, including HIE data, homeless data, jail data, assessment data – we'll make any data work for you.
- **Coordinate care** seamlessly around each person's medical, behavioral, and social needs, delivering care in more effective and person-centered ways.

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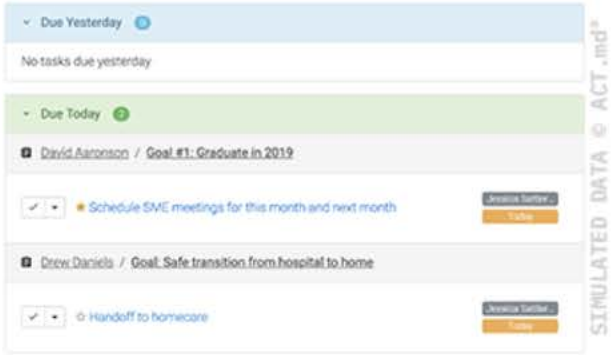
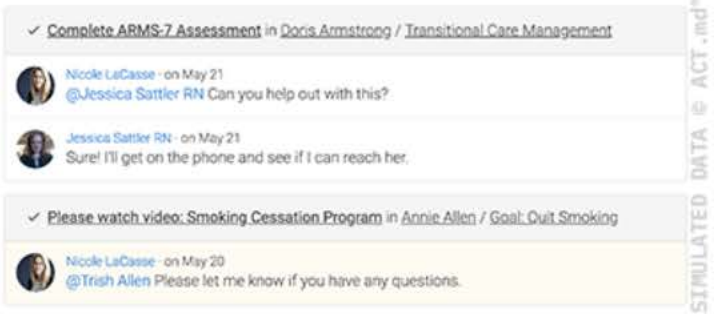


Health & Social Care Coordination

Everything you need to manage high-quality care coordination programs that make care teams more effective and person-centered in their daily work.

Longitudinal Care Plans & Assessments

Comprehensive health and social records that track individuals' needs over time, informed by robust assessments and real-time care coordination activity.



Community-wide Communication

Secure and private communication tools to help your network of service providers collaborate around the complex needs of each individual.

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Piloting ACT.md for Care Coordination Teams (PACCT)

- Build a learning community using the ECHO Model
  - https://echo.unm.edu/

- Test the feasibility of cloud-based care coordination software called ACT.md
  - Can be utilized by the entire care coordination team, including the family
  - https://www.act.md

- Build the capacity of public health to build and run a community-based care coordination team

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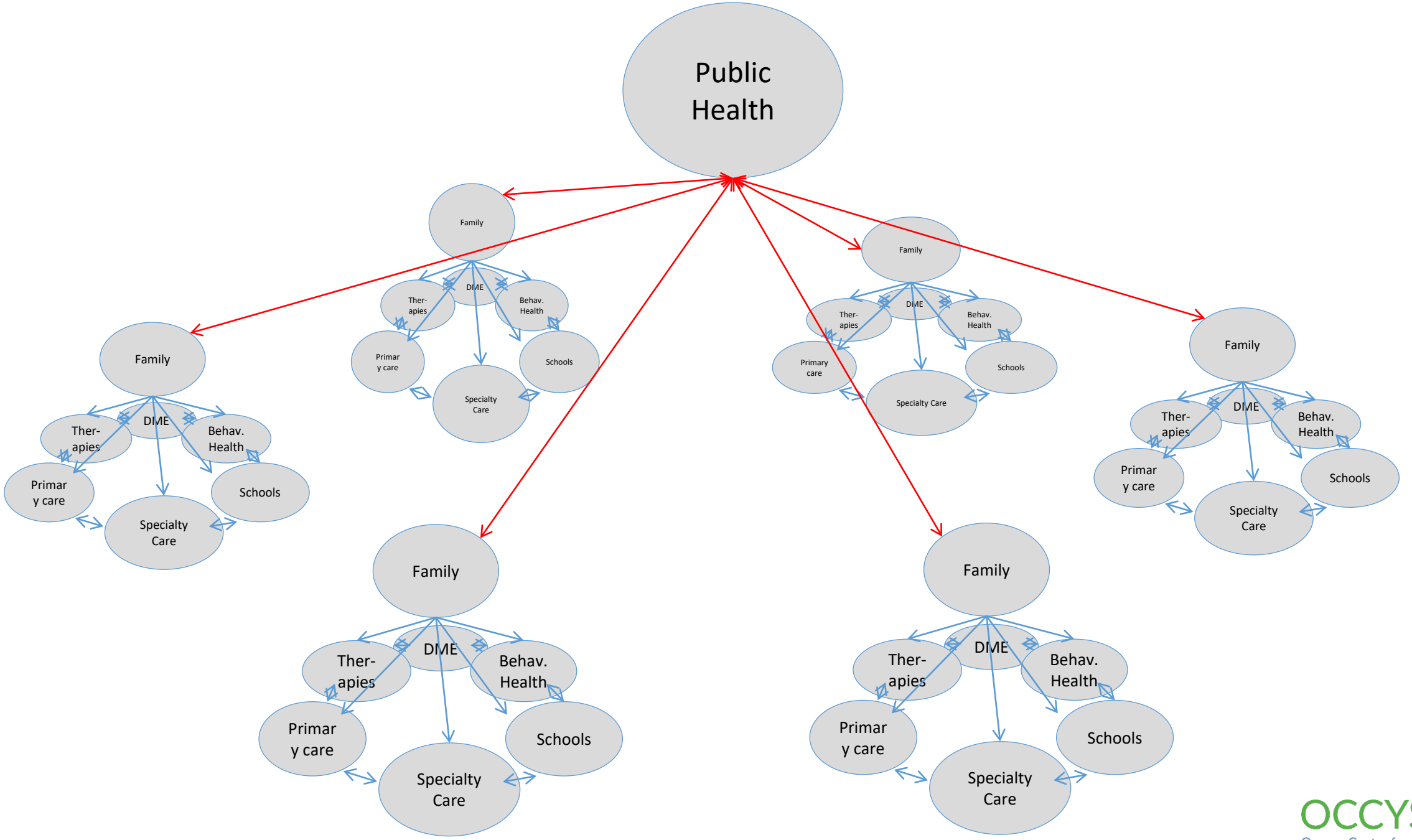

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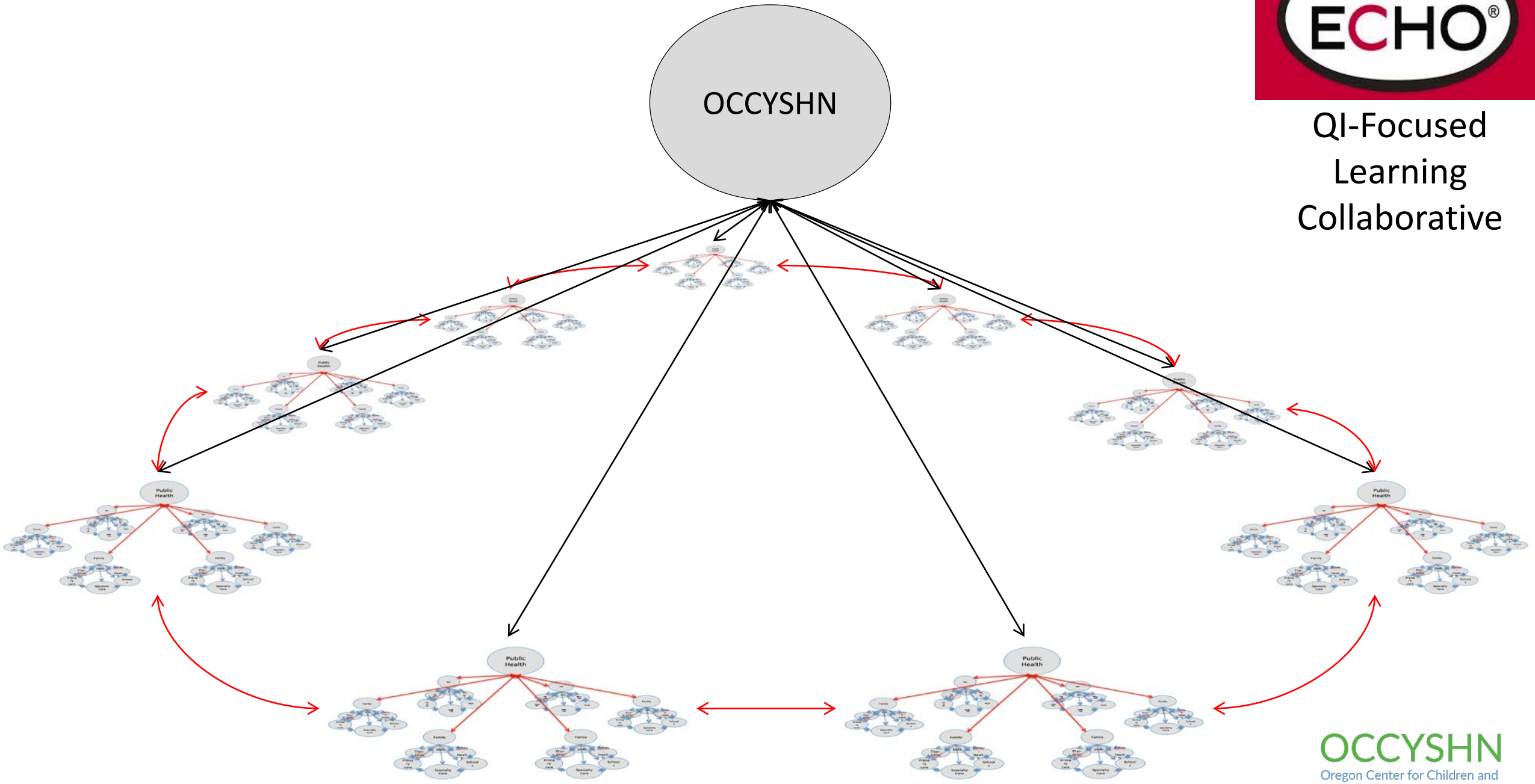
Project ECHO®

QI-Focused Learning Collaborative



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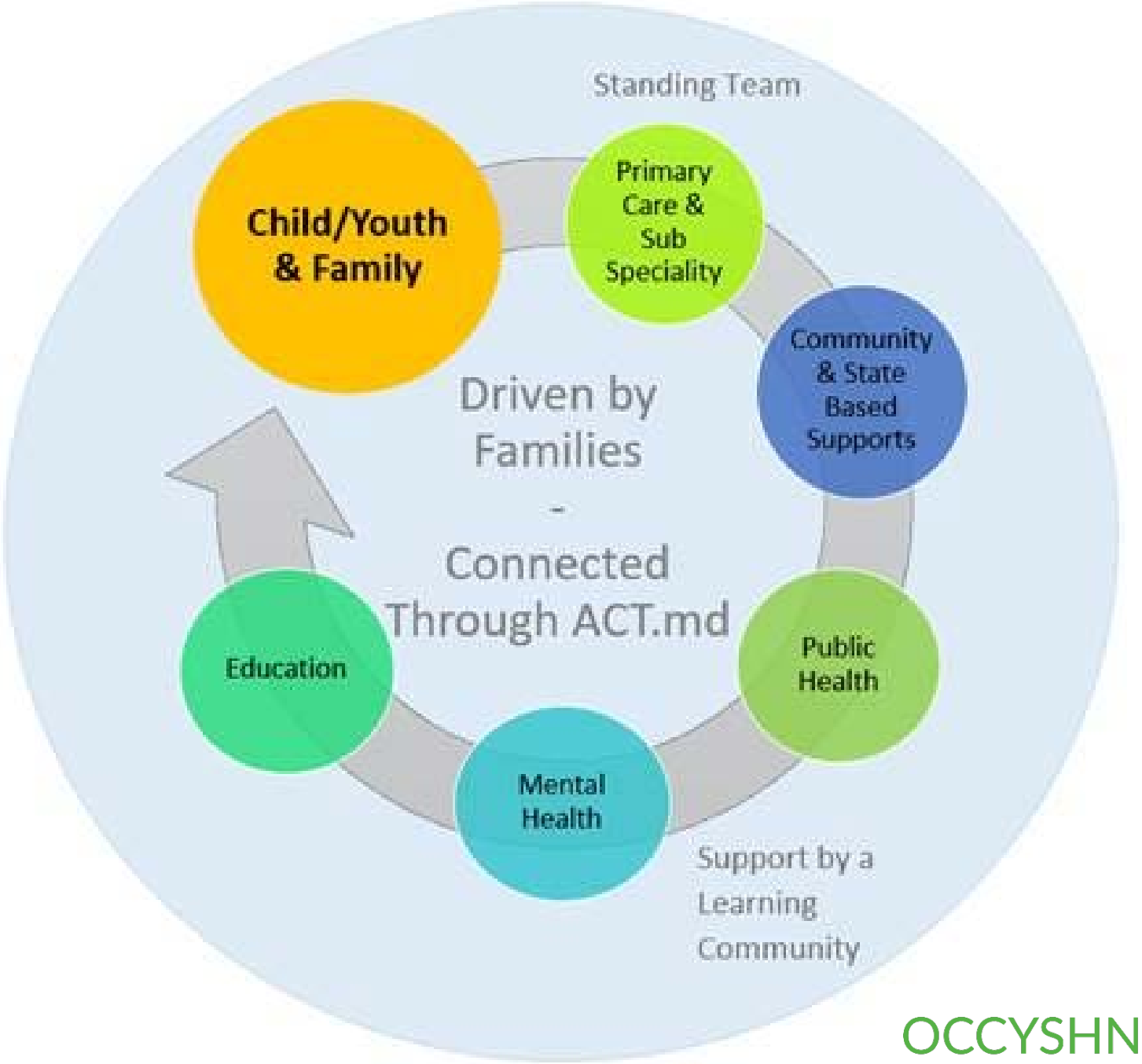
- Number of families engaged
  - Total
  - Transition
- Quality
  - Team
  - Family
  - Child
  - Cost



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Guiding Principles

- What's Best for Kids
- Meet people where they are
- Don't be afraid of failure
  - Start small, fail small
- Assume someone way smarter than us has already tried
- Data, Relationships, Stories

Questions?


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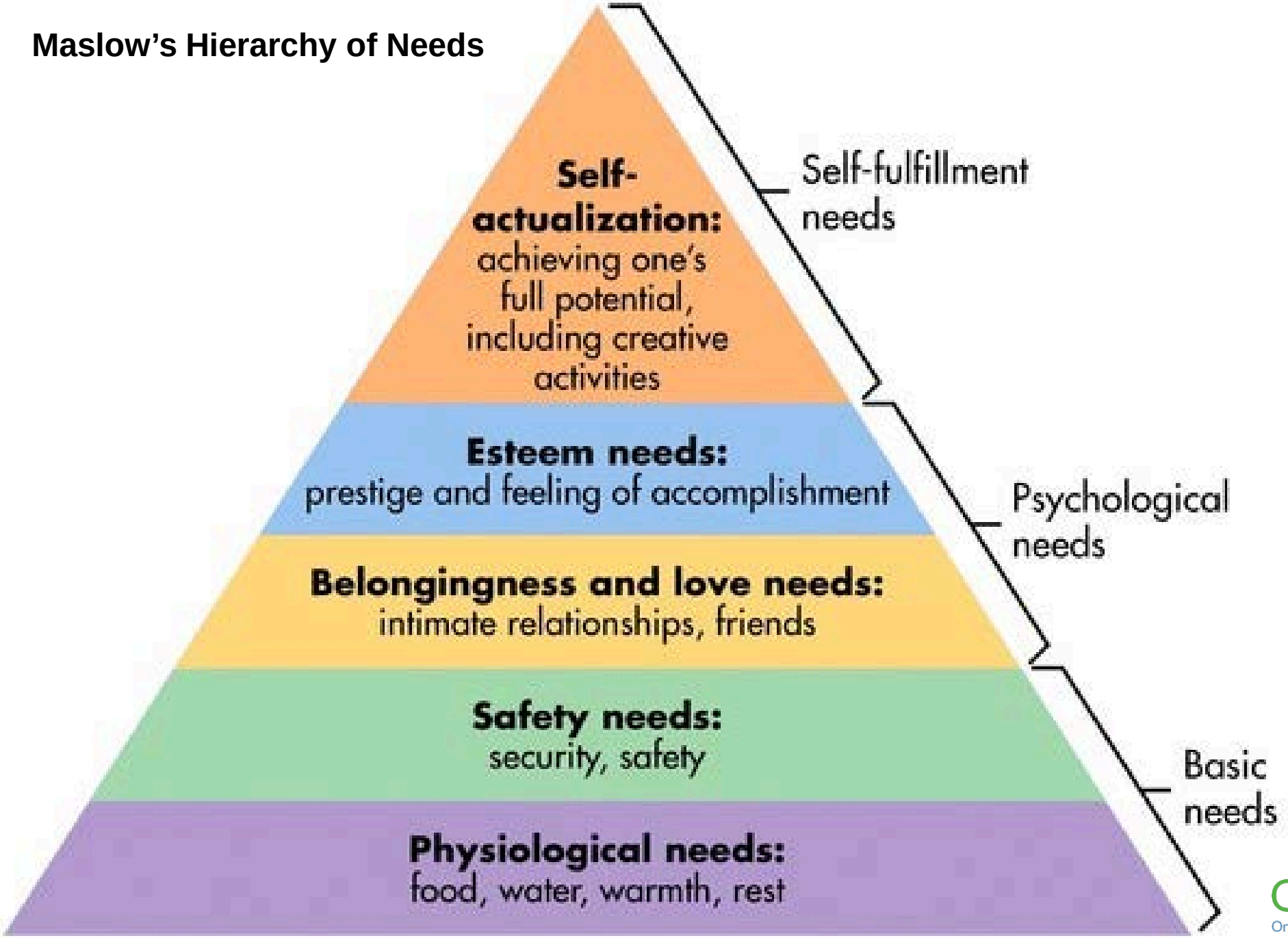
PLATITUDES
THOSE WHO DO NOT LEARN FROM CLICHÉS ARE DESTINED TO REPEAT THEM.

The Take Home

- We all want what is best for kids
- Our systems are misaligned
  - Incentives
  - Measures
  - Time and Space
- Health must include Health Care
  - Align with CCO2.0
  - Public Health
- We are in it together

Maslow's Hierarchy of Needs



For more info on shared care planning or to connect with others who are doing it:

Marilyn Berardinelli
berardin@ohsu.edu

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