
Health Care For All New York

Children's Defense Fund – New York

Children and Payment and Delivery System Reform in New York



Children's Defense Fund–New York
A strong, effective, independent voice for *all* children

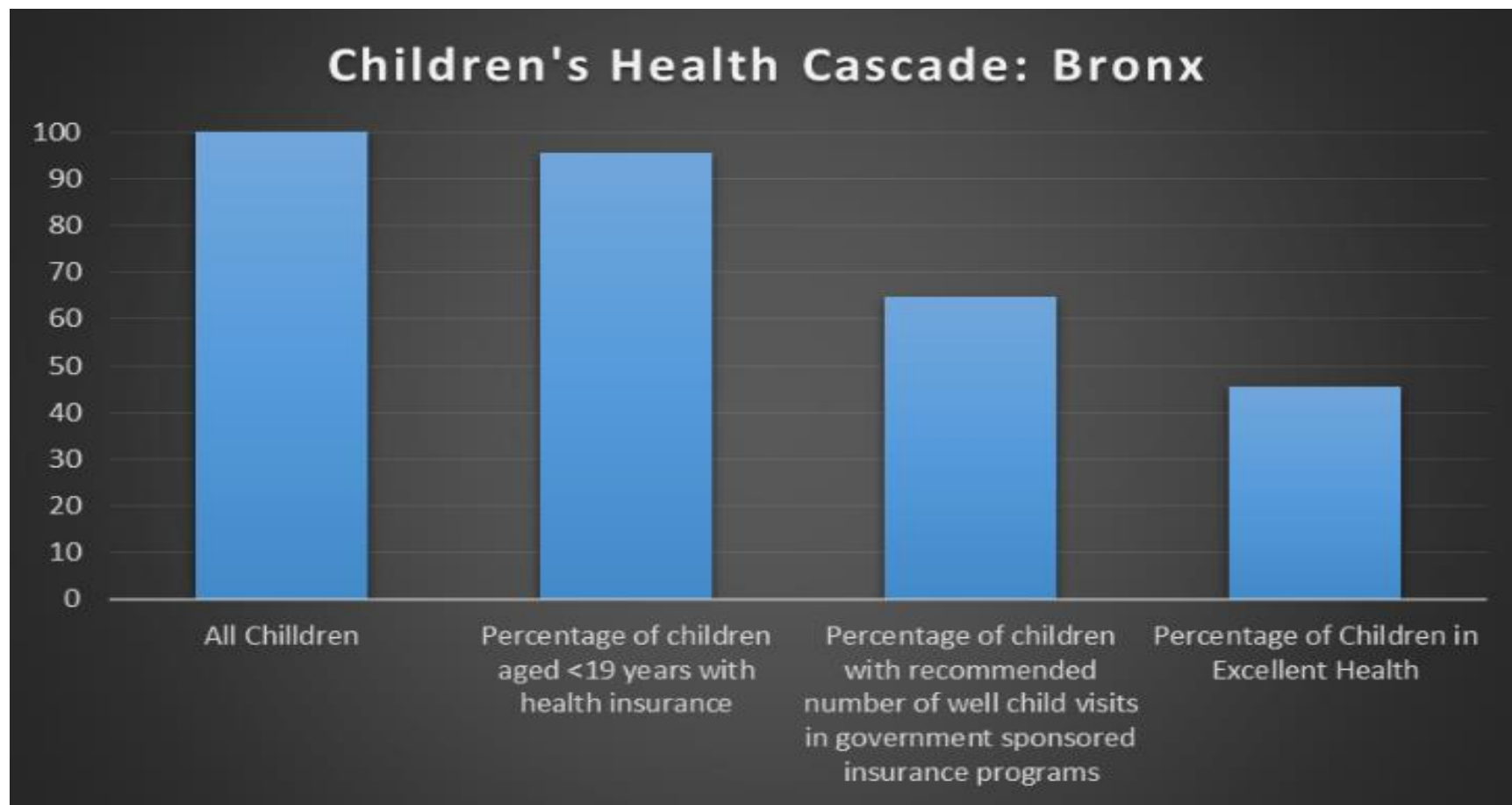
Agenda

- What are the gaps in care children face in the current health care landscape?
- Review of Payment and Delivery System Reform Efforts in New York State
- Guiding Principles for Protecting Children and Families' Access to Care
- Questions and Answers

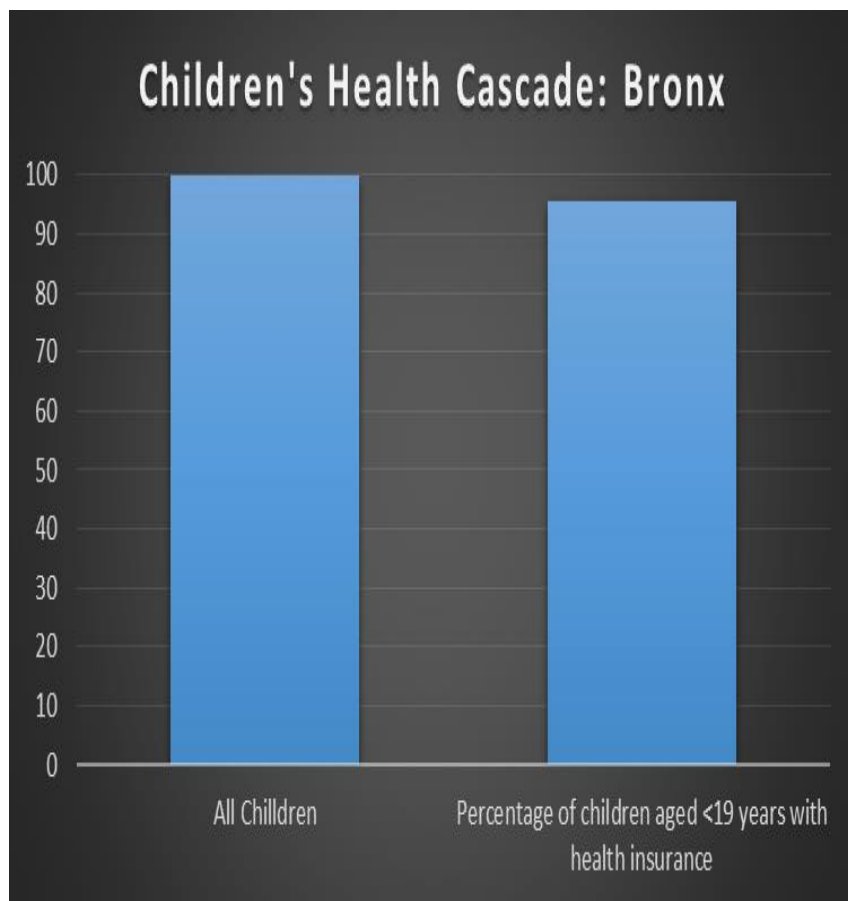
Children and PDSR in New York State

THE CHILDREN'S HEALTH CASCADE

The Children's Health Cascade: The Bronx

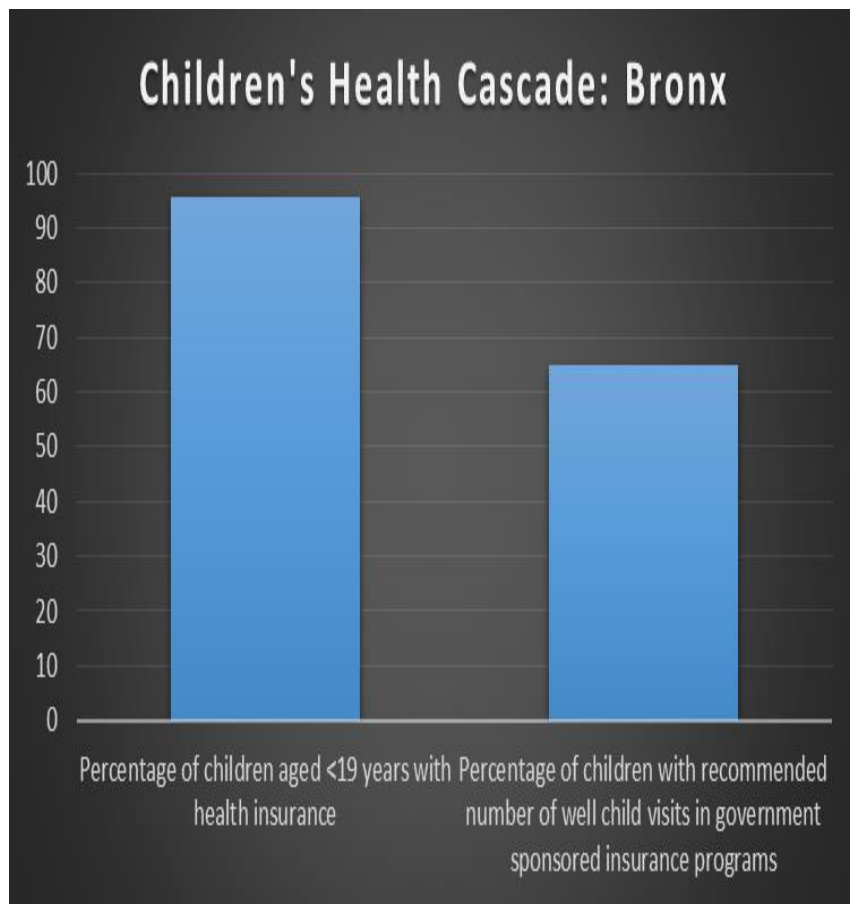


Extending coverage to all populations



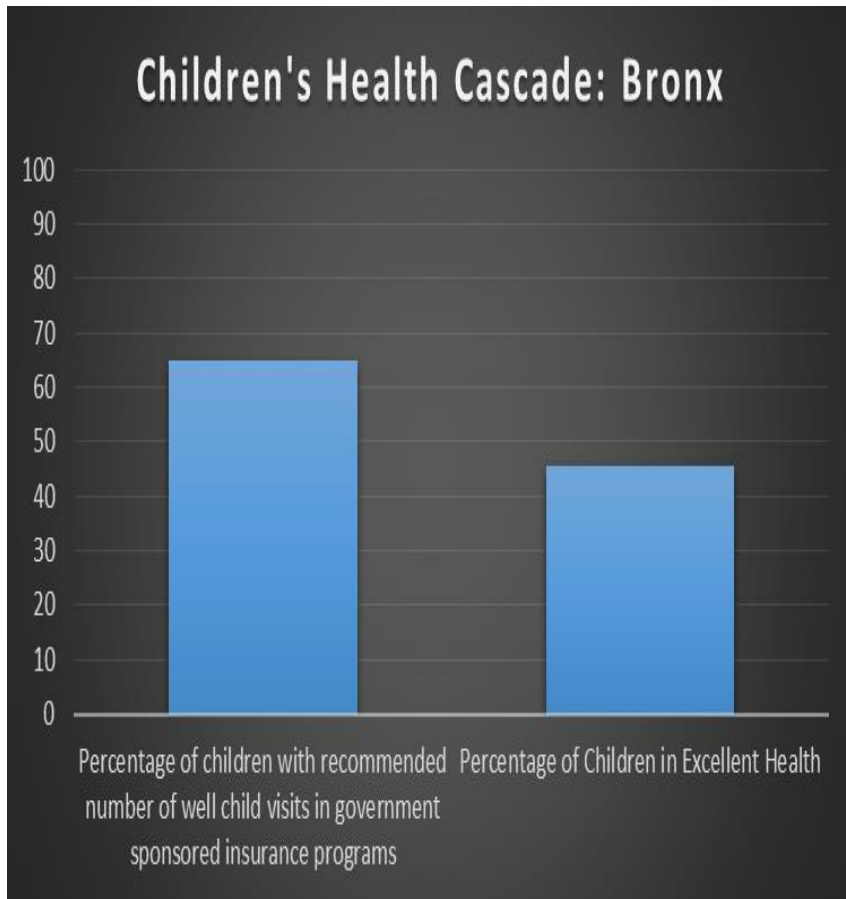
- New York has a strong record of connecting children to health insurance coverage; particularly with:
 - Medicaid, and
 - Child Health Plus.
- In 2014, just 3.3% of children did not have insurance.
- Need to extend coverage to remaining uninsured:
 - Children from immigrant families, and
 - Adolescents

Making sure coverage leads to care



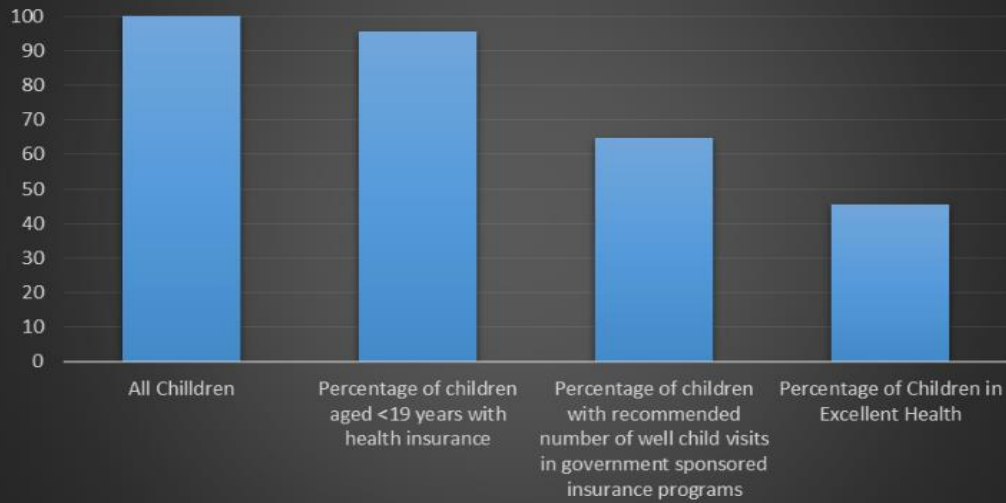
- Serious gap between the number of children insured and the number of children receiving regular primary care.
- Connection to primary care worsens as the child grows up.
- Over-reliance on hospital and emergency room usage.

Making sure care is of a high quality

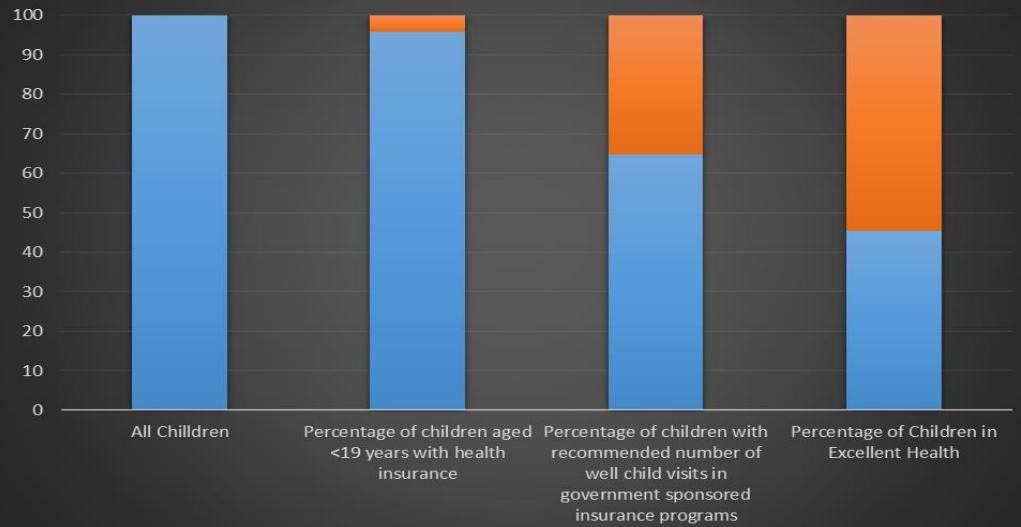


- Another gap exists between the number of children connected to care and those who are in excellent health.
- Highlights a need to:
 - Broaden our definition of health, and
 - Increase cultural and linguistic competency.

Children's Health Cascade: Bronx



Children's Health Cascade: Bronx



Children and PDSR in New York State

PAYMENT AND DELIVERY SYSTEM REFORM EFFORTS IN NEW YORK STATE

Overarching Payment and Delivery System Reform Initiatives

ACA

MRT

SHIP

DSRIP

Tools and Levers for Transformation

New York State of Health Marketplace

Health Homes

Care Management for All

DFS Rate Review & Network Adequacy

SHIN-NY

Advanced Primary Care/PCMH

Population Health Improvement Program

Value-Based Payment

Performing Provider Systems

All-Payer Database

Metrics of Transformation

Prevention Agenda
Targets



Increased access to
affordable insurance

More coordinated
care and better
access to primary
care

Reduced reliance on
emergency room
and inpatient
hospitalizations

Long Term Outcomes/Triple Aim

Decreased Costs

Improved
Experience of
Care

Improved
Population
Health

PDSR Efforts in New York State

- New York State is actively reshaping the Medicaid and commercial health care infrastructure through a number of reforms:
 - Delivery System Reform Incentive Payment (DSRIP) Program
 - State Health Innovation Plan
 - Value-Based Payment
 - All Payer Database
 - Population Health Improvement Program
 - Prevention Agenda

Delivery System Reform Incentive Payment (DSRIP) Program

- A program to shift health care usage:
 - Away from heavy reliance on emergency rooms and inpatient hospitalization, and
 - Towards integrated primary care.
 - \$8 billion grant from the Centers for Medicare and Medicaid Services (CMS)
 - The primary goal is to reduce avoidable hospitalizations by 25% over 5 years.
 - Incentivizes hospitals and safety-net providers to collaborate at the community-level and form networks of providers known as Performing Provider Systems (PPS).
-



New York State Department of Health. *DSRIP Overview*. Retrieved from:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/overview.htm.
Allen, G. (2014, October 28). *NYS DSRIP/SHIP and Population Health*. Lecture, Albany, NY. Retrieved from:
<http://nyshealthfoundation.org/uploads/general/pop-health-summit-2014-allen-slides.pdf>

Delivery System Reform Incentive Payment (DSRIP) Program

- These PPSs will work together to deliver more coordinated, holistic care to Medicaid consumers through a series of clinical projects.
- Child specific clinical projects include:
 - DSRIP Project 3.f.i - Maternal and Child Support Programs, and
 - DSRIP Project 4.d.i – Reduce Premature Births.
- Participating providers will receive payments for achieving certain process and outcome measures that lead towards improved experience of care, lower overall costs and improved health.



State Health Innovation Plan (SHIP)

- The three main goals of this \$99.9 million grant are:
 - **80%** of the state's population will receive care in an Advanced Primary Care setting,
 - **80%** of reimbursement will be value-based, and
 - Increased patient activation and overall transparency.
- Under the APC model, providers promote improved population health through the:
 - Integration of primary and behavioral health care,
 - Electronic data sharing, and
 - Coordination of care for all of their patients, much like in the patient-centered medical home (PCMH) model.



State Health Innovation Plan (SHIP)

- 5 Pillars of SHIP

- Increase access to care for all New Yorkers, without disparity
- Increase care to address patient needs seamlessly
- Make the cost and quality of care transparent to empower decision making
- Pay for healthcare value, not volume
- Promote population health.

- 3 Enablers

- Workforce strategy
- Health information Technology
- Performance measurement and evaluation



New York State Department of Health. *The New York State Health Innovation Plan*.
Retrieved from: https://www.health.ny.gov/technology/innovation_plan_initiative/

Value-Based Payment (VBP)

- VBP arrangements are those that reward the quality, rather than the volume, of services.
- Most payments currently fee-for-service
 - Fragmented and inefficient
- VBP can include arrangements such as:
 - FFS with provider risk-sharing,
 - Upside-only, or
 - Upside and downside
 - Prospective capitation, and
 - Bundled payments.



Value-Based Payment (VBP): Example



- **Pay for Performance**
- A primary care provider delivers care as usual to her patients and receives FFS reimbursement from a health plan.
- If she and her patients hit previously-agreed upon quality measures, the provider receives a bonus payment.

Value-Based Payment (VBP): Example



- **Bundled Payment**, or episode-based payment
 - A mid-point between fee-for-service reimbursement and full capitation.
- A provider receives a single payment that reimburses a set of services typically associated with the treatment of an episode of a particular condition or disorder.
 - Office visits
 - Tests
 - Imaging
 - Other services
- A pediatrician receives a prospectively determined payment for the services needed to treat a child with an acute episode resulting from epilepsy.

All Payer Database (APD)

- New York seeks to improve the transparency of the health care market by creating an accessible clearing house for provider pricing and plan reimbursement.
- The APD will feature information on “health care claims data from:
 - Insurance carriers,
 - Health plans,
 - Third-party administrators,
 - Pharmacy benefit managers, and
 - Medicaid and Medicare.”
- The APD will allow for better assessment of spending and utilization patterns.
- It will help consumers make decisions about plans and providers based on quality and price information.



New York State Department of Health. *All Payer Database*. Retrieved from: https://www.health.ny.gov/technology/all_payer_database/

www.hcfany.org

Population Health Improvement Program (PHIP)

PHIP Regions



- PHIP seeks to promote greater population health by enabling best practices among various public health stakeholders.
- PHIP divides the state into eleven regions.
- Lead agencies in each region will build capacity for implementing PDSR reforms by promoting:
 - Access to data
 - Training and technical assistance
 - Opportunities for collaboration.

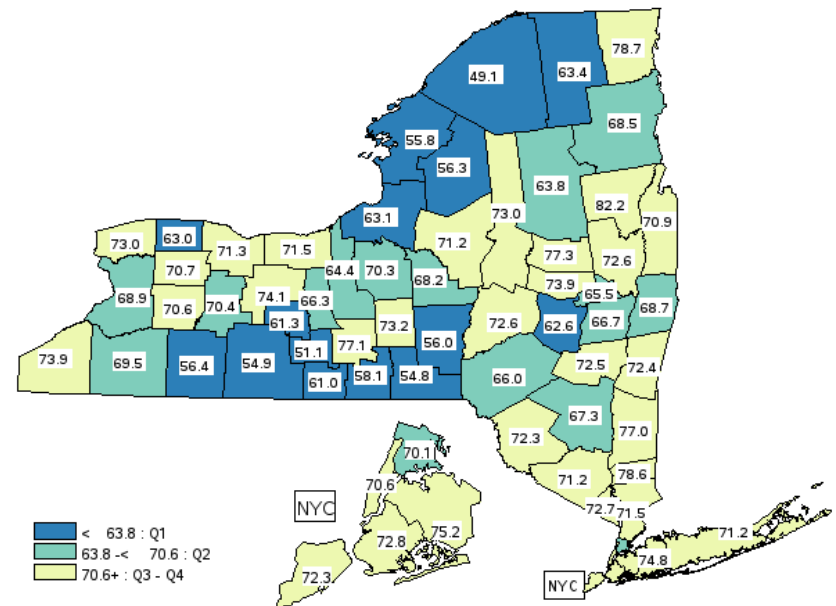
Prevention Agenda 2013-2017

- The Prevention Agenda lays out the objectives and longer-term goals that will help identify the success of New York's reforms.
- Over 5 years, the Prevention Agenda seeks to combat certain health care deficiencies.
- “Promote Healthy Women, Infants and Children Action Plan”
 - Boost children's access to comprehensive well-child care;
 - Reduce the high rate of dental cavities among children.

Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs, 2013

Prevention Agenda 2017 Objective: 76.9

Data Source: NYSDOH Office of Quality and Patient Safety data as of January 2015





Children and PDSR in New York State

GUIDING PRINCIPLES FOR PROTECTING CHILDREN AND FAMILIES' ACCESS TO CARE

Guiding Principles for Protecting Children and Families' Access to Care

1. Parents and children should be able to choose providers and health care services based on quality and their own preferences.
2. All children should receive regular health care through a patient-centered medical home that integrates primary and behavioral health care.
3. Children should have access to an adequate number of primary care and specialty providers who are geographically accessible and in their health insurance networks.
4. Financing typically restricted to medical services should be expanded to fund services that address the social determinants of health.
5. Children's health care should be both linguistically and culturally competent.
6. Payment and delivery system reforms must promote transparency, actively engage all parents and children and equip them to make decisions about their own care.
7. Payment and delivery system reforms should utilize appropriate reimbursement levels for pediatric service delivery and incorporate child-specific outcomes measures when evaluating the success of these initiatives.

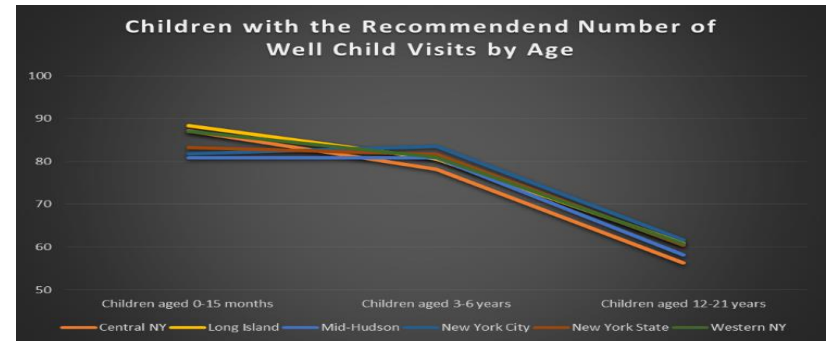
1. Parents and children should be able to choose providers and health care services based on quality and their own preferences.

- New York has connected 97% of children to health insurance.
- Insurance design should facilitate consumer choice and access to care.
 - High deductible plans
 - CHIP reauthorization
- Children should not have to choose between affordability and quality.



2. All children should receive regular health care through a patient-centered medical home that integrates primary and behavioral health care.

- Currently, children have insufficient access to primary care.
 - 60% of children ages 12-21 had the recommended number of well-child visits.
 - 40% of children received any preventive oral health care.
 - >50% of children with a diagnosable mental health condition receive any kind of treatment.
- Overreliance on hospitals
 - Most common conditions leading to hospitalization can be managed in a primary care setting.



Pediatric Inpatient Hospitalizations in New York, by Diagnosis, 2013	
Diagnosis	Hospitalizations
Asthma	11,091
Bronchitis	8,181
Epilepsy/Convulsions	7,456
Mood Disorders	6,559
Pneumonia	5,981



Focus Area 2: Child Health (Promoting Healthy Women, Infants and Children Action Plan)

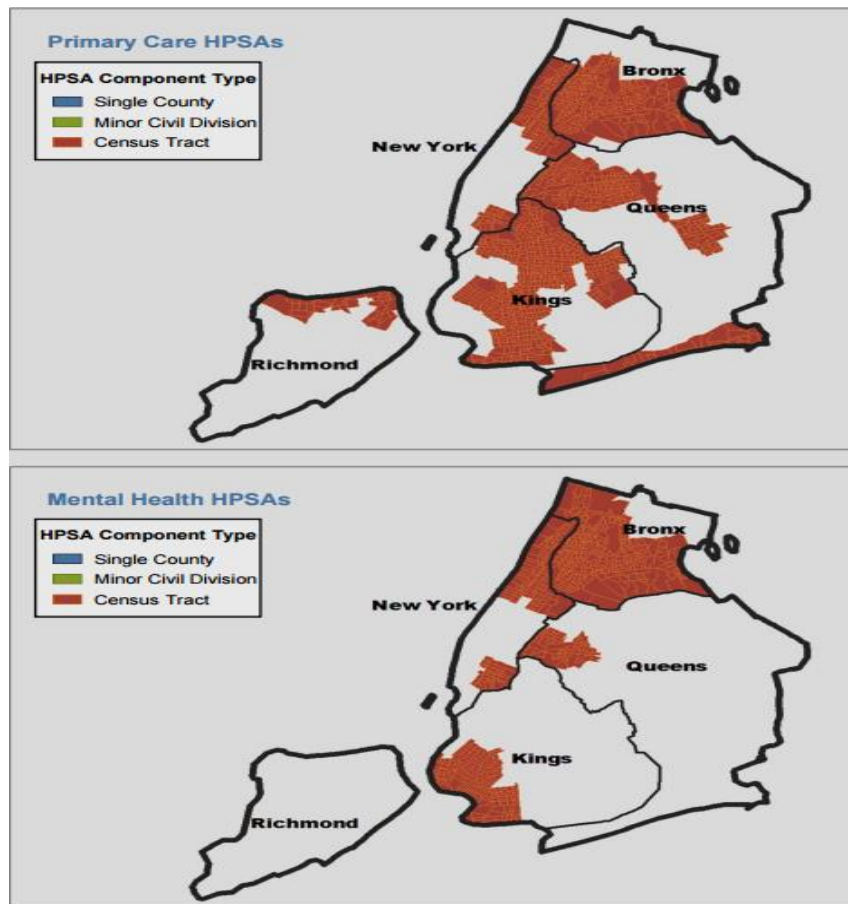
https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_2.htm

Merikangas, K., He, J., Brody, D., Fisher, P., Bourdon, K., & Koretz, D. (2010). Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics*, 125(1), 75-81. doi: 10.1542/peds.2008-2595

New York State Department of Health. *Hospital Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges by Patient Zip Code: Beginning 2009*.

Retrieved from: <https://health.data.ny.gov/Health/Hospital-Inpatient-Prevention-Quality-Indicators-P/2xc5-n3zd>.

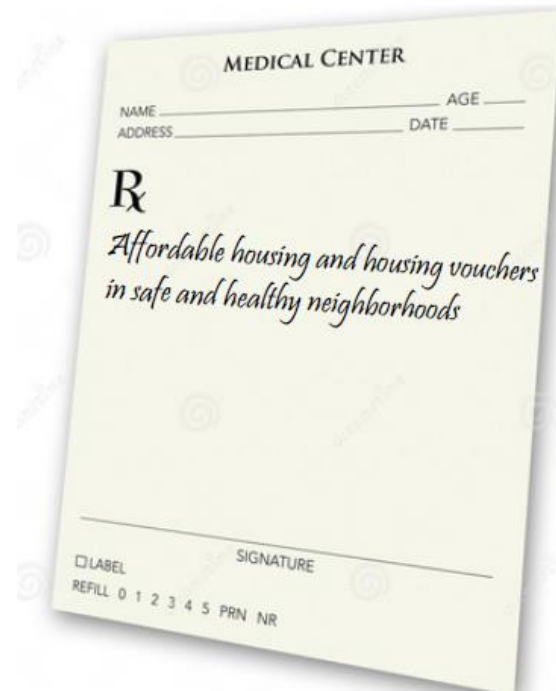
3. Children should have access to an adequate number of primary care and specialty providers who are geographically accessible and in their health insurance networks.



- One major barrier to receiving care is access to providers.
- HRSA has designated many New York counties with poor health outcomes as health provider shortage areas.
- Narrow insurance networks can make it difficult to access care even when it is available.

4. Financing typically restricted to medical services should be expanded to fund services that address the social determinants of health.

- The definitions of children's health and wellness need to incorporate elements outside of the exam room.
- One study found medical care responsible for 10% of what makes a person healthy.
- Children with unstable housing, poor access to food and other supports face tremendous barriers to good overall health.
- Health care financing must also expand to reimburse non-medical services that promote improved health.



5. Children's health care should be both linguistically and culturally competent.

NYSOH Marketplace Enrollment by Race		Preferred Spoken Language in the NYSOH Marketplace	
White, Non-Hispanic	36%	Chinese	4%
Black/African American	16%	English	82%
Asian/Pacific Islander	13%	French	<1%
Other	7%	French Creole	<1%
Did Not Report	31%	Italian	<1%
Total	102%	Korean	N/A
		Russian	1%
		Spanish	13%
		Total	100%

NYSOH Marketplace Enrollment by Ethnicity	
Hispanic	28%
Non-Hispanic	60%
Did Not Report	12%
Total	100%

- Over 100 different languages used on NYSOH Marketplace.
- Consumers struggle to achieve positive health outcomes when a provider is:
 - Unaware of cultural context, and/or
 - Unable to communicate in a language in which the consumer is not fluent or comfortable.
- Patient engagement is difficult without culturally and linguistically competent care.

6. Payment and delivery system reforms must actively engage all parents and children and equip them to make decisions about their own care.

- Health care is not like other consumer goods.
- Consumers lack digestible information on quality and cost.
- Consumers need accessible information regarding:
 - Providers quality,
 - Pricing,
 - Treatment options, and
 - Patient rights.



6. Payment and delivery system reforms must actively engage all parents and children and equip them to make decisions about their own care.

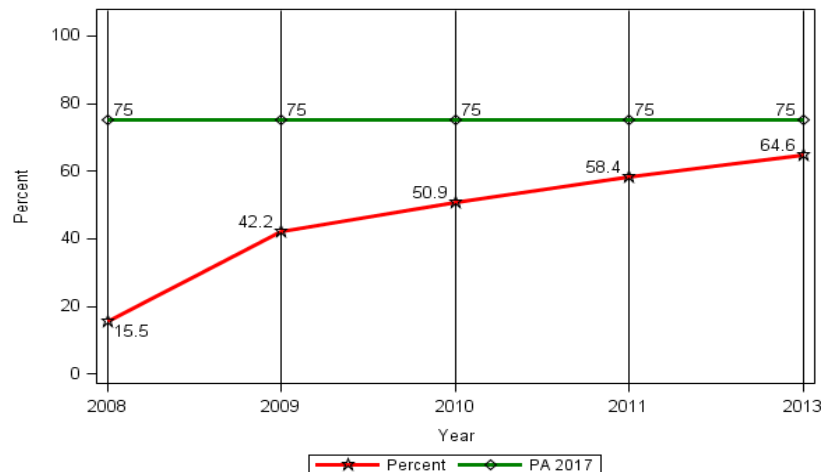
- Who is in charge of a patient's care?
 - Most consumers believe it is entirely up to their provider.
- Patients achieve better health outcomes when they are more engaged.
- Patient activation for children needs to adjust with age:
 - When a child is younger, a parent or guardian acts as the advocate, steering health care decisions towards what is best for the child.
 - As children mature and reach adolescence, a young person must take ownership of how they receive health care services.



7. Payment and delivery system reforms should utilize appropriate reimbursement levels for pediatric service delivery and incorporate child-specific outcomes measures when evaluating the success of these initiatives.

Percentage of children with an outpatient visit, during the measurement year, that includes an assessment for weight status - Aged 2-17 years

Data Source: Office of Quality and Patient Safety data as of January 2015



Data Year(s)	Percentage	PA 2017
2008	15.5	75
2009	42.2	75
2010	50.9	75
2011	58.4	75
2013	64.6	75

- Children are not just miniature adults.
- Payment must consider the full scope of costs for treating children's primary care needs and managing their chronic health care needs.
- Metrics must carefully track children's access to care, including such measures as:
 - The number of children receiving regular well-child care,
 - The number of child inpatient hospitalizations by diagnosis at discharge, and
 - The rates of chronic and acute health conditions.

Conclusion

- The hope for providers, payers, advocates and other stakeholders should be that of a parent, to see a child free from the burden of disease and living in an environment that promotes boundless wellness and opportunity.
- **Policy Brief To Be Released Soon!**
 - Along with helpful one-pagers and FAQ documents.

Conclusion

Questions?

Andrew Leonard

Senior Policy Associate for Health, Housing and Income Security

Children's Defense Fund – New York

aleonard@childrensdefense.org