# Primary Care Medical Homes (PCMH) - Kids

## Project Description & What We Tested

<table>
<thead>
<tr>
<th>Vendor:</th>
<th>Care Transformation Collaborative Rhode Island (CTC-RI) Debra Hurwitz</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Contact(s):</td>
<td>James Rajotte, DOH/SIM</td>
</tr>
</tbody>
</table>

The PCMH-Kids is a multi-payer initiative that extends the transformation of primary care in Rhode Island to children and works towards achieving the triple aim of improving patient/family satisfaction, spending health care dollars more wisely, and improving population health. **SIM funding, together with funding from the health plans, has enabled 9 primary care practices to develop high quality, family and patient-centered medical homes for children and youth.** Practices have 1) received on-site and distance collaborative learning and coaching to support practice transformation, quality improvement, and improve patient and family centered care processes; 2) employed staff to provide care coordination and build team-based care; 3) achieved NCQA PCMH recognition; 4) increased access by offering care beyond Monday-Friday business hours 5) used the EHR to identify high risk, high need children and families and monitor population health, especially for developmental screening and body mass index (BMI). Through a Learning Collaborative effort, many of the practices have integrated behavioral health into primary care by screening children for ADHD/ADD, new moms for postpartum depression and adolescents for substance use disorders.

**Funds Allocated: $500,000**

## Milestones & Accomplishments

- **Population Health:** All PCMH-Kids practices have successfully reported on standardized measures for quality, customer experience and utilization. Seven out the nine PCMH-Kids practices reached or exceeded the threshold for their quality measures (Developmental Screening and BMI Assessment and Counseling); 2 practices are within 10% of the threshold.
- **Patient Centered Medical Home:** All practices achieved the highest level of NCQA PCMH recognition prior to the “due date.”
- **Utilization:** Reduced emergency department usage by 2.5% compared to non-PCMH practices.
- **Integrated Behavioral Health:** Funding from the health plans has allowed the pediatric practices to hire social workers as care coordinators. With added funding from Tufts Health Care, PCMH-Kids practices have participated in 3 integrated behavioral health learning collaboratives:
  1. ADHD screening, diagnosis and treatment;
  2. Postpartum depression screening and intervention,
  3. Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) (ends March 2019)
- **High risk Framework:** Developed a pediatric relevant high risk framework to identify children and families that might benefit from care coordination.

## Sustainability & Transition Planning

- **PCMH Kids Cohort 1** multi-payer contract ended 12/31/18. OHIC has successfully worked with the commercial payers to provide PCMH Kids practices with sustainability payments effective 1/1/19;
- **CTC and PCMH Kids leadership** have worked with EOHHS and Managed Medicaid plans to provide bridge funding for timeframe 1/1/19 to 6/30/19. It is anticipated that PCMH Kids transformation payments will be included in the 7/19 fiscal Medicaid rates.
- **PCMH Kids has partnered with American Academy of Pediatrics, Children’s Cabinet, Accountable Entities, and the RI Dept. of Health.**
- **Applied to Rhode Island Foundation to fund Pediatric IBH initiative and jointly applied with RI DOH for HRSA “Healthy Tomorrow” funds**

## Key Metrics

- In addition to the nine original PCMH-Kids pilot practices supported through SIM, RI health plans approved the expansion of PCMH-Kids to 11 other pediatric practices for a total of 20 PCMH-Kids practices in Rhode Island in 2017.
- Based on continued success, the health plans have approved a third PCMH Kids expansion (7/1/19) of 17 practice sites, representing 64 providers and ~44,000 patients. PCMH Kids will represent more than 50% of the children in Rhode Island and nearly all of the state’s pediatric Medicaid population. New practice orientation and practice facilitation services will start in April 2019.
- Obtained an additional $230,000 from Tufts Health Care for support of IBH pediatric initiatives and $20,000 from AAP to support SBIRT initiative

## Challenges

- **EOHHS budget constraints** impacted the ability of Managed Medicaid health plans to identify continued financial support for PCMH Kids program. CTC and PCMH Kids leadership were able to successfully rally support for the importance of building pediatric PCMHs within primary care practices and within systems of care, and the financial cuts were rescinded.
- **Improving children’s health is a long-term investment; the consequences of poor health in children are seen in adulthood.**

## Impacts:

- [ ] Patients
- [ ] Specialists
- [ ] Hospital & Long-Term Care Staff
- [ ] PCPs
- [ ] State Government
- [ ] Community Based Organizations
- [ ] Payers
- [ ] Community Mental Health Center Staff
**Unmet Needs**

- **Infants born at risk:** In 2017, 63% of newborns “screened positive” on RI Newborn universal screen, indicating the presence of one or more risk factors associated with poor developmental outcomes. In 2016, the rate of babies diagnosed with Neonatal Abstinence Syndrome was 89.5 per 10,000 births, more than double the rate of 37.2 in 2006.

- **Developmental screening and children with special needs:** Number of children with Autism Spectrum Disorder has increased from 1,295 (2007) to 2,500 (2017). In 2016, only 32% of parents with young children reported developmental screening had occurred during a well child visit.

- **Child and Adolescent Obesity:** High school obesity prevalence has increased since 2007, with 15% of high school students self-reported as obese.

- **Alcohol, Drug and Tobacco Use:** In 2017, 26% of RI high school students reported currently smoking cigarettes, cigars or using smokeless tobacco or e-cigarettes. 23% reported current alcohol consumption, 23% reported current marijuana use and 11% reported binge drinking.

- **Mental Health:** According to the Truven report (2015), RI is higher than the national average in % children with 2 or more adverse childhood experiences. 15% of children aged 6-11 years have a serious emotional disturbance; 13.7% of youth aged 4-17 have attention–deficit/hyperactivity; 11.3% of adolescents had at least one major depressive episode in the last year.

**Project Goals**

1. Provide patient centered care and achieve NCQA PCMH recognition.
2. Improve quality through population health screening and customer experience survey feedback.
3. Identify and address needs of “at risk” children and families through care coordination services.
4. Identify and address behavioral health needs within primary care.
5. Achieve cost savings through decreased ED utilization.

**How It Works**

- **Quality Population Health Measurement:** BMI, developmental screening
- **Pediatric Consumer Assessment of Health Care Providers/Systems (CAHPS) Survey:** evaluates patient/family experience
- **Embedded Care Coordinator:** identifies “at risk “children and families (pre-visit planning, huddles, and high-risk criteria reports) and provides care coordination services.
- **Service Delivery Requirements:** Attains NCQA PCMH recognition, uses electronic health record to measure, report and improve population health measures, increases patient access, and reduces ED use. Improves satisfaction.
- **Onsite Practice Facilitation Services:** Provides coaching for NCQA PCMH recognition, EHR reporting, data driven quality measurement and improvement, workflow standardization.
- **Best Practice Sharing:** Participation in learning community: Quarterly Committee meetings (Care Coordination, Practice Reporting and Transformation, Breakfast of Champions, Pediatric Stakeholder meetings)
- **Integrated Behavioral Health Learning Collaboratives:** ADHD, Maternal Depression, Adolescent SBIRT

**Target Audience**

*Nine pediatric primary care practices serving 30,000 children under the age of 18.*