Medicaid: Health Promotion and Disease Prevention for School Readiness

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Children’s Health is an Economic Investment

Children in poor health…
• Do less well in school
• Complete fewer years of school
• Have poorer adult health
• Have lower earnings as adults

Early Mathematics Performance By Mother’s Education: 1998-2000

![Graph showing early mathematics performance by mother's education.](image-url)
Low-Income Children Are At High Risk For Poor Development

Nearly One-Third of Florida Children At Risk

Percent of publicly insured children ages 1-5 who are at moderate/high risk for social, emotional or behavioral developmental delay

Commonwealth Fund analysis of the National Survey of Child Health, 2003
Many Low-Income Florida Mothers Report Sub-Optimal Health Status, Which Affects Child Development

Percent of children ages 0-5 with public insurance whose mother’s physical & mental health are BOTH excellent or very good

Commonwealth Fund analysis of the National Survey of Child Health, 2003
“…government has the necessary influence, the attention and respect of the healthcare sector in pursuit of quality. There is no other stakeholder with such a combination of roles and influence.”
Institute of Medicine
Leadership by Example, 2003

“...no other entity in America today is in a better position to influence the health and health care for young children than states.”
Vernon K. Smith, 2005
Former Medicaid Director, Michigan
Need to Think About Outcomes: School Readiness

- Health and physical development
- Emotional well-being and social competence
- Curiosity and enthusiasm about learning
- Communication skills
- Cognition and general knowledge
How to Alter Children’s Outcomes

Risk Factors

Protective Factors

Children’s Development

Age
Rate of Return to Human Capital Investment

Rate of Return on Investment

Preschool programs

Schooling

Job training

Preschool | School | Post-school

Age

P Carneiro & JJ Heckman, 2003
Young Children Are Most Likely to be Seen by a Health Professional

Percent of young children receiving services in each setting in the past year

- Preventive Health Care Visit (0-5): 89%
- WIC Services (0-5): 24%
- Center-based Care (0-4): 35%
- Preschool/Nursery school (3-5): 6%
- Head Start/Early Head Start (0-5): 4%

Sources:
- Preventive Health Visit: National Survey of Children's Health
- WIC - FDA, Food and Nutrition Services, Office of Analysis, Nutrition, and Evaluation
- Formal Child Care: Census Bureau Special Report: Who's Minding the Kids? [Center-based= organized facility or day care]
- Head Start: National Head Start Association, Program Fact Sheets
More than One-Third of Young Children (0-3) Depend on Publicly Funded Health Insurance Programs

- **Private**: 59%
- **Public**: 35%
- **Uninsured**: 7%

- **Medicaid**: 33%
- **SCHIP**: 2%

Source: Commonwealth Fund analysis of the National Survey of Children’s Health 2003 and Health Insurance Coverage of America’s Children, Kaiser Commission on Medicaid and the Uninsured, January 2007
“Recent studies confirm what we have long suspected. In education, in health, in all of human development, the early years are the critical years . . . Our goal must be clear – to give every child the chance to fulfill his promise.”

-- Lyndon B. Johnson
Special Message to Congress, 1967
EPSDT Designed to Improve Healthy Development of Children

- EPSDT defines health broadly to emphasize promotion of both physical and cognitive, social and emotional development
- EPSDT adopted a preventive standard of care to determine medical necessity
- Benefit package explicitly developed to meet the needs of children
- Structure – periodicity, care coordination
EPSTD: Core Elements

Benefits and services:

• Periodic and “as needed” screening services
• Vision, hearing, and dental care
• All medically necessary “medical assistance,” diagnosis and treatment needed to “ameliorate” conditions, including covered treatments identified in IEPs and IFSPs under the IDEA and child welfare case plans
• A “preventive” standard of medical necessity

Administrative services:

• Informing families
• Transportation, scheduling and other assistance
• Linkages to other agencies (special education, Title V, WIC, child welfare, other agencies)
• Reporting
Desired Outcomes at School Entry

Physical health and development
• No undetected hearing or vision problem
• No chronic health problems without a treatment plan
• Immunizations complete for age
• No undetected congenital anomalies

Emotional, social and cognitive development
• No unrecognized or untreated delays

Family’s capacity and functioning
• Parents knowledgeable about child’s physical health status and needs
• No unrecognized maternal depression, family violence, or family substance use
• No undetected early warning signs of child abuse or neglect
## Where Benefits Meet Needs

<table>
<thead>
<tr>
<th>EPSDT Benefit</th>
<th>Outcomes at Age 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic and as needed screening services including</td>
<td>No undetected developmental delays</td>
</tr>
<tr>
<td>• Developmental assessment</td>
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<tr>
<td>• Mental health assessment,</td>
<td></td>
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<tr>
<td>• Anticipatory guidance</td>
<td></td>
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<tr>
<td>Vision care</td>
<td>No undetected or uncorrected vision problems</td>
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<tr>
<td>All medically necessary diagnosis and treatment to ameliorate conditions</td>
<td>No chronic problem without a management plan</td>
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<tr>
<td>A preventive standard of medical necessity</td>
<td>Parents able to anticipate and meet children’s</td>
</tr>
<tr>
<td></td>
<td>developmental needs</td>
</tr>
<tr>
<td>Linkages to other agencies</td>
<td>No untreated developmental problems</td>
</tr>
</tbody>
</table>
Quality of Health Care for Children Even Worse Than for Adults
Percent of Recommended Care Received

Adult Health Care

- Overall: 55%
- Hypertension: 76%
- Asthma: 54%
- Pneumonia: 39%

Child Health Care

- Overall Care: 44%
- Preventive Care: 43%
- Acute Care: 48%
- Chronic Care: 45%

Florida Close to National Average on Receipt of Preventive Care for Young Children

Percent of children age 0-5 with public insurance with at least one preventive visit in past year

- High: 96%
- Mean: 87%
- Florida: 85%
- Low: 77%

National Survey of Child Health, 2005
Florida Medicaid Performing Better than National Average on Receipt of Child Mental Health Care, But Much Room to Improve

Percent of children ages 1-17 with public insurance and current emotional, developmental, or behavioral problems who received some type of mental health care during the past year

82

High

IA

75

61

Florida

59

Average

33

Low

TX

Commonwealth Fund analysis of the National Survey of Child Health, 2003
Less Than Half of Publicly Insured Young Children in Florida Have a Medical Home

Percent of children ages 0-5 with public insurance with a medical home*

*Children who have a primary care provider AND consistently received all needed care, including one or more preventive care visits during past 12 months

Commonwealth Fund analysis of the National Survey of Child Health, 2003
Only One-Third of Publicly Insured Florida CYSHCN Have a Medical Home

Percent of CYSHCN age 0-17 with public insurance with a medical home*

Commonwealth Fund analysis of the National Survey of Child With Special Health Care Needs, 2003
Low-Income Florida Parents Report Receiving Accessible and Timely Health Care

Percent of children age 0-17 with public insurance have a personal doctor or nurse who is consistently available when phone advice or urgent care is needed for child (group needing phone advice and/or urgent care only)

- High: 97%
- Florida: 89%
- Average: 87%
- Low: 75%

Commonwealth Fund analysis of the National Survey of Child Health, 2003
Much Room to Improve Quality of Provider-Parent Communication for Low-Income Families

Percent of children age 0-5 with public insurance have a personal doctor or nurse who consistently spends enough time with them and explains things in ways that children and parents can understand.

Commonwealth Fund analysis of the National Survey of Child Health, 2003
Three in Five Publicly-Insured Florida Children Receive Appropriate Follow-Up Care

Percent of children age 0-17 with public insurance have a personal doctor or nurse who follows up with family after child sees specialist or gets specialized services/equipment

Commonwealth Fund analysis of the National Survey of Child Health, 2003
Achieving a High Performance Health System Requires:

- Committing to a strategy and establishing a process to implement and refine that strategy
- Delivering care through models that emphasize coordination and integration
- Establishing and tracking metrics for health outcomes, quality of care, access, disparities, and efficiency

Factors Associated with Success in Advancing Policy Agenda for Young Children

- Strategic plan for improvement
- Broad stakeholder participation
  - Active clinician leadership
- Grounding policy options in experience
  - Pilot-test innovation through demonstrations
  - Data is critical, especially local data
- Creating opportunities for improvement
- Partner with families

Recommendations for State Child Health Policy Actions

1. Ensure that the benefit package for children remains comprehensive, including mental health parity
2. Medicaid (and SCHIP) should clarify that developmental services are a priority and a covered benefit of EPSDT
3. Test payment based on quality and/or on child and family risk
4. Collect and publicly report quality information at the practice level
5. Reimburse for non face-to-face encounters with the family (email or telephone)
6. Strengthen a centralized system for referral and care coordination
7. Encourage development of effective IT infrastructure to promote higher quality care Maintain wrap-around services
8. Promote quality improvement through incentives, EQRO, establishment of a public-private Improvement Partnership