Transforming the Child Health System from 2.0 to 3.0

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Grantmaker’s in Health
Creating Integrated Child Health Systems:
Using a Population Health Perspective
Pew Charitable Trust
April 29, 2014
Outline

• Pressing need to transform our health system
• 3.0 Transformation Framework
  – How it can be used to redesign the system
• Prototyping 3.0 Health System Change
• Child Health System Transformation Initiative
Growth in Total Health Expenditure Per Capita, U.S. and Selected Countries, 1970-2008


Biggest Cost Driver is Chronic Disease

- **The 10% of patients that suffer from chronic disease** account for **75%** of the nation’s health care spending

- Studies show that virtually **ALL** of the spending growth in Medicare over the last 15 years resulted from increased spending on people with multiple, chronic conditions

- **The number of chronically ill expected to DOUBLE** by 2020

Rapid Rise in Disease Prevalence:
% of Adult Population Treated, By Medical Condition, 1987-2005:

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>1987 %</th>
<th>2005 %</th>
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<tbody>
<tr>
<td>Mental Disorders</td>
<td>5.5%</td>
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<td>Hyperlipidemia</td>
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<td>Hypertension</td>
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<td>Diabetes</td>
<td>4.0%</td>
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<tr>
<td>Pulmonary Conditions (OPD, Asthma)</td>
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<tr>
<td>Lupus/Other Related</td>
<td>4.85</td>
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<td>Arthritis</td>
<td>7.8%</td>
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<tr>
<td>Back Problems</td>
<td>5.4%</td>
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<tr>
<td>Upper GI</td>
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<tr>
<td>Heart Disease</td>
<td>8.1%</td>
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## Child well-being in rich countries

A comparative overview

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<thead>
<tr>
<th></th>
<th>Overall well-being</th>
<th>Dimension 1</th>
<th>Dimension 2</th>
<th>Dimension 3</th>
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<tr>
<td></td>
<td>Average rank (all 5 dimensions)</td>
<td>Material well-being</td>
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*Note: Lack of data on a number of indicators means that the following countries, although OECD and/or EU members, could not be included in the league table of child well-being: Australia, Bulgaria, Chile, Cyprus, Israel, Japan, Malta, Mexico, New Zealand, the Republic of Korea, and Turkey.*
How are the Children?
Trends in Child Health

• Mortality Rates Continue to Decrease
• Morbidity is decreasing for many Medical Conditions
• Disparities in Health Outcomes are increasing (societal inequality)
• Emergence of New Morbidities and Concerns (obesity, ADHD, mental health)
• Patterns of Exposure and Risk are changing (squeezed families, hurried children, toxic environments)
Changing Pattern of Childhood Morbidity

- Increase in chronic health problems (16%-33%)
  - Not Hemophilia, Cancer, Congenital Heart Disease
- Growing prevalence of mental health disorders (15-20%)
- Greater appreciation of role and impact of neuro-developmental health problems – learning, language (10-17%)
- Growing number of children with multiple conditions (co-morbidities) e.g. asthma, obesity, ADHD
Trends in Childhood Disability - U.S.  
(Limitation of Activity due to Chronic Conditions for U.S. Children, NHIS, 1960-2009)

From Halfon, Houtrow, Larson, Newacheck Future of Children 2012
...70% of mental disorders onset (diagnostic) prior to age 25 years

... Recent estimates suggest that over 30% of adolescents have mental health problems
Children at Risk

- 4-6% Severe Disabilities
- 12-16% Special Health Care Needs
- 30-40% Behavioral, Mental Health Learning Problems
- 50-60% Good Enough
Economic Adversity and Child Outcomes

- Born early, smaller, more fragile, and at risk
- Worse physical, cognitive, emotional health
- Hospitalized more, more obese, more asthma, more mental health problems, more disability
- Lower health trajectories, greater brain drain
- Carry the burden of their social status into adulthood
- Programmed into how their biology – an how their immune, endocrine, neurological systems develop, function and perform
Healthy Development: Reducing Risk & Optimizing Protective Factors

- Parent education
- Emotional Health
- Literacy
- Poverty
- Lack of health services
- Toxic Stress
- Health Services
- Appropriate Discipline
- Reading to child

- 6 mo: Early Infancy
- 12 mo: Early Toddler
- 18 mo: Late Toddler
- 24 mo: Early Preschool
- 3 yrs: Late Preschool
- 5 yrs: Late Preschool

Trajectories:
- "Healthy" Trajectory
- "At Risk" Trajectory
- "Delayed/Disordered" Trajectory
Down Stream Health Problems Related to Early Life

2nd Decade:
- School Failure
- Teen Pregnancy
- Criminality
- Substance abuse
- Anxiety & Other Mental Health Disorders

3rd/4th Decade:
- Obesity
- Elevated Blood Pressure
- Depression

5th/6th Decade:
- Coronary Heart Disease
- Diabetes
- Renal Disease
- Arthritis

Old Age:
- Premature Aging
- Memory Loss

From Hertzman
Poor Performance of Child Health System

- Fragmented service delivery
- Difficulty accessing services and huge inequities
- Low and Uneven quality
- Models of care is outmoded and don’t match current needs, or capability
- Limited local responsibility
- Operating under enormous constraints
Not Optimizing Healthy Development

Addressing the factors shaping health development trajectories over the lifespan

- Ideal child-development trajectory
- Current practice
- At-risk child-development trajectory without intervention

Age
Science informing Policy

3.0 TF
A New Framework for Health System Transformation
3.0 Transformation Framework

• 3 eras of health care; 3 major transitions
• 1\textsuperscript{st} Era was focused on saving lives through acute care, emergency and rescue care, and public health safety
• 2\textsuperscript{nd} Era was focused on prolonging life and decreasing levels of disability through chronic disease management and secondary prevention
• 3\textsuperscript{rd} Era will focus on optimizing health and well being though … primary prevention, health promotion, community integrated delivery systems
The Evolving Health Care System

The First Era (Yesterday)
- Focused on acute and infectious disease
- Biomedical Model
- Short time frames
- Medical Care
- Insurance-based financing
- Industrial Model
- Reducing Deaths

Health System 1.0

The Second Era (Today)
- Increasing focus on chronic disease
- BPS Model
- Longer time frames
- Chronic Disease Mgmt & Prevention
- Pre-paid benefits
- Corporate Model
- Prolonging Disability free Life

Health System 2.0

The Third Era (Tomorrow)
- Increasing focus on achieving optimal health
- Life Course Health Development
- Lifespan/ generational
- Investing in population-based prevention
- Network Model
- Producing Optimal Health for All

Health System 3.0
Shifting the Health Development Curve to Shift the Cost Curve
Innovation Driven
US Health Care Delivery System Evolution

Health Delivery System Transformation Critical Path

Acute Care System 1.0

Episodic Non Integrated Care

- Episodic Health Care
  - Sick care focus
  - Uncoordinated care
  - High Use of Emergency Care
  - Multiple clinical records
  - Fragmentation of care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

Simplified Care System 2.0

Coordinated Seamless Healthcare System 2.0

- Patient/Person Centered
- Transparent Cost and Quality Performance
  - Results oriented
  - Assures Access to Care
  - Improves Patient Experience
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care
  - Primary Care Medical Homes
  - Care management/ prevention focused
  - Shared Decision Making and Patient Self Management

Community Integrated Healthcare System 3.0

- Healthy Population Centered
- Community Health Linked
- Cost, Quality, and Population Transparency
- Accessible Health Care Choices
- Community Health Integrated networks capable of addressing psycho social/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
- Healthy People Goal Oriented
- Community Health Capacity Builder
- Shared community health responsibility
- E-health and telehealth capable
- Patient remote monitoring and management
- Health E-Learning resources
# Health System Transformation Framework

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<th>Current System</th>
<th>Transformed System</th>
<th>Change Strategies</th>
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## Transitioning to a 3.0 Operating Logic

<table>
<thead>
<tr>
<th></th>
<th>Old Operating Logic</th>
<th>New Operating Logic</th>
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<tbody>
<tr>
<td><strong>Definition of Health</strong></td>
<td>Absence of Disease</td>
<td>Development of Capacities and Realizing Potential (IOM2004)</td>
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<tr>
<td><strong>Goal of the Health System</strong></td>
<td>Maintain Health, Prolong Life</td>
<td>Optimize Population Health Development</td>
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<tr>
<td><strong>Client Model</strong></td>
<td>Individual</td>
<td>Individual, Population, Community</td>
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<tr>
<td><strong>Health Production Model</strong></td>
<td>Biomedical</td>
<td>Life Course Health Development</td>
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<tr>
<td><strong>Intervention Approach</strong></td>
<td>Diagnosis, Treatment and Rehabilitation</td>
<td>Disease prevention, Preemptive Interventions, Health Promotion, Optimization</td>
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<tr>
<td><strong>Time Frames</strong></td>
<td>Short/ Episodic</td>
<td>Life Long &amp; Continuous</td>
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Current Model
Vertical Silos, Little Integration

Financing Streams
Organization: Individual Health Care Delivery
Population Health Services

Private/Self
Employer
Medicaid/CHIP

Health Plan A
Health Plan B
Health Plan C

Pop. Health / Public Head Start
Title V

Primary Care Network
Primary Care Center

MD
MD
MD
MD
MD
MD
MD
MD
MD
MD

Mental Health
Early Intervention
School Health
Head Start
Integrated Health System

Our Community
Promoting a Healthy Lifestyle in Our Community

Our Health Systems
Providing Health Care to At Risk, in Need, and Medically Complex Children

Resources & Policies

Health Policy
- Community Services
- Legislative Advocacy
- Improvement in School Facilities
- Environmental & Structural Change

Health Promotion
- Community Outreach
- Educational Interventions
- Health Communications/Campaigns

Self-Management Support
- Weight management groups
- Online resources
- Publications

Health Care Organization
- Integration Initiatives
- Culture of Promoting High Quality Care

Delivery System Design
- Prevention
  - Stage 1: Prevention Runs in Primary Care
- Outpatient Medical Management
  - Stage 2: Comprehensive Multidisciplinary/Interdisciplinary Services
    - Multidisciplinary/Clinics
    - Family Group Sessions
    - Pediatric Subspecialty Care
- Hospital Care
  - Stage 3: Inpatient Services
    - Turban Care Interventions
    - Bariatric Surgery
    - Specialized Diagnostics

Decision Support
- Clinical Care Tools & Instruments
- Research & Quality
  - Basic Research
  - Translational Research
  - Clinical Research
  - Outcomes Research
  - Quality Improvement Activities

Clinical Information Systems
- Electronic Medical Record
- Data Warehouse
- Analytics Resources

Informed, Activated Patient & Family

Productive Interactions

Organized, Prepared, Proactive Health Team

Improved Health Among Patients
Victory in Combating Childhood Obesity

Source: Hassink, Werk, June 2008
Schema for a 3.0 KIDS Health System

Integrated Finance Mechanism
- Employer
- Medicaid CHIP
- Individual
- Prevention Trust Fund
- Other: Title V, HeadStart, Title X, CDC, etc

Integrated Delivery Mechanism
- Employer
- Medicaid CHIP
- Individual
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- Other: Title V, HeadStart, Title X, CDC, etc

Measurement/IT System
- Decision Support and care mgmt
- Quality & Performance
- Clinical & Population Registries (surveillance and other analyses)
- Health information exchanges

Value Portfolio
- Population Health Trajectories
- Diagnosis-specific outcomes
- Geographic Outcomes
- Short/Long Term Costs Savings
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Service Organization
For Early Health and Development

PROGRAMS
Influencing Early Brain, Child Development & School Readiness

- Pre/perinatal support
- Family Child Care
- Child care centers
- Family Resource Programs
- Head Start Program
- Pediatric services
- Parenting and Family Literacy Programs
- Preschool
- Early Intervention programs
- Mental Health services
- Child Care Resource Programs
Systems Building: Cross-sector Linkage and Integration Strategies

- Sector based programs
  - ECE Programs
  - Health
  - Family Support
  - Child Welfare

- Common Agenda, Communications
- Shared outcome Measures, Data Systems
- Collaborative Systems Improvement
- Financial and Policy Alignment
Systematic Data Collection
For tracking Health Development Trajectories

Pediatric Early Child Assessment

Preschool Assessment

EDI = Early Development Inventory

School Readiness
- Physical Wellbeing & motor dev’t
- Social & emotional dev’t
- Approaches to learning
- Language dev’t
- Cognition & general knowledge

Health Development

Birth Certificate

Birth 1yr 2 ys 3 ys 4 ys 5 ys
What Does the EDI Measure?

- Social Competence
- Physical Health & Well-Being
- Emotional Maturity
- Language & Cognitive Skills
EDI: Orange County - Neighborhoods: Percentage of Children Vulnerable on 1 or More Domains

North Region

Central West Region

Legend

Percentage of Children Vulnerable on 1 or More Domains

- 8% - 13%
- 14% - 22%
- 23% - 33%
- 34% - 42%
- 43% - 53%
- < 10 valid Instruments

Data: EDI - 2009
Neighborhood Boundaries: CFC Orange County
Roads: UCLA - GIS Data Portal

** Fewer than 70% of 5 year olds in this neighborhood had completed EDIs so the results may not represent children living here.
Transforming Early Childhood Community Systems (TECCS)

UCLA, UWW, States, Counties, Communities
Big, Bold and Transformative- Change

• Child Health Community needs to commit itself to Child Health 2025 Initiative
• Adopt a 3.0 Strategic Framework for Research & Health System Transformation (children lead the way)
• Make the Unnecessary Catastrophic Loss Health Potential an unavoidable & inconvenient truth
• Child Health System Transformation Initiative– a innovation network designed to
  – Develop 3.0 delivery, organization, payment, HIT, & other innovations that will jolt the system forward
  – Prototype new models of finance & delivery
ACA and the Child Health System

**Positives:**
- Expansion of parent health insurance
- No lifetime caps
- No discrimination based on pre-existing conditions
- Better access to preventive care

**Negatives:**
- Breakdown of regionalized care
- Squeeze on children’s health services
- Challenges for children’s hospitals
- Child benefit packages
- Second, third order consequences
What is Needed

- Minimizing harm for children
- Maximizing gains for children
- Catalyzing transformation that optimizes health development of children and informs policy and practice nationally
- Leveraging all tools in ACA and related efforts and synergizing those resources for the child health community
Integrated Strategy to Achieve
Child Health Systems Transformation

Rapid Learning

Monitoring & Analysis

Innovation & Improvement

Learning Collaboratives: Collaborative networks for each sector provide real time learning within and across sectors to optimize system performance that can be spread and scaled.

Study Each Sector: Learn how components of the system are adapting to the ACA and the opportunities to nudge and guide them.

Track Communities: Monitor the impact of the ACA and related health system changes on specific child populations.

Analyze National Data: Create, link and analyze national datasets to guide policy, improvements and the transformation process.

Policy and Advocacy: Advancing policies and an agenda to support these efforts and the optimization of health early in life and across the life course.

Transforming Systems to Optimize Care

Hospitals

Clinics

School-Based Health Centers

State Models

Community Health Initiatives (Obesity)
National Planning to date (last 6 months)

• Several Analytic Papers in the works
• Analytic Framework for understanding and interpreting the ACA changes, enabling innovation
• 3 National stakeholder meetings
• National Collaborative Network design
• Several Project being Developed & Launched
• Beginning to Develop Tools/Apps
  – E.g. - state-level checklist for using ACA for advancing children’s health
CHSTI aims to produce:

• **Thriving Children’s Hospitals** that are improving the quality care for CSHCN
• **Catalytic community health centers** developing Community Accountable Health System
• **3.0 SBHCs** prominently positioned, financially sustainable and serving as centers of community health
• **3.0 system prototypes** that demonstrate the feasibility of transformative change
• **States with enhanced capacity** to assure optimal implementation of the ACA and capability to drive innovations in the child health system
• **Momentum, hope, potential, transformation and change**