LAUNCH Young Child Wellness Council

February 13, 2013

MEETING NOTES

Comment about these meeting notes: These notes capture the flow of conversation in order to facilitate continuation from where the discussion ended. Because there were not key decision points, the notes are not punctuated by topic within the general discussion of screening and information sharing.

YCWC Attendees: Erin Fairchild (Defending Childhood), Beth Gebstadt (State LAUNCH), Danita Huynh, Jean Rystrom (Kaiser), Elizabeth Carroll (Mult Health), Meg McElroy (PCL), Bruce Spilde (Mult MH), Pam Greenough Corrie (Mt. Hood Head Start), Amanda Peden (OPHI), Barb Ferre (Pediatrician)

Working Group (staff & contractors): Nancy Martin (Mult A&D), Beth Green, Bill Baney, Cate Drinan & Callie Lambarth (PSU), Joan Marquis (Parent Group Facilitator), Elana Emlen (Young Child Wellness Coordinator)

Member announcements

- Rep. Earl Blumenauer to tour MHCC Head Start next week.
- OPAL-K (Oregon Psychiatric Advice Line – Kids) is in the Governor's recommended budget, and the Legislature is talking about mental health.
- Anne asked if anyone knew of a parent whose child had a vaccine-preventable illness, changed their mind, and was willing to talk about that.
- Barb urged people to support the fluoride campaign.
- Elana gave a short LAUNCH update, including:
    - Sending people to the Northwest PBIS Conference
    - Media coverage of 211 Family Info
    - Collaboration with Linkages and Ready for Kindergarten to do joint promotion of Register by June (kindergarten) and access information and advice via 211

Screening, data, and referral

Elana explained that the purpose of today's discussion is to talk about item 3.3 from our Strategic Plan, *Objective 3.3: Increase coordination and communication between all providers who conduct screenings in order to streamline use of resources and improve the effectiveness of screening and referral for each individual child/family.*

Beth Green talked about the **Stakeholder Feedback**. See document at end of these minutes. Discussion: "Screen" and "Refer" might mean something different to a doctor and to a social service provider. Need to be realistic about what LAUNCH can really do, and need to hear more from primary care.

Beth Gebstadt gave an update on **screening at the State level**. Please refer to the list attached at end of these minutes.

Each Coordinated Care Organization (CCO) has 17 incentive measures. They get a baseline amount of funding, and if they achieve a metric, they may be eligible for additional funds. Beth said baseline would be based on the 2011data.

Jean added that some metrics might be set so that you're not "hurt" if starting out as high performer. It's up to each CCO, how to reach outcome measures.

Developmental screening in first 36 months of life is one measure. Barb said most of the Healthcare Effectiveness Data and Information Set (HEDIS) measures are adult. The Children's Health Alliance pushing to make sure children's needs is met and that all the funds don't only go to adults. (They need to show savings over 2 years, and it's easier to get the savings with adults.)

Anne added the example of depression. 12-18 not in there but over 18 is. A lot of advocacy opportunity! Nancy Martin is hearing same things on prevention side because of the shorter time frame to show savings.

It's a system designed to manage chronic disease for adults.

Transformation center and Innovators –This initiative was part of the initial Medicaid Waiver for the Healthcare Transformation in Oregon. It is still TBD where Innovators will be assigned. Full Implementation of the Transformation Center is contingent upon the State Innovation Model Grant, which is a Center for Medicare and Medicaid Innovation (CMMI)Grant. This grant was just awarded to Oregon, one of six states for $45 million dollars for 42 months. The Innovators are supposed to break down barriers between CCOs and how it will happen, so if there are billing codes, etc. they will problem solve to make it work. For more information about this award and responsibilities attached to it refer to http://www.oregon.gov/gov/media_room/Pages/press_releases/press_022113.aspx

Some barriers are at the community level and some are State level, such as codes and billing.

The Race to the Top application included developmental screening at early childhood settings. The ELC took screening recommendations from Health Matters. Now they are asking a 3rd group (the Early Care and Education Committee of ELC) to weigh in. Beth talked about the conversation at the 2/5 Joint ELC-Oregon Health Policy Board meeting about ASQ (Ages & Stages Questionnaire) vs. PEDS (Parent's Evaluation of Developmental Status). (Elana distributed the notes she took at that meeting.) The ELC hasn't come to a conclusion.

Also, the Home Visiting System, Maternal Infant Early Child Home Visiting (MIECHV) Grant is infusing funds into every type of home visiting. As part of affordable care act, specific data pieces required. Elizabeth is the local county lead for MIECHV.

Those are the 3 systems: Health Transformation (CCO), Race to the Top, and MIECHV. The details are not there yet.

Jeanne said she heard that there is a possibility that every family receiving ERDC funding have an ASQ. Beth said that Dana Hargunani is chairing a joint committee between the Oregon Health Authority and Department of Human Services systems.

Jean commented that there are multiple kinds of screenings. [The system] should be crisper about that. She's thinking about ASQ, which should only be done once at a time per child. Also, MCHAT is a screen for autism. And Anne said that she met with doctors who will start doing Adverse Childhood Experiences Study (ACES) surveys with families.

Beth said that she facilitates an ACES learning collaborative which is in its infancy. Some activities they are currently working on include:

- An ACEs Report: In 2011 the state funded an ACEs module in the Behavioral Risk Factor Surveillance System (BRFSS). She is working with the assessment team on the
- A Google Group that serves as a repository for ACEs research, popular press, webinars, etc. It currently includes much Dr. Blodgett's research (he is a leading researcher on ACEs and the Washington State LAUNCH evaluator), works from Dr. Nadine Burke-Harris and popular press articles such as the "This American Life transcript on Trauma" and a David Brooks article. Email her at beth.gebstadt@state.or.us if you're interested in participating with this group.

Anne mentioned the children's mental health task force and they meet Friday 9-12 at Meridian Park, talking about where is the table to discuss resiliency, the first 1000 days,

Erin said that Defending Childhood Initiative (DCI) is interested in supporting work around ACES and entering into conversation with Dr. Nadine Burke-Harris about some work. A national steering committee is developing tools to screen for ACES in pediatrics.

Jean asked, if an ASQ is being done in child care and physical (medical) setting how do we know? Barb suggested it should be part of vaccination database.
Jean added that its part of the big database development. There has to be a signed agreement to share information. To the extent the child has a primary care provider, is there a way to ensure that a screen is sent to the doctor?

Anne suggested training home visitors, etc. to do the form and send to PCP. Meg added that when others do it then doc has more time to go over it.

Jeanne brought up parent empowerment, so it's about getting the community, *including* parents, on board with universal screening. The ASQ is a tool that parents can utilize. We are working with a population that might have a hard time keeping paperwork. And doctors can bill for screening.

Anne said the common referral form for early intervention is working pretty well.

Jean said that problem with ASQ is that it's proprietary, but maybe best to get parents to do it online. Jeanne added that if they end up doing it in the DHS office, there needs to be a way to get it to doctor.

Beth Green said she wants to know if parents are recommended to take the ASQ paper to primary care provider. They [DHS?] could share the ASQ with the parents and encourage them to take it to the doctor, and even, with some parents, offer to send it to their doctor. She added that it's great about doctors getting to bill for screening, but there's more to this.

Jeanne said some parents don't even *know* if their child can walk up stairs, or use scissors, etc.

Elizabeth said that if you're working with a middle class family, ASQ online fine. But some families have mental health and other issues, and it's much more delicate

Anne said that there is a model in Virginia, where if kids are identified at risk, they're prescribed a home visit.

Peg said that maybe when the early learning hubs form, and begin to work with CCOs, we can support their work and pilot something. Elizabeth said that there are pieces from LAUNCH that

are in place, and nurse consultants at Healthy Start, so it might be possible to pilot a relationship with primary care.

Danita said that used to be relationship with Broadway Clinic and Healthy Start sharing ASQ. Anne noted that it's important to not have pilots that are *people* dependent rather than *system* dependent. She added that at the national level, they are talking about place-based initiatives. Are there one or two places here? Earl Boyles?

Jeanne said that there are enough groups coming to this LAUNCH table, and how can we make screening more of a community model? We need a way to look at communities, a road map. Beth Green added that it could be possible to do something in the places where we have some influence, like the child care affiliated with LAUNCH.

Jean said one way to do this is a Share the Results campaign. But Meg said it's important to understand and agree *why* screening and sharing results matters.

Danita added that if there were agencies sharing results with primary care, we would need a guide for home visitors for what to say to families.

Bill expressed caution about creating a pilot unless there is agreement for how it would be used, and have an impact.

Jean says a central database is what will "nail it". We need parents' perspective of pro's and con's of having information shared with PCPs. Barb the database could say "done" or "not done". Danita asked, if there were a shared database, what should be seen in it?

Elana asked for group input on questions to ask the Multnomah Project LAUNCH parent group.

Beth Green suggested asking how would you feel having an ASQ, and how would you want it shared.

Cate said that we could say "This is our goal, what would you suggest? A shared database is one idea, what do you think?" Jean said we could ask about gauging the value of coordination. Amanda said this could be a chance to ask parents about their role in doing the screening. Elizabeth – which pieces of coordination do you wish were happening for you?

Bruce said that it's important how you phrase the question to parents. In Wraparound, they said 'I wish I wasn't asked the same question every time." If we could figure out a way to ask " If we do it once [ASQ], share the information and protect it, how would you feel about that?" It's not the tool; it's the process.

Elana suggested that the YCWC continue this discussion at the March 13 meeting. While this was valuable to have open, flowing discussion, it will be good to have a more structured agenda for next time, to help us move forward. Meg, Erin, Anne, Pam will help plan the next meeting, which will pick up where this conversation finished.

Next YCWC Meeting

The YCWC meets the second Wednesday of each month, 9:00-11:00
Next meeting: **March 13, 9:30-11:00 at Kaiser Permanente, 500 NE Multnomah,** in room 3C

Multnomah Project LAUNCH Key Stakeholder Feedback: Objective 3.3

1. *What is the most important thing LAUNCH can be doing to improve the process of identification and referral for children with social, emotional, or behavioral challenges?*

Continue, expand, and strengthen current LAUNCH strategies

- Increase coordination between providers in system

- Continue education/training
    - For Primary Care Providers (PCPs) on mental health and social-emotional development, where/how to refer
    - For child care providers and early educators on mental health
    - For all providers on executive functioning and brain research
    - For parent/caregivers on red flags of atypical development

- Continue promotion and improvement of 211/PHL

- Increase early childhood mental health consultation and EC PBIS services for all child care settings, and involve families

- Link LAUNCH with other initiatives to align efforts, e.g., ECC, C2C, CCOs, Children's Mental Health Task Force

- Support universal (unduplicated) developmental screening

Adopt new strategies

- Help providers and family members understand and navigate the referral process
- Promote screening for exposure to violence and stress
- Identification and dissemination of tools parents and providers can use in the community
- Assist in the development of a shared data system that allows providers to follow-up on referrals

2. *Why might providers be dissatisfied with collaboration with Primary Care?*

Lack of coordination among PCPs and other providers

PCP barriers to coordinating

- PCPs don't get funding, reimbursement to coordinate
- PCPs don't have time to do coordination
- PCPs are hard to contact

System disconnects

- Lack of systematic process for coordinating between PCPs and other providers
- Lack of personal connections between PCPs and other providers
- Lack of understanding between providers on how to navigate each other's systems
- Lack of integrated training opportunities involving both PCPs and other providers
- Confidentiality protections are barriers to data-sharing

Other barriers

- PCPs, other providers, and parents don't always share the same language and terminology
- Other providers and parents are afraid to ask questions of PCPs

PCPs too focused on physical well-being

- Lack of training for PCPs on mental health, social-emotional development
- Lack of understanding of what other services are available, what other providers do

Other

- LAUNCH may have had ambitious expectations for systems change

3. *What can LAUNCH do to address the issues?*

Existing efforts

- Continue START trainings
- Provide/communicate more opportunities to meet, cross-train, and collaborate between PCPs and other providers, including easy access to each other's case consultations

New efforts

- Build PCP buy-in on value of collaboration and identify PCP champions to build buy-in from within
- Pilot new local models, e.g., health coordinators, mental health and/or early childhood providers in primary care settings
- Incorporate mental health and social-emotional development trainings in medical school
- Create billable service and coverage for PCPs to get reimbursed for coordination
- Build policies to reduce liability and increase responsibility for schools in dealing with children's mental health
- Educate mental health and early childhood providers on how the primary care system works

Other activities

- Reassess LAUNCH goals for achievable systems change
- Learn more about low satisfaction among other providers
- Learn more from PCPs about how best to coordinate with them

Final Measure Sets
Metrics & Scoring Committee
February 1, 2013

CCO Incentive Measures *CCOs are accountable to OHA*	**Quality and Access "Test" Measures** *OHA is accountable to CMS*
Alcohol or other substance misuse (SBIRT)	Alcohol or other substance misuse (SBIRT)
Follow-up after hospitalization for mental illness (NQF 0576)	Follow-up after hospitalization for mental illness (NQF 0576)
Screening for clinical depression and follow-up plan (NQF 0418)	Screening for clinical depression and follow-up plan (NQF 0418)
Follow-up care for children prescribed ADHD meds (NQF 0108)[1]	Follow-up care for children prescribed ADHD meds (NQF 0108)
Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)	Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)
PC-01: Elective delivery (NQF 0469)	PC-01: Elective delivery (NQF 0469)
Ambulatory Care: Outpatient and ED utilization[2]	Ambulatory Care: Outpatient and ED utilization
Colorectal cancer screening (HEDIS)	Colorectal cancer screening (HEDIS)
Patient-Centered Primary Care Home Enrollment	Patient-Centered Primary Care Home Enrollment
Developmental screening in the first 36 months of life (NQF 1448)	Developmental screening in the first 36 months of life (NQF 1448)
Adolescent well-care visits (NCQA)	Adolescent well-care visits (NCQA)
Controlling high blood pressure (NQF 0018)	Controlling high blood pressure (NQF 0018)
Diabetes: HbA1c Poor Control (NQF 0059)[3]	Diabetes: HbA1c Poor Control (NQF 0059)
CAHPS adult and child composites: • Access to care • Satisfaction with care	CAHPS adult and child composites: • Access to care • Satisfaction with care
EHR adoption (Meaningful Use 3 question composite)	EHR adoption (Meaningful Use 3 question composite)
Mental and physical health assessment within 60 days for children in DHS custody	

[1] Measure added at CMS' request. Replaced "initiation and engagement of alcohol and other drug treatment."
[2] Measure expanded to add outpatient utilization rates at CMS' request.
[3] Measure substituted for "D3: diabetes care composite" measure at CMS' request.

CCO Incentive Measures *CCOs are accountable to OHA*	**Quality and Access "Test" Measures** *OHA is accountable to CMS*
	Prenatal and postpartum care: Postpartum Care Rate (NQF 1517)
	Plan all-cause readmission (NQF 1768)
	Well-child visits in the first 15 months of life (NQF 1392)
	Childhood immunization status (NQF 0038)
	Immunization for adolescents (NQF 1407)
	Appropriate testing for children with pharyngitis (NQF 0002)
	Medical assistance with smoking and tobacco use cessation (CAHPS) (NQF 0027)
	Comprehensive diabetes care: LDL-C Screening (NQF 0063)
	Comprehensive diabetes care: Hemoglobin A1c testing (NQF 0057)
	PQI 01: Diabetes, short term complication admission rate (NQF 0272)
	PQI 05: Chronic obstructive pulmonary disease admission (NQF 0275)
	PQI 08: Congestive heart failure admission rate (NQF 0277)
	PQI 15: Adult asthma admission rate (NQF 0283)
	Chlamydia screening in women ages 16-24 (NQF 0033)
	Cervical cancer screening (NQF 0032)
	Child and adolescent access to primary care practitioners (NCQA)
	Provider Access Questions from the Physician Workforce Survey: • To what extent is your primary practice accepting new Medicaid/OHP patients? • Do you currently have Medicaid/OHP patients under your care? • What is the current payer mix at your primary practice?