A Focus on Early Childhood

Presentation to the National Academies Committee on Improving the Health and Wellbeing of Children and Youth through Health Care System Transformation

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HealthySteps®
PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE

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AGENDA

Early childhood brain development

Disproportionate poverty

Team-based, dyadic care in pediatrics

Workforce development

Payment solutions and opportunities

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Study questions

1. What are **key levers of change to guide innovation and implement transformation** within the child and adolescent health care system?
2. What are **promising policies and practices that incorporate the lived experiences** of underserved children, adolescents, parents, and caregivers, and build the needed trust, partnerships, and long-term relationships?
3. What are the **gaps and barriers in current payment models**, for both public and commercial insurance, and what are potential solutions to overcome them?
4. How can **innovation in workforce development** within the health care system facilitate team-based care and produce more community-based, culturally- and linguistically-competent workers? What strategies can stabilize the workforce to enable the formation of long-term relationships within the community?
5. What are promising **levers available within the health care system to enhance interaction and integration of the child and adolescent health care system with major programs** that support education, child and youth development, public health, child welfare, juvenile justice, and other key services?
6. What are promising **mechanisms and policies to enhance collaboration among and integration of data systems** for health care, mental health, public health, welfare, education, and other agencies at the community, State, and Federal levels for improved individual and population health?

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Infant brain development

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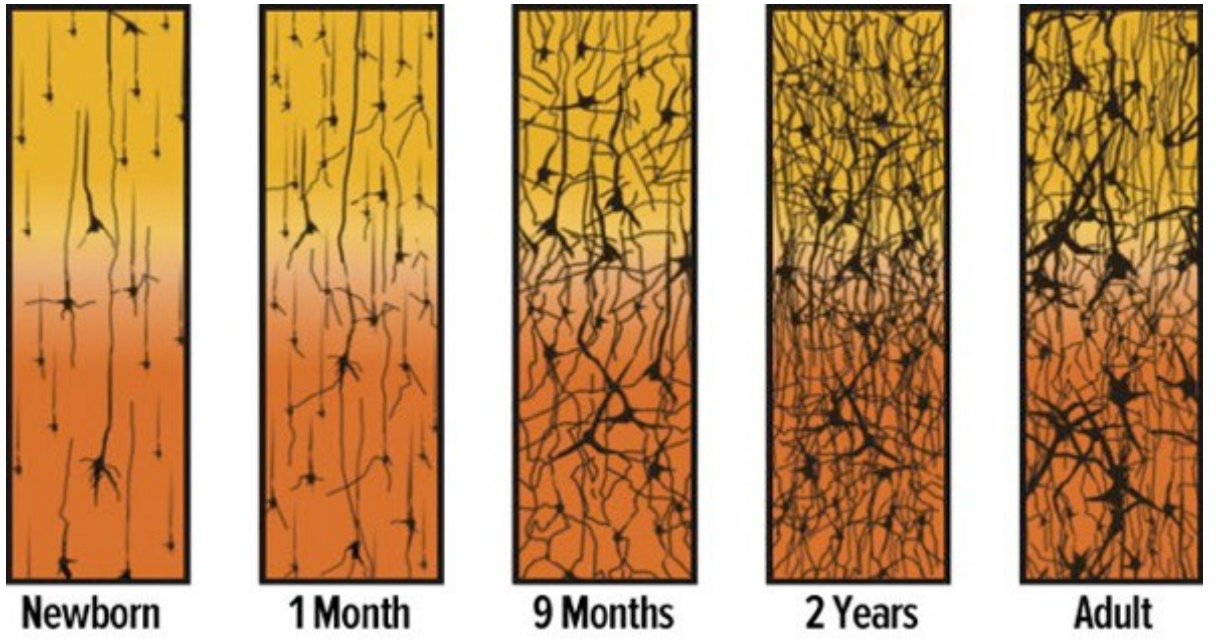
Experiences create:

- Neural firing
- Gene activation
- Proliferation of synaptic connections
- Neuroplasticity
- Pruning

Use it or lose it!



More than 1 Million New Connections Every Second

Center on the Developing Child at Harvard University
https://developingchild.harvard.edu/science/key-concepts/brain-architecture/

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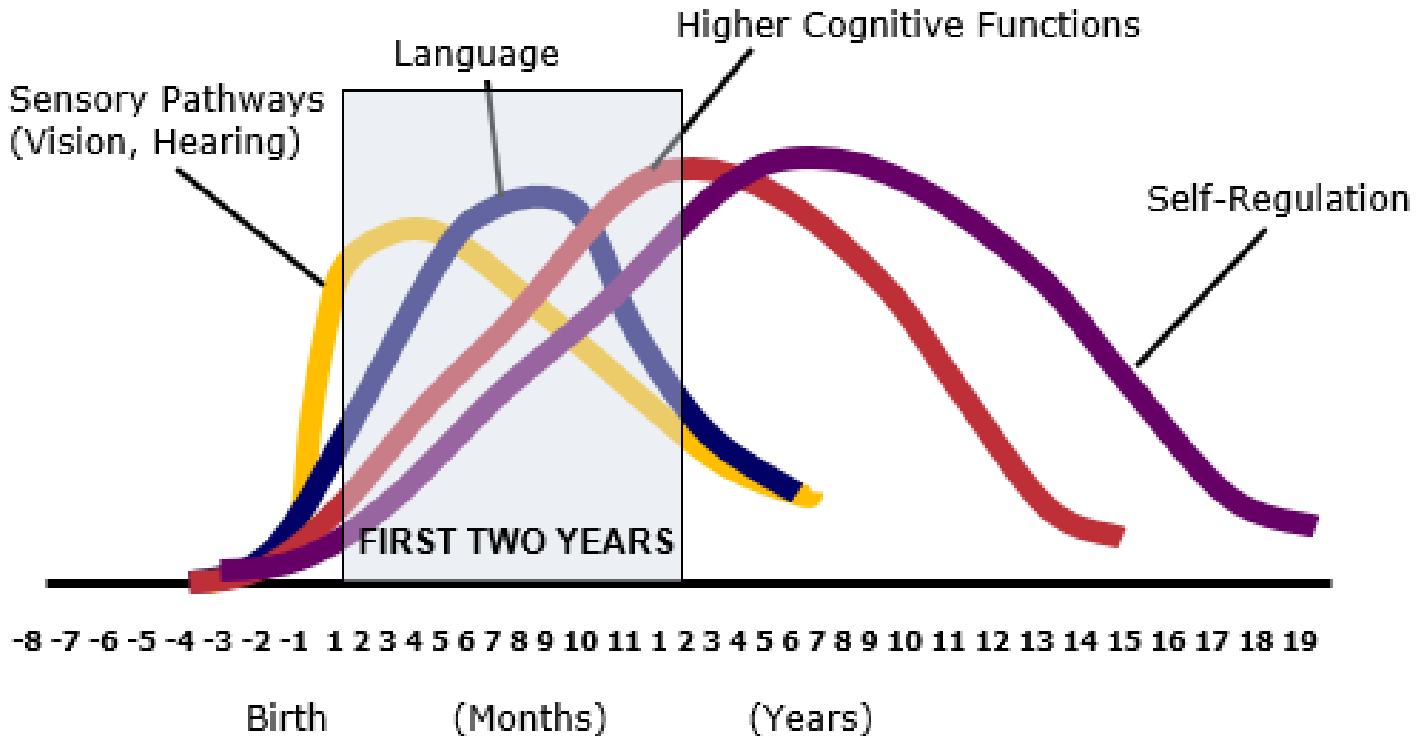
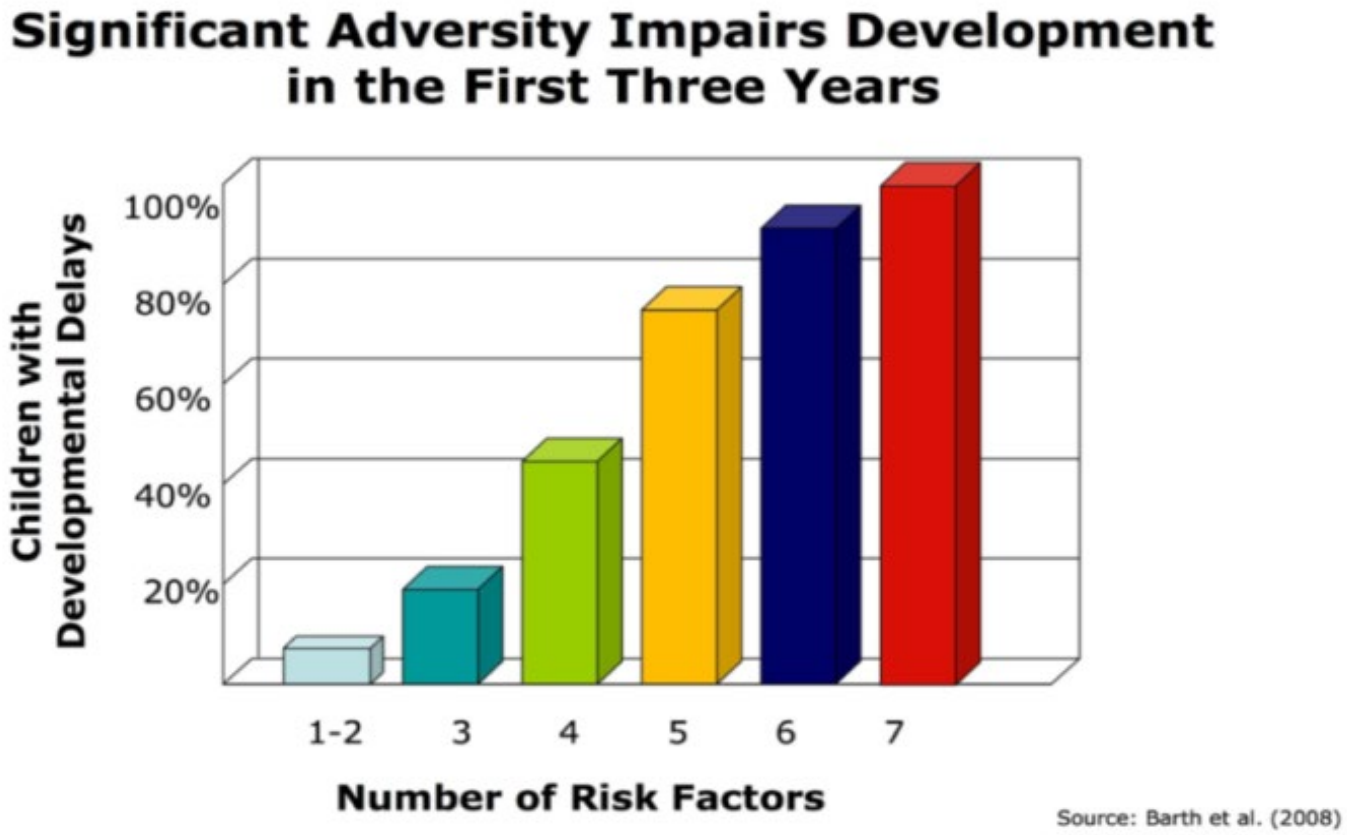
Learning takes place at peak times

Development of Neural Connections



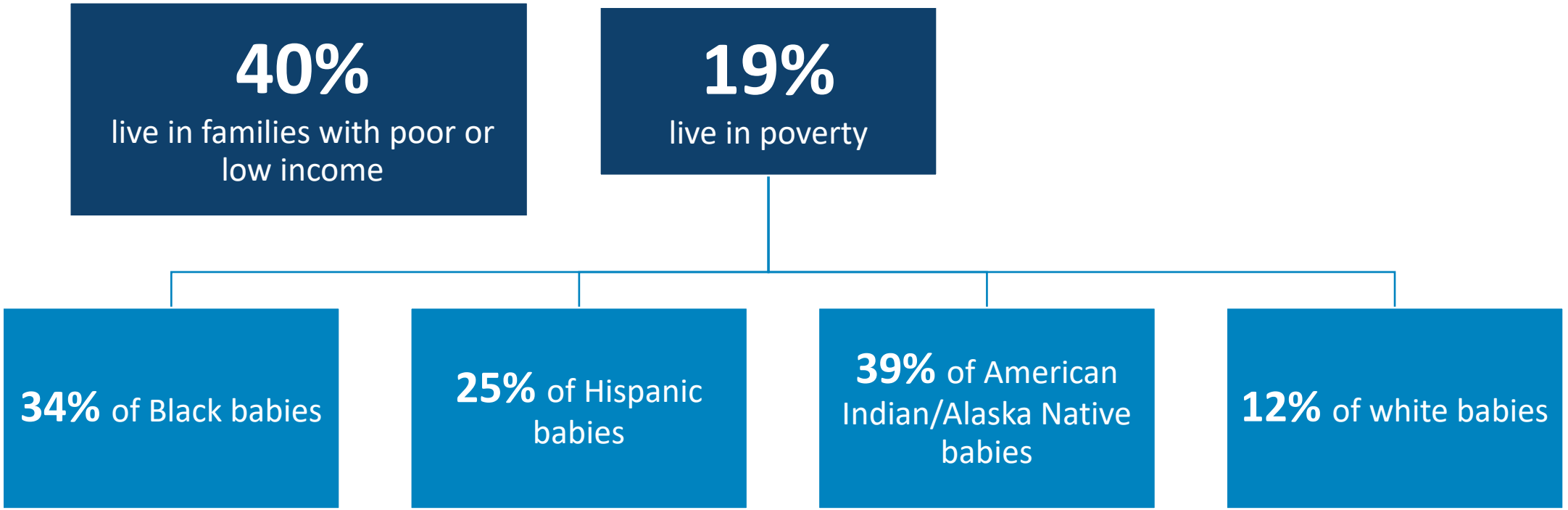
Kuhl PK, Stevens E, Hayashi A, Deguchi T, Kiritani S, Iverson P. Infants show facilitation for native language phonetic perception between 6 and 12 months. Dev Sci. 2006;9:F13–F21.

The impact of adverse childhood experiences (ACEs)



© Center on the Developing Child at Harvard University

Out of the 11.4 million babies in the United States:



State of Babies Yearbook: 2022, ZERO TO THREE, https://stateofbabies.org/

Positive experiences and emotionally nourishing relationships with parents and caregivers in the first three years of life are critical to ensuring children thrive.

Pediatric Setting

ACCESS	Almost all families take their babies to see a pediatric primary care provider
TRUST	Parents trust their pediatric primary care provider
ACCEPTED	The pediatric office is a non-stigmatizing setting
FREQUENT	New parents attend 12-13 well-child visits within the first 3 years of life; half occur in the first year

2
4
5

It Takes a Village (Clinic)

All members of the pediatric team play a role

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HealthySteps Core Components

- Child Developmental, Social-Emotional & Behavioral Screenings
- Screenings for Family Needs
  e.g., PPD, other risk factors, SDOH
- Family Support Line
  e.g., phone, text, email, online portal
- Child Development & Behavior Consults
- Care Coordination & Systems Navigation
- Positive Parenting Guidance & Information
- Early Learning Resources
- Ongoing, Preventive Team-Based Well-Child Visits

2 4 5

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HealthySteps Specialist Competencies

	Dispositions	**The HealthySteps Specialist**
Knowledge & Skills	**Area 1:** Diversity, Equity, Inclusion, Accessibility & Belonging (DEIAB)	
	Area 2: Child Development & Well-Being **Area 3:** The Caregiving Relationship	**The Caregiver-Child Relationship**
	Area 4: Caregiver & Family Well-Being **Area 5:** Health Care Systems **Area 6:** Community & Early Childhood Systems of Care **Area 7:** The HealthySteps National Network	**Contexts**

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Team-based early childhood dyadic care advances health equity

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Ensures more frequent screenings, creates more opportunities for prevention

Provides age-appropriate nutritional guidance

Strengthens early social-emotional development

Connects families to early intervention services

Helps mothers find success with breastfeeding

Ensures timely screenings and referrals for autism

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Innovating with technology

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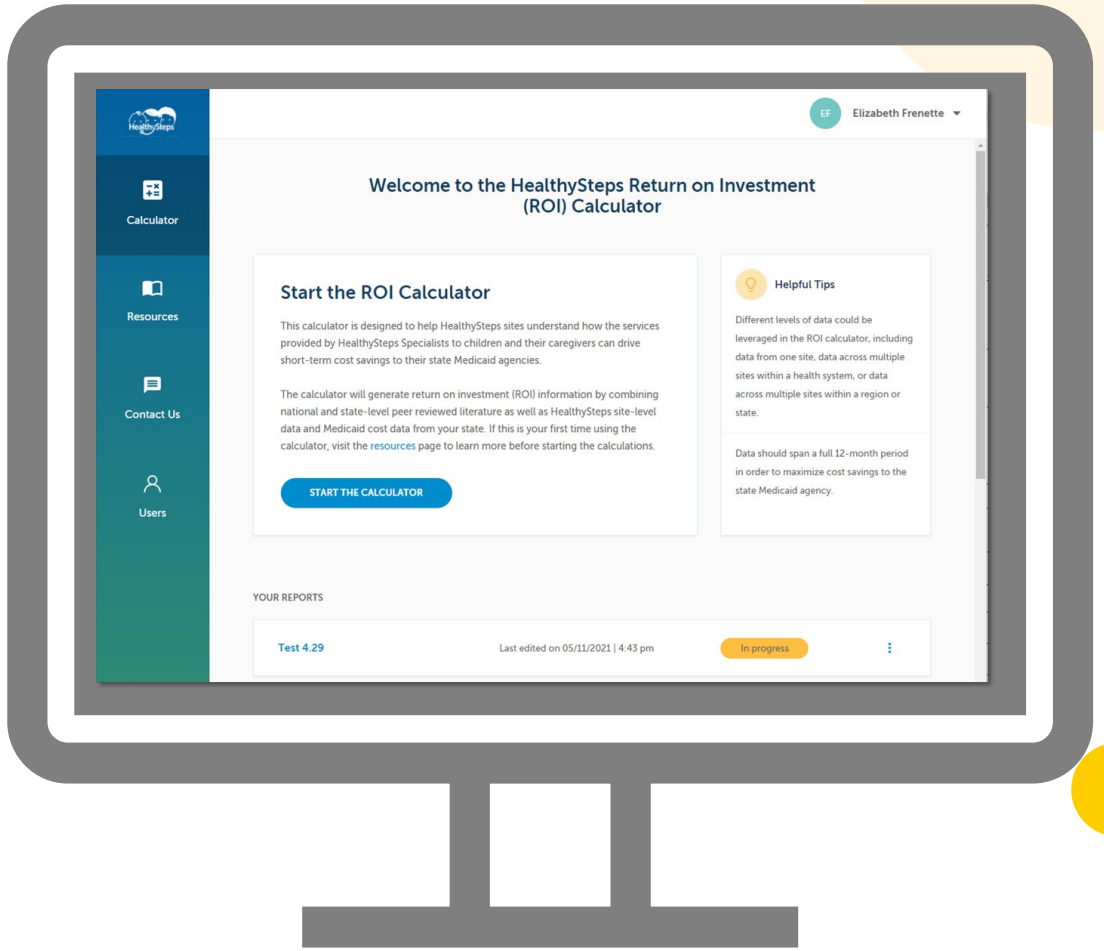
- Electronic Health Records (EHR) Playbooks
- Welly - Care Coordination and Data Reporting Web App
- ROI Calculator



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Early investments, greatest gains

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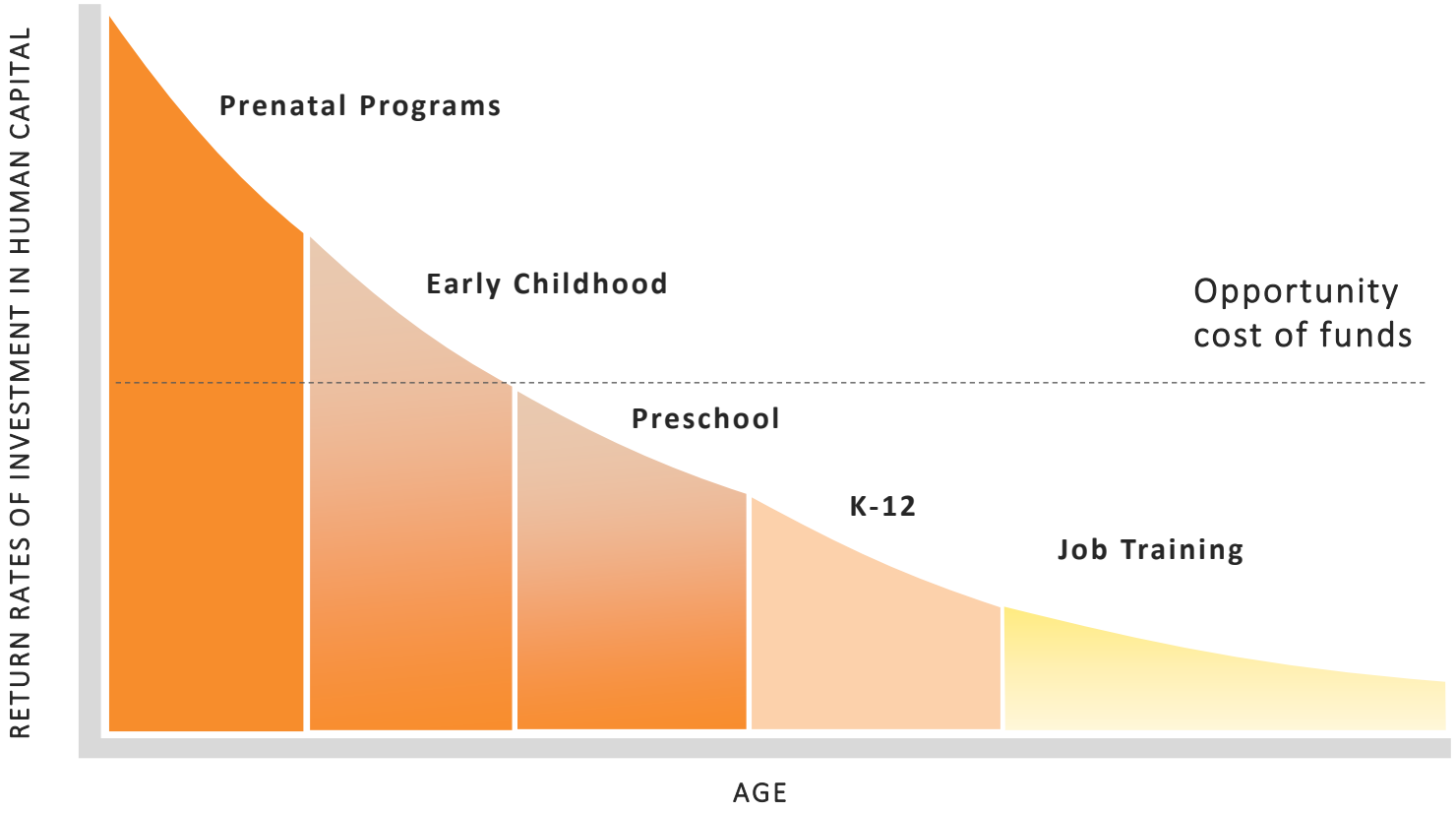
Rates Of Return To Human Capital Investment



Adapted from Heckman, J., "Return on Investment in Birth-to-Three Early Childhood Development Programs", September 6, 2018.

Benefits of Early Investment

INCREASES IN

- Children's cognitive and social-emotional development
- Educational performance and graduation rates
- Parental involvement
- Job training and earnings

REDUCTION IN

- Juvenile and adult crimes
- Cases of abuse and neglect
- Intimate partner violence
- Welfare dependency
- Special education

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Short-term Medicaid cost savings

CHILD-FOCUSED INTERVENTIONS

- Oral health
- Asthma*
- Appropriate use of care for ambulatory sensitive conditions
- Flu vaccine

ADULT-FOCUSED INTERVENTIONS

- Breastfeeding
- Postpartum maternal depression
- Intimate partner violence
- Healthy birth spacing
- Smoking cessation

Annual Savings to Medicaid

163% AVERAGE ANNUAL ROI

Includes analyses at state, health system, and site levels with both well-established and new sites, leveraging the HealthySteps cost savings model developed by Manatt Health.

For every $1 invested in HealthySteps, an estimated $2.63 in savings is realized by state Medicaid agencies each year.

*Asthma is a recently added cost savings intervention and therefore is not captured in the 163% annual ROI calculation.

Our traditional fee-for-service health care system pays for behavioral health problems, not prevention

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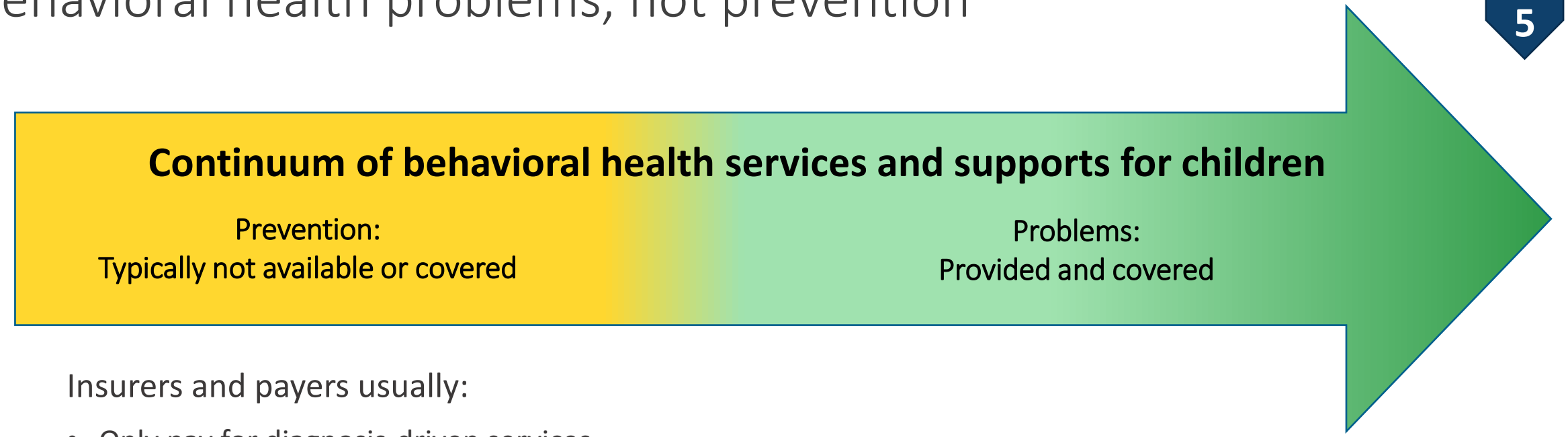

Insurers and payers usually:

- Only pay for diagnosis-driven services
- Focus on short-term saving opportunities
- View young children as healthy and low-cost, so new investments in prevention are not prioritized
- Lack an understanding around the early brain science and importance of dyadic services for young children and caregivers

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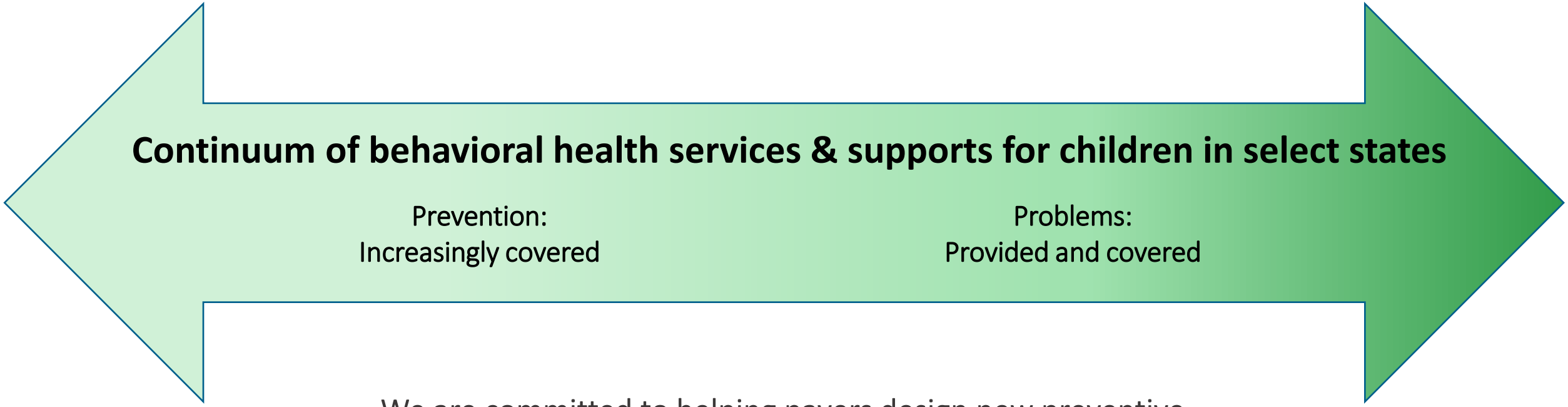
For the first time, our fee-for-service health care system is beginning to pay for behavioral health prevention



We are committed to helping payers design new preventive behavioral health benefits that help young children AND their caregivers at the same time

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Innovative, family-based Medicaid payments in California

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A **benefit that** pays for team-based well-child visits with a behavioral health clinician

Share Our Value Proposition with Payers

Dyadic payment proposed

2019

San Francisco Health Plan Creates Dyadic Payment

True parity realized

2020

$800M Dyadic Medi-Cal Benefit Based on HealthySteps

Medi-Cal benefit passed

2021

Billing and coding guide highlighting commonly billable HealthySteps and HealthySteps-aligned services with corresponding allowable, billable providers within California

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Other exciting state payment innovations for preventive, dyadic care

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Massachusetts

- **By April 2023, Medicaid moving to value-based payments for promotion and preventive behavioral health services for children and families**
- Monthly patient payments (PMPM) to primary care providers based on increasing levels of integrated care
- Team-based care, integration of services, enhanced care coordination, health equity

Maryland

- **By January 2023, Medicaid will pay $15 enhanced payment for every well child and sick visit for all children, aged birth through three, seen at HS sites**
- Promotes workforce equity and covers HS costs

Delaware

- **Recent legislation requires all insurers to cover an annual behavioral health well-check visit**
- Move toward true parity for physical and behavioral health services
- Legislation specifically notes COVID-19 impact on mental health

New York

- **Effective April 1, 2023, NYS Medicaid will allow Z65.9 (problem related to unspecified psychosocial circumstances) to serve as medical necessity for receipt of preventive psychotherapy services for children under 21** (family therapy, individual, multi-family and group)

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Exciting federal preventive dyadic payment grants funding early childhood development specialists in primary care

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First-Ever Federal Investment, via Health Resources and Services Administration (HRSA), through the Maternal and Child Health Bureau (MCHB)

- **In 2022, federal grants awarded to four state hubs to place early childhood development experts into pediatric settings – MA, NJ, OR, AR**
- Transforming Pediatrics for Early Childhood (TPEC)
- Focus is families of children under 5 years old
- Improve early developmental health, school readiness, family well-being, health equity
- Initial $5M investment and recently increased to $10M

Additional Federal Investment, via HRSA, through the Bureau of Primary Health Care (BPHC)

- **In 2023, up to 150 grants to be awarded to improve developmental outcomes among children served by health centers (i.e., FQHCs)**
- Early Childhood Development (ECD)
- Promotes increased developmental screening and access to appropriate follow-up services for children ages 0-5
- Expands, enhances, and furthers integrating ECD expertise into care teams
- $30M investment

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How states can support team-based care prevention programs

- **Revisit Medicaid billing and coding policies**
  - Open/create codes (e.g., goal of preventing a BH diagnosis), modify provider requirements (e.g., allowing for billing under physician supervision), remove same day billing restrictions for FQHCs, increase reimbursement rates and allowable billing frequency, align with AAP *Bright Futures* screening schedule at a minimum, etc.
  - Reimburse for SDOH/family risk screening as well as care coordination and systems navigation which drive closed loop referrals
- **Develop value-based purchasing arrangements** that focus on pediatric populations/measures as well as the family/child dyad
  - Require Medicaid MCOs to develop alternative payment methodologies with pediatric prevention programs
- **Pursue Medicaid waivers** to draw down federal matching funds to support pediatric prevention programs such as HealthySteps

How states can support team-based care prevention programs

- Identify additional state funding streams, beyond Medicaid, to support pediatric prevention programs
  - Potential to pair with Medicaid funding to develop cross-sector savings opportunities (e.g., mental health, child abuse prevention and neglect, education, etc.)
  - Earmark or allocate state-specific tax revenue
- Dedicate state budget line item to support pediatric prevention
- Leverage federal funding grant opportunities
  - Likely to require partnership from Medicaid
  - Requires dedicated resources at the state level
- Collaborate with local communities on place-based initiatives, with the potential for county/municipal funds

Supporting team-based care and prevention programs at the federal level

- Expand MIECHV authority to include pediatric medical home models
- Establish new short-term funding vehicles to support *start-up implementation* of evidence-based pediatric prevention programs such as HealthySteps
  - Child Abuse and Prevention and Treatment Act (CAPTA) state grants
- Call upon HHS to direct Family First funding to support pediatric prevention programs that mitigate factors contributing to child abuse and neglect
- Call upon CMS to:
  - Issue State Medicaid Director guidance to codify states' ability to draw down federal matching funds to support pediatric prevention programs
    - EPSDT requirements are not enough
  - Encourage and test value-based purchasing arrangements and alternative payment methodologies that focus on pediatric populations/measures as well as the family/child dyad
- Call upon federal agencies to develop additional grant opportunities to encourage focus on prevention in early childhood – funding infrastructure *and* service delivery
  - Prioritize Federally Qualified Health Centers (community health centers)

"It is easier to build strong children than to repair broken men."

– Frederick Douglass

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