



# NATIONWIDE CHILDREN'S

*When your child needs a hospital, everything matters.<sup>®</sup>*

# Prevention Works

- Good Behavior Game
- Nurse Family Partnership
- Healthy Families America
- Communities That Care



# Prevention does not scale/sustain: Lack of payment



- Diverse settings
- Use of unlicensed professionals
- Group interventions
- Require specific 'patient'



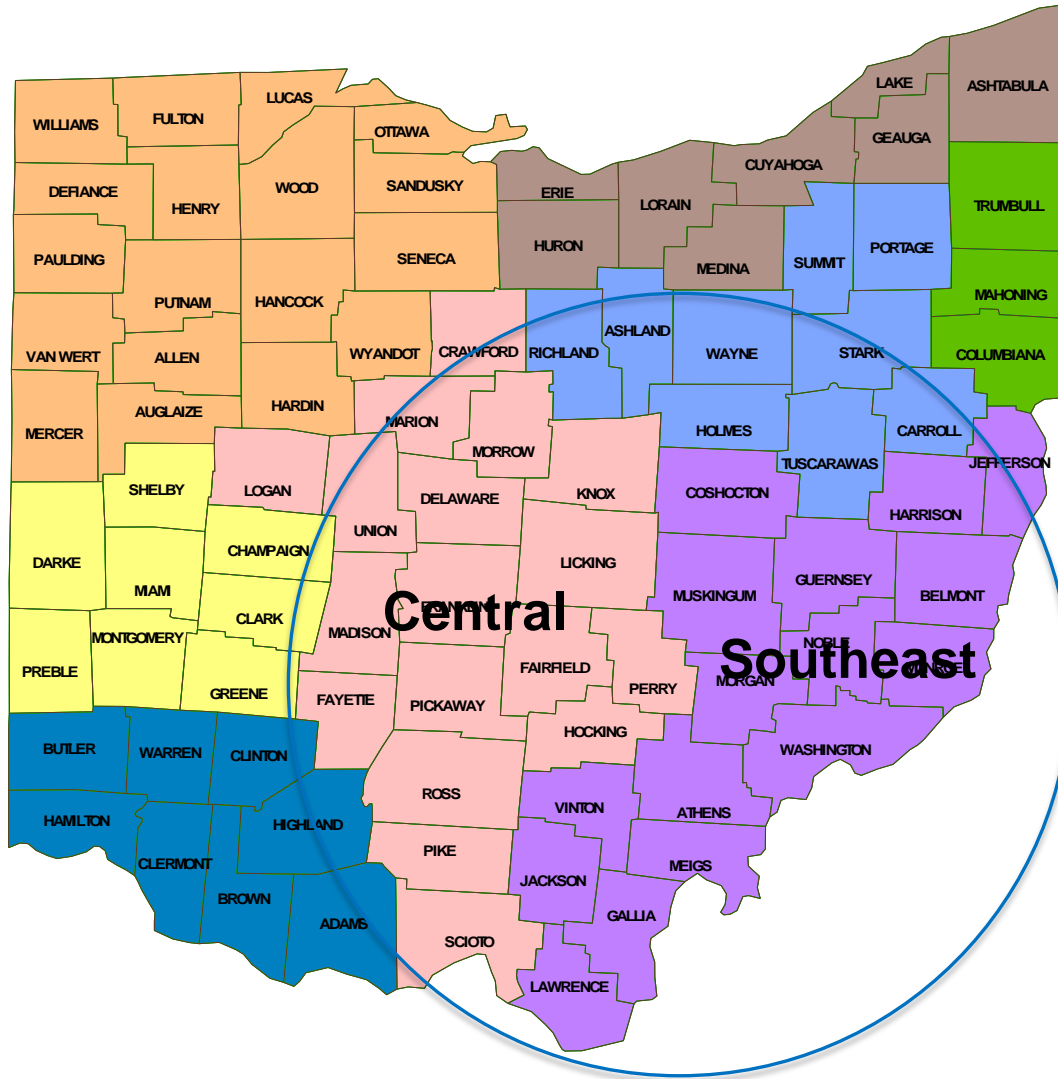
# Scaling and Sustaining: Case for Payment Reform

- Non Governmental Organizations
  - Grants and donations
  - Lack of infrastructure/Professional development
- Regulatory or legislative solutions
  - Specific mandates (eg Evidence Based or patient definition to include families
  - Piecemeal and must be constantly updated

# Scaling and Sustaining: Case for Payment Reform

- Business Model--Creating Shared Value
  - Identifying social good and business opportunity
  - Requires
    - Clear outcomes
    - Data
    - Alignment
- Case Study: Central Ohio Place-based Initiative

# Ohio Market



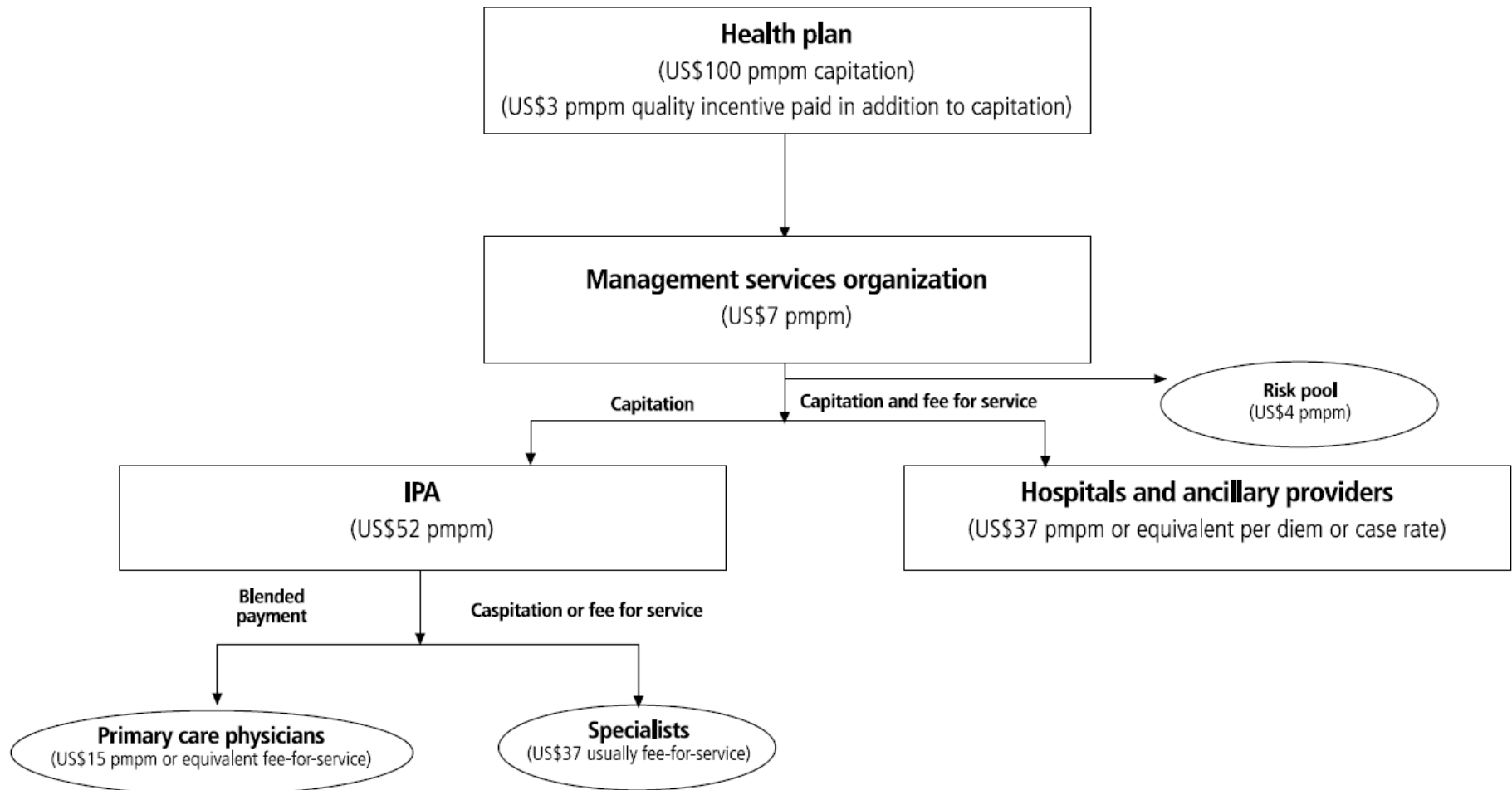
Contracted with  
3 Medicaid  
Managed Care  
Plans  
(currently)  
covering just  
under **300,000**  
lives in urban  
and rural Ohio  
(34 counties)

**Contracted with  
all 5 Managed  
Care Plans for  
2013**



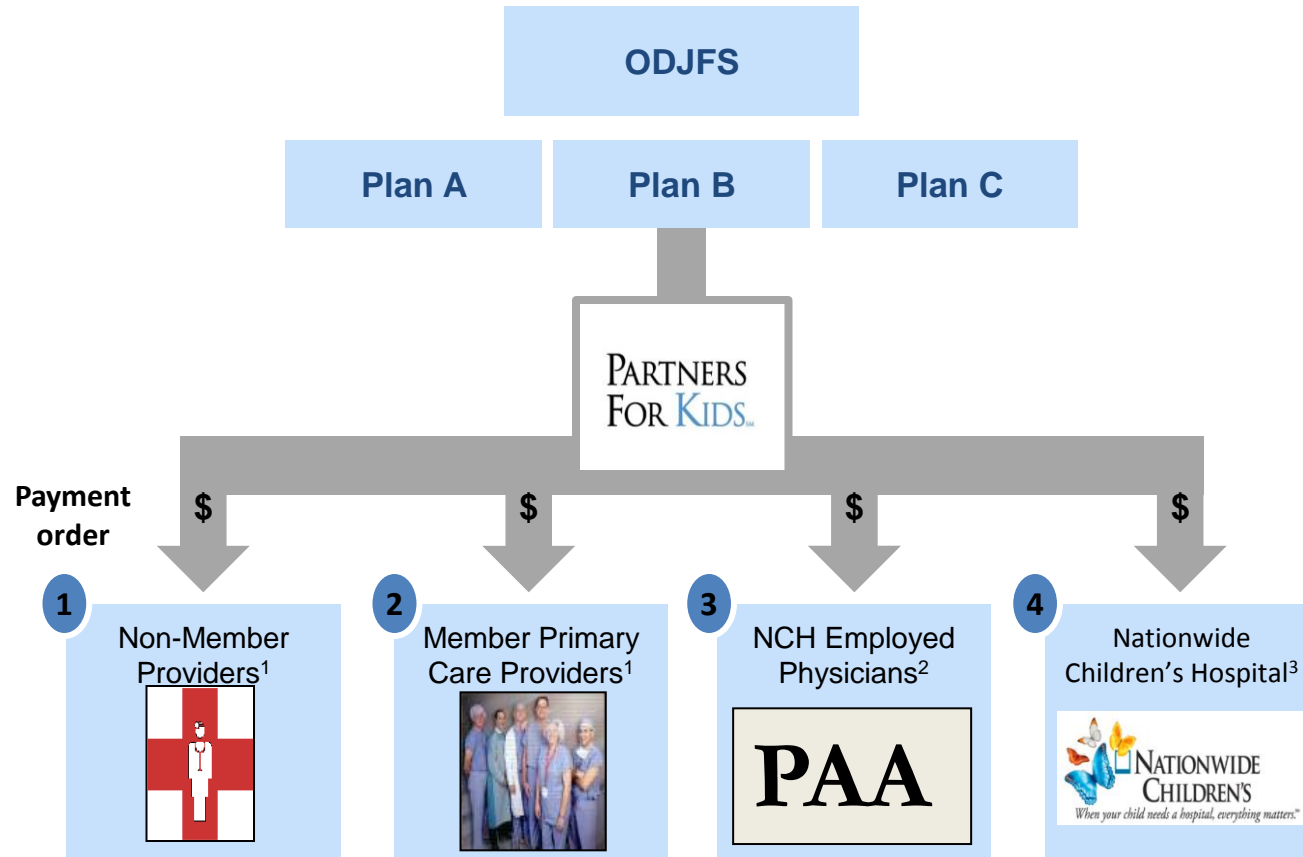
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# How monies flow in a well-developed, horizontally integrated system



pmpm = per member, per month

# PFK receives capitated payments for each child in the program and pays for their medical costs across the care spectrum



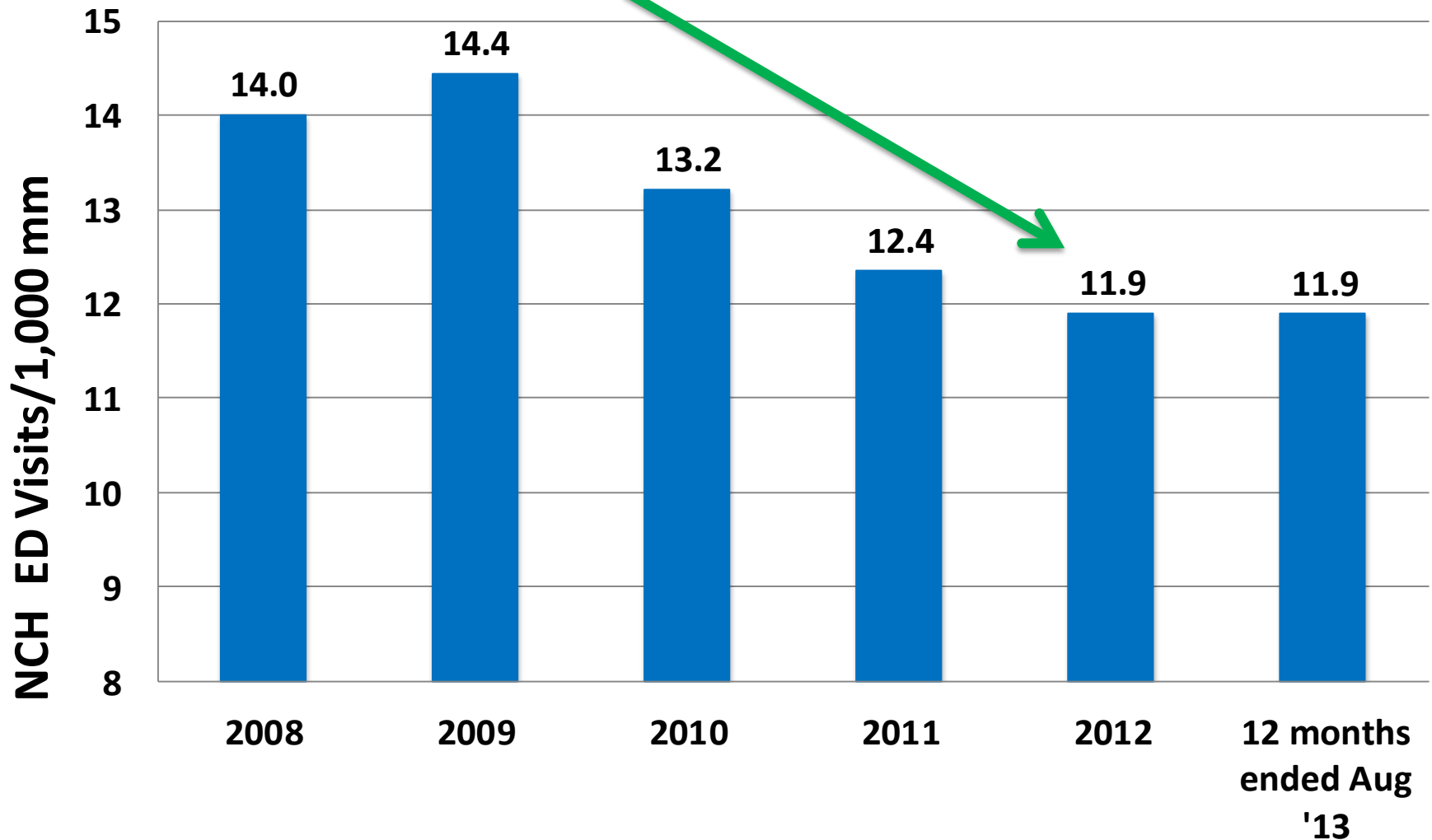
¹Paid fee for service @ % Medicaid

²Paid per member/per month capitated rate

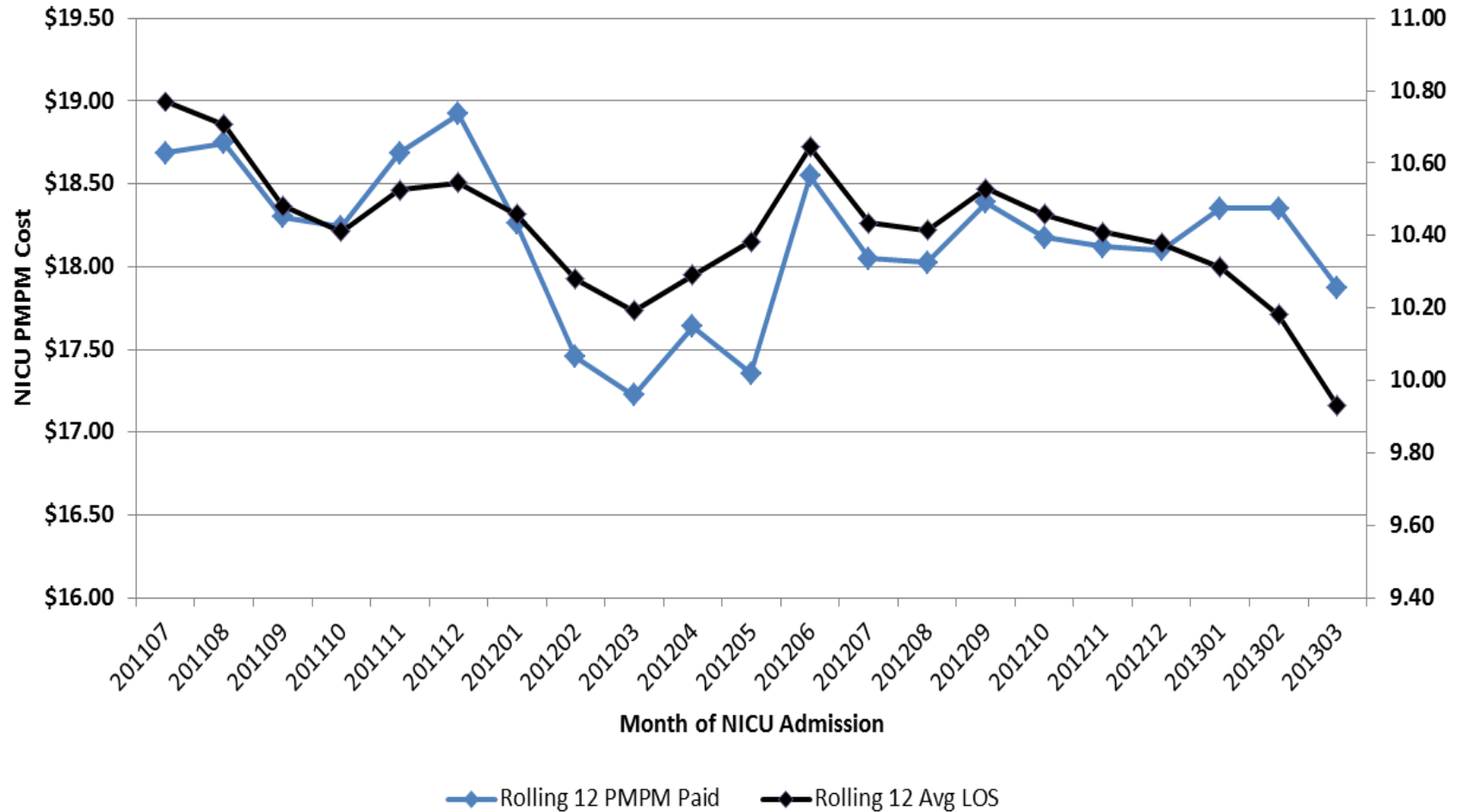
³Retains remaining funds after all other payments made



## Franklin County PFK NCH ED Asthma Visits

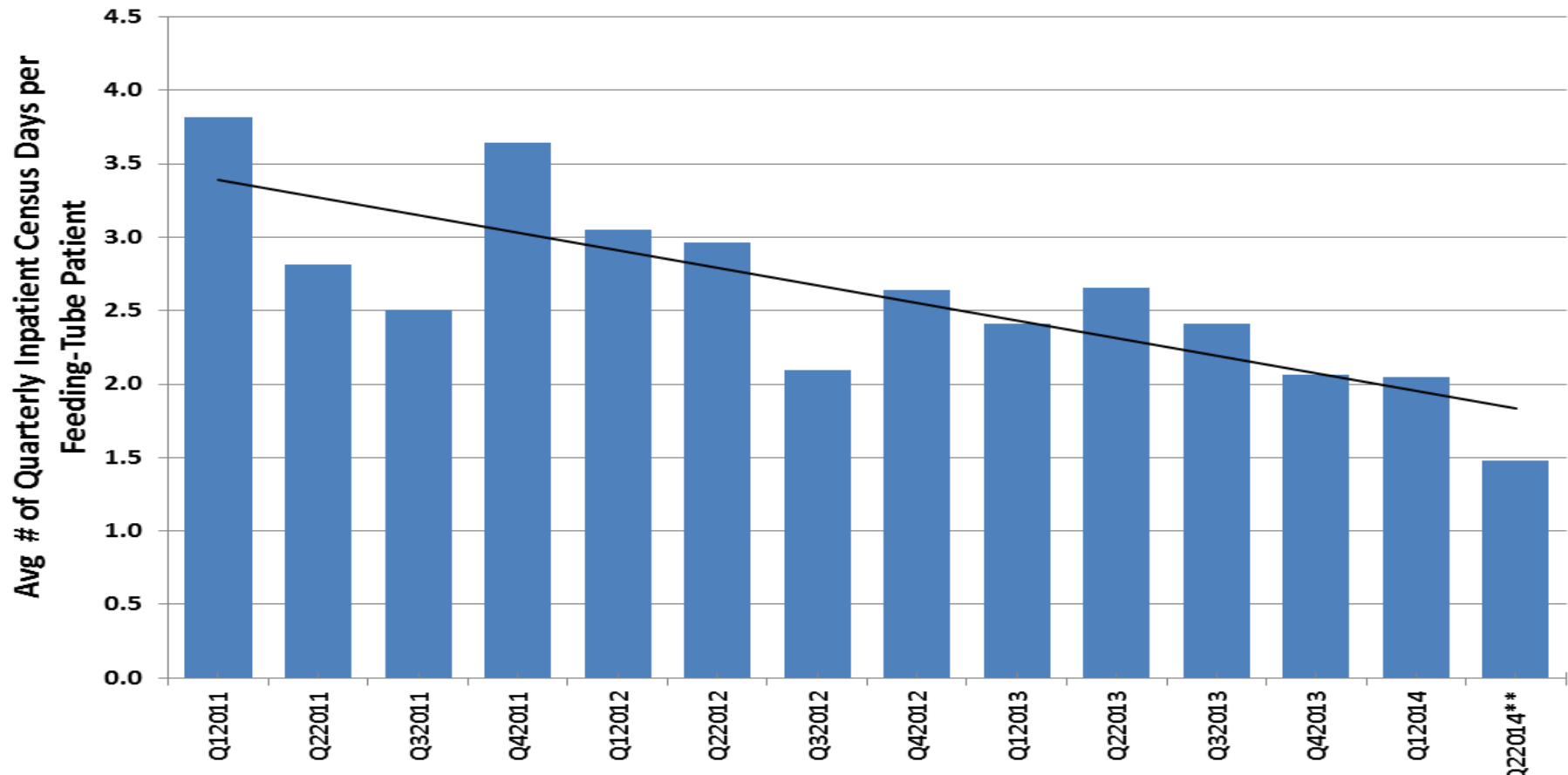


# NICU PMPM Cost & ALOS



# NCH Inpatient Days by Quarter

## *Complex Patients with Feeding Tubes\**

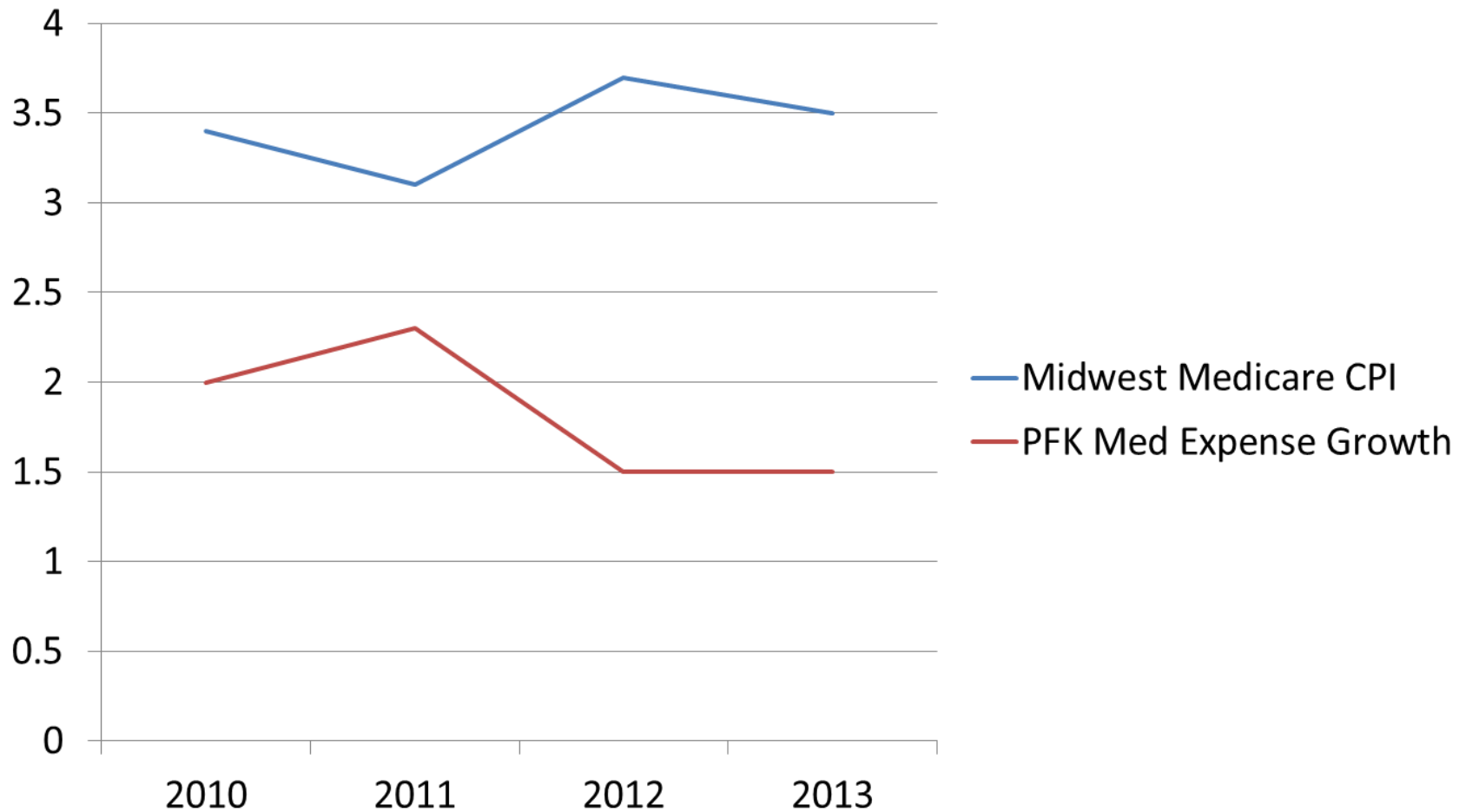


\* Numerator: Number of NCH Inpatient Census Days only for the quarter incurred based on patients who had a tube-fed related visit (any patient class) in prior 4 quarters

Denominator: # of Feeding-Tube Patients in the Quarterly Cohort (e.g. those who had a tube-fed related visit (any patient class) in prior 4 quarters)

\*\*2014 Second Quarter incomplete: through early June 2014

# Medical Inflation in PFK

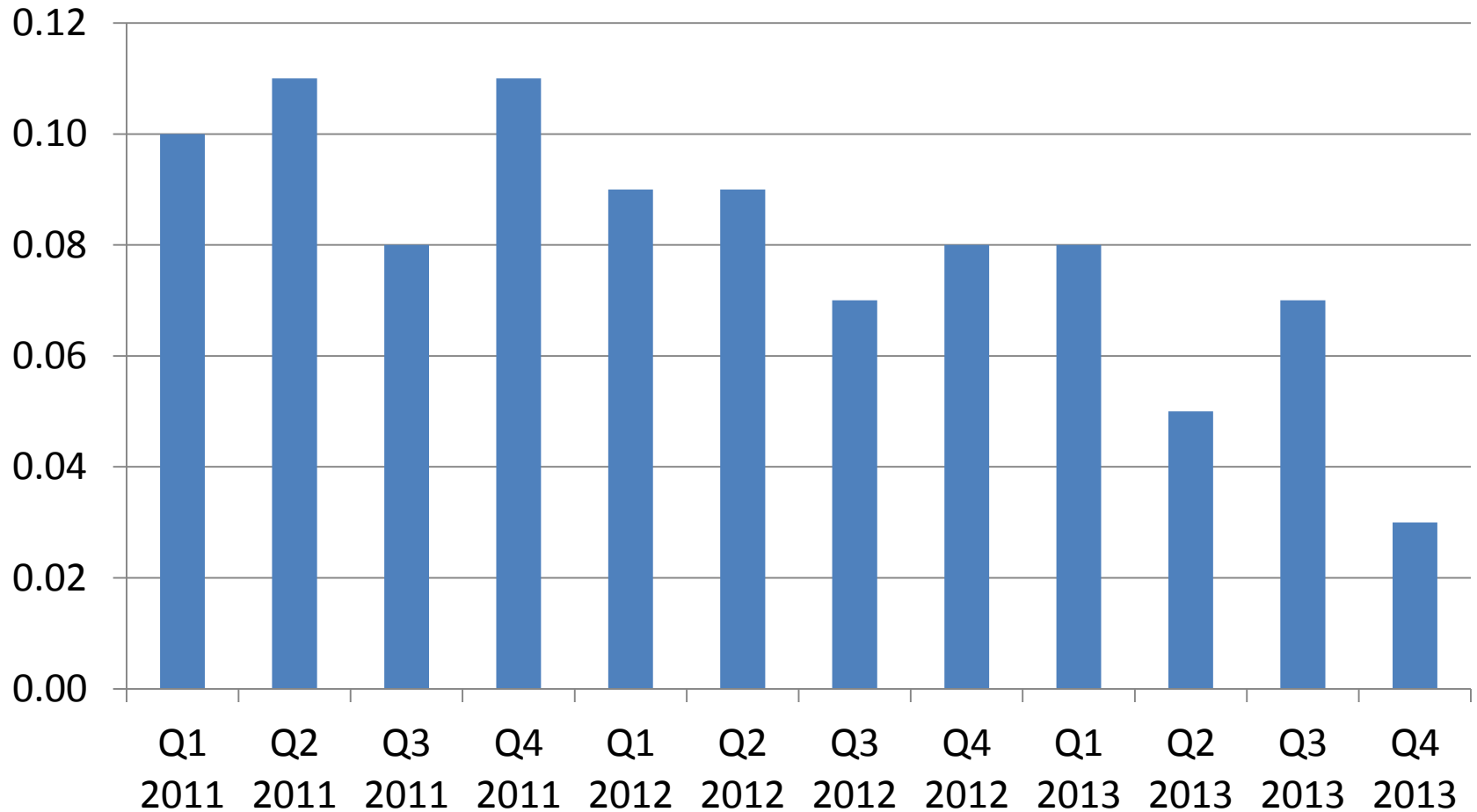


# Behavioral Health Services in PFK

- Extreme access problems
- One third of pharmacy costs
  - \$25M on ADHD drugs
  - \$8M on Abilify
- Most common reason for readmission
- Length of stay concerns

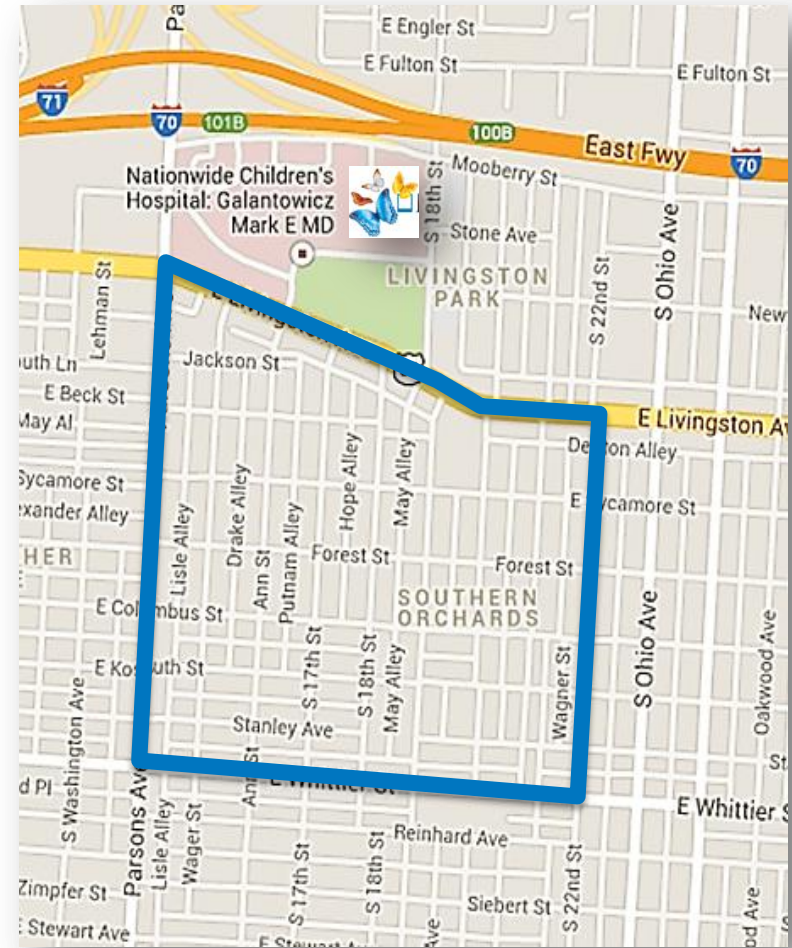


# Behavioral Health Readmissions



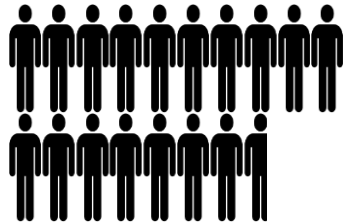
# Target Area: **Healthy Neighborhoods, Healthy Families**

- **Boundaries\* (BLUE)**
  - N: Livingston
  - S: Whittier
  - E: South 22<sup>nd</sup>
  - W: West Parsons
- **School Partner**
  - Livingston Avenue Elementary
  - Principal: Stacy Harris-Macarthy
- **Faith-Based Partner**
  - Community Development for All People
  - Reverend: John Edgar



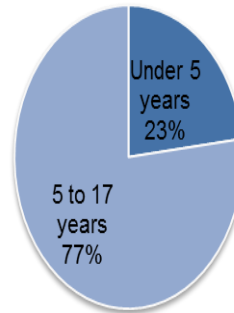
# HNHF Zone 06\*

Population: 1,784

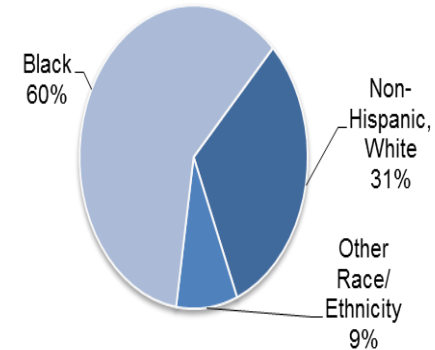


Comprises 2.2% of HNHF Population

862 Children



68.4% Minority

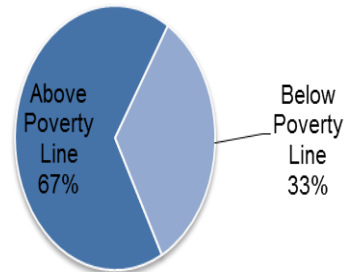


452  
Families



37.8% of 722 households are owner-occupied

Average Household Income  
\$39,405



Source: 2010 Census Data for Census Tract 0056.10

\*Census Tract 0056.10 is larger than the FELC area thus does not accurately reflect data exclusively within the boundaries of the FELC target area.



= 100 People



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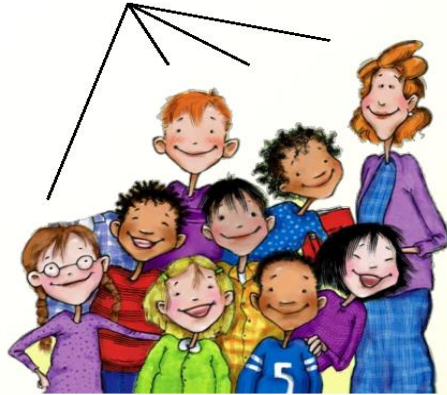








Welcome, future  
PAX Leaders



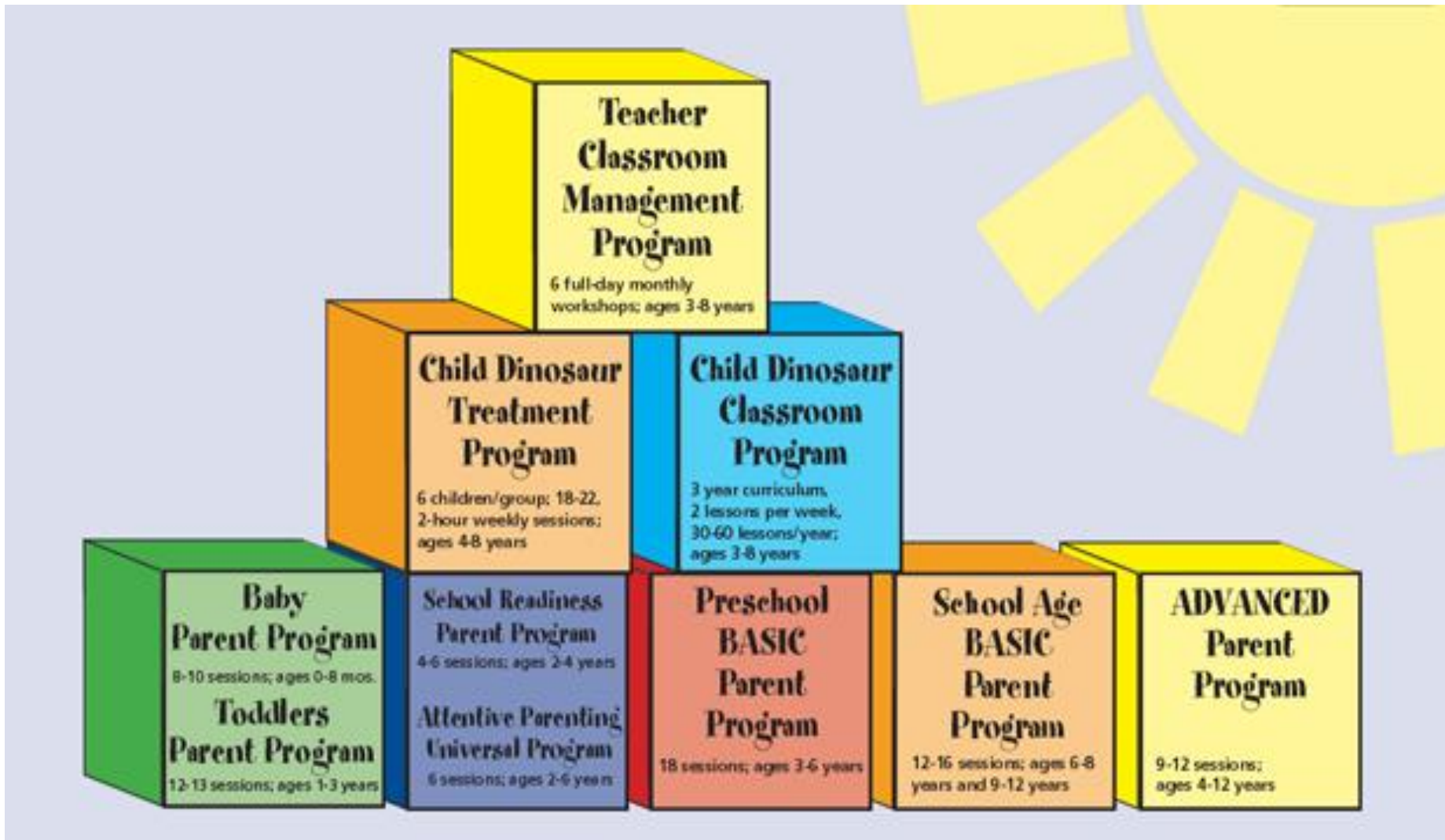
# P PATHS to PAX

A workshop for using some of most powerful,  
practical tools in documented prevention science

*By...Penn State University, PAXIS Institute and Johns Hopkins University*



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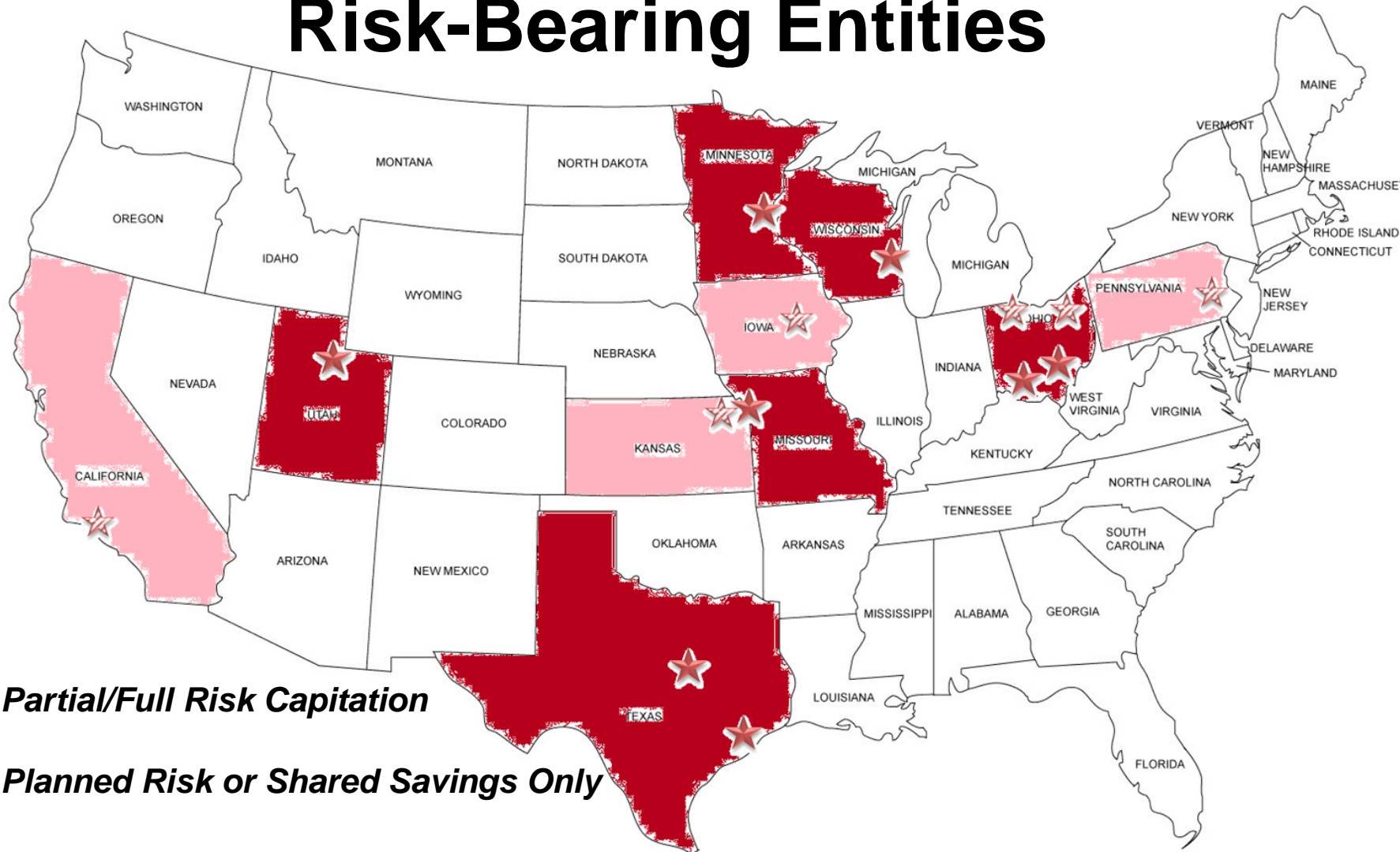
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# Proposed Interventions

- Good Behavior Game
  - Licking County (15 schools)
  - Franklin County (5 schools/year)
  - Southeast Ohio (5 schools/year)
- Incredible Years
  - Franklin County (5 schools/year)
- Pre-school expansion (sixty slots/yr)
- Adolescents
  - Safer Choices (reproductive choice, violence prevention)
  - Foster care and Juvenile Justice Patient Centered Medical Home project
  - Foster Mentoring program

# Children's Hospital Associated Risk-Bearing Entities



***Partial/Full Risk Capitation***



***Planned Risk or Shared Savings Only***



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# Payment Reform Continued

- Pay for Outcomes
  - IPAC Rural Model
- Socially Accountable Care Organizations
  - Foster Care
  - Juvenile Justice
  - School-based MH and Health
- Social Capital (SoCap) bonds

# Other Levers

- National telemedicine standards
- Integrated behavioral care/Primary care
- Integrated foster care/juvenile justice services



# Conclusions

- Payment Reform can be effective in scaling/sustaining
- Current market for such activities focused on pediatric only organizations but some partnerships emerging
- Social capital bonds deserve study for isolated populations like juvenile justice

