Committee on Improving the Health and Wellbeing of Children and Youth through Health Care System Transformation

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# **Current Situation**

- Lots of good news but.... (https://downloads.aap.org/AAP/PDF/CHT\_Child%20Health\_May%202022.pdf)
- Large disparities in outcomes for several serious individual clinical conditions
- Missed opportunities for preventive interventions across large numbers of (mainly low-income) children – vision, hearing, dental
- Increasing prevalence of problems that have substantial social/external components
  - Behavioral health, suicide, homicide, injuries

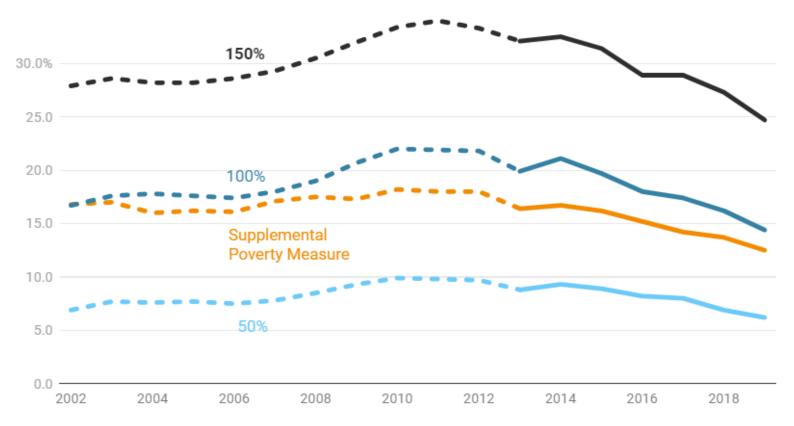


# **No Easy Policy Wins**

- Health insurance
  - Virtually all kids legally in the USA are insured or could be insured at very low cost
    - in expansion states, 4% of kids are uninsured; 7% in non-expansion
      - Most uninsured kids are eligible for Medicaid or CHIP and not enrolled
      - About 1/3 are higher income (over 200% FPL in all but 2 states) eligible for coverage on marketplace (now that family glitch is solved)
      - About 10% immigration status

# **Income Support**

Child poverty rates by 50%, 100%, and 150% of the official poverty measure and by the supplemental poverty measure, 2002–2019

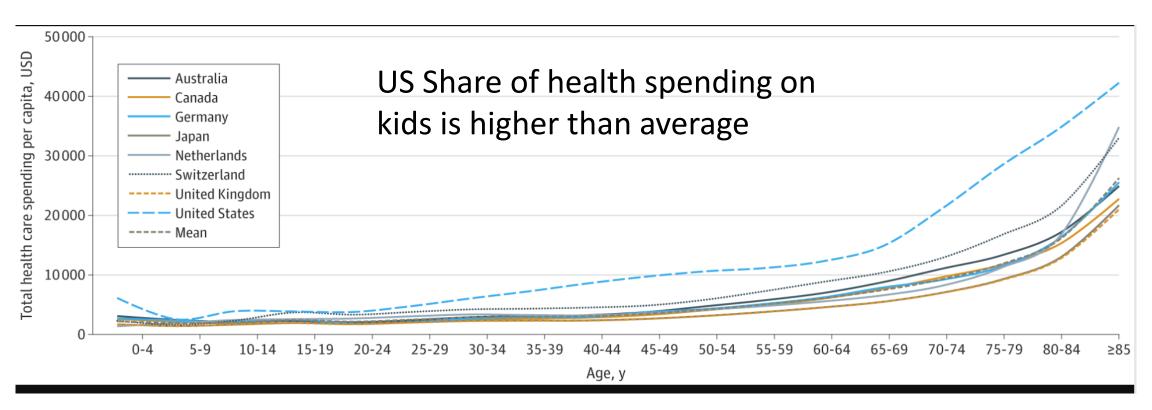


Notes: 2013 data are from the traditional Annual Social and Economic Supplement (ASEC) questions distributed to 68,000 participants and are not directly comparable to data from 2014 and afterward; data from 2017–2019 reflect implementation of an updated Current Population Survey ASEC processing system.



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# No Dollar Bills on the Sidewalk



Papanicolas I, Marino A, Lorenzoni L, Jha A. Comparison of Health Care Spending by Age in 8 High-Income Countries. *JAMA Netw Open.* 2020;3(8):e2014688. doi:10.1001/jamanetworkopen.2020.14688

#### 🌪 NYU WAGNER

#### Social Determinants Matter – but Cost Savings are Rare and Outcomes are Challenging to Find

- Number needed to treat to see meaningful health outcome changes through addressing social determinants is very high (not cost saving)
  - E.g., most children living in substandard housing do not experience any health effects
    - Even among children experiencing health problems, housing remediation has modest effects on individual conditions that are only discernible in large population samples
      - But may lead to more generalized improvements in health

#### Changing Financial Incentives have Narrow Effects

- Change behavior AT THE MARGIN within existing practices
  - Change which medication is prescribed
  - Change which test is ordered
- Organizational changes and larger changes reflect AVERAGE reimbursement
  - And are very costly

### Financial Incentives and Organizations

- Broader reimbursement mechanisms can facilitate the survival of integrated systems
  - Already doing this
  - Might grow
- They can also encourage entry- and that is not always good
  - Private behavioral health
  - Private equity and emergency rooms





#### YES, IMPROVEMENTS ARE POSSIBLE

# **Serious Conditions**

- Evidence of outcome disparities
  - Acute lymphoblastic leukemia
  - Congenital heart defect surgery
- Why?
  - Quality of providers seen
  - Social circumstances of kids



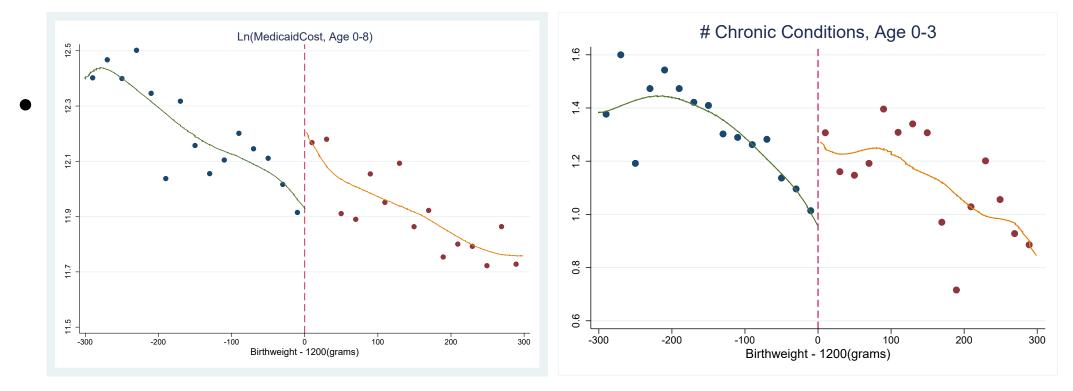
# **Quality of Providers**

- Resources
  - Hospitals with little commercial payment are operating with far less money than those with more
  - But volume/outcome relationship also matters
  - Likely better to concentrate care in a small number of better-resourced facilities
    - And divert care away from others
    - (Politics?)



#### Highly Targeted Interventions around Social Determinants -- Family Resources

 Money is exceptionally valuable to low-income parents of kids with serious illnesses



Ko, Hansoo, Renata E. Howland, and Sherry A. Glied. *The effects of income on children's health: Evidence from supplemental security income eligibility under new york state medicaid*. No. w26639. National Bureau of Economic Research, 2020.

#### 3:1 payoff

#### **Lessons Learned**

- Highly targeted program 1% of Medicaid births
- Hospitals and providers vary in enrolling
- Could combine SSI with nurse/family partnership type programs
- Some programs can make these linkages well

### Common Conditions with Clear and Effective Treatments

- Undiagnosed vision, dental, hearing problems
- Population-based screening
  - Expansion of UPK very popular offers opportunity
    - Highly coordinated follow-up with providers
      - embed screening LINKED to treatment at scale
        - » Provide services on site
        - » Or work closely with community providers for very aggressive follow-up
    - This requires organizational change payment incentives alone aren't going to do it – the amounts per case are too small
    - Consider partnerships between educational systems and community providers (and, as in NYC, glasses providers)

# **Social and Emotional Health**

- Humility
- Schools face many challenges
  - Many interests
    - Parents
    - Teachers
    - Local governments
- Work with school districts, parents, etc. to shift toward more evidence-based practices
  - Preventive CBT, evidence-based violence prevention
  - Need effective models that clearly distinguish individual service provision from screening and community education
    - Consultancy services etc.
  - Help make clinical services available
    - Consultancy for primary care
    - Non-physician providers

### Partnerships are Key – and Challenging

- Very few programs are cost-saving to the Medicaid program (these are very targeted)
- If Medicaid pays, less funding available for clinical care

– Or money drawn out of other systems??

- Other systems have expertise and priorities
  - Lifetime income
  - Cultural, political, social goals



# **To Recap**

- Three kinds of opportunities (relatively) easy, medium, hard
  - Kids with very serious, treatable health needs
    - Push toward specialized providers
    - Partner to get families enrolled in all available benefits
  - Common, treatable conditions
    - Use UPK and other initiatives to improve screening
    - Build very strong linkages to clinical care
  - Behavioral health
    - Develop consultancies and collaboratives





