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

Sherry Glied



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

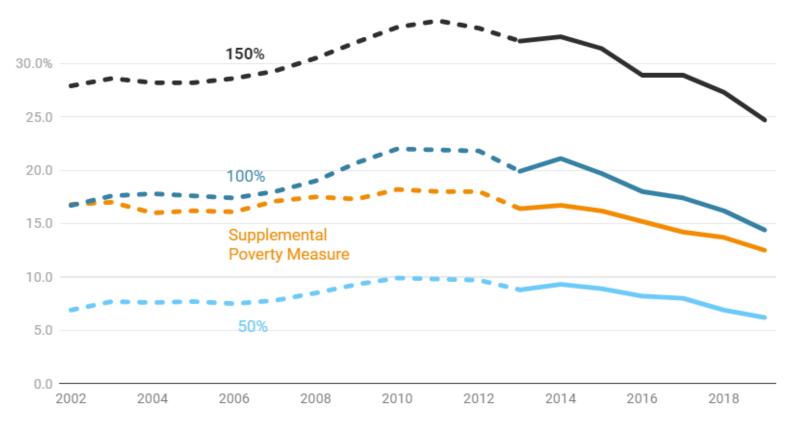


No Easy Policy Wins

- 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

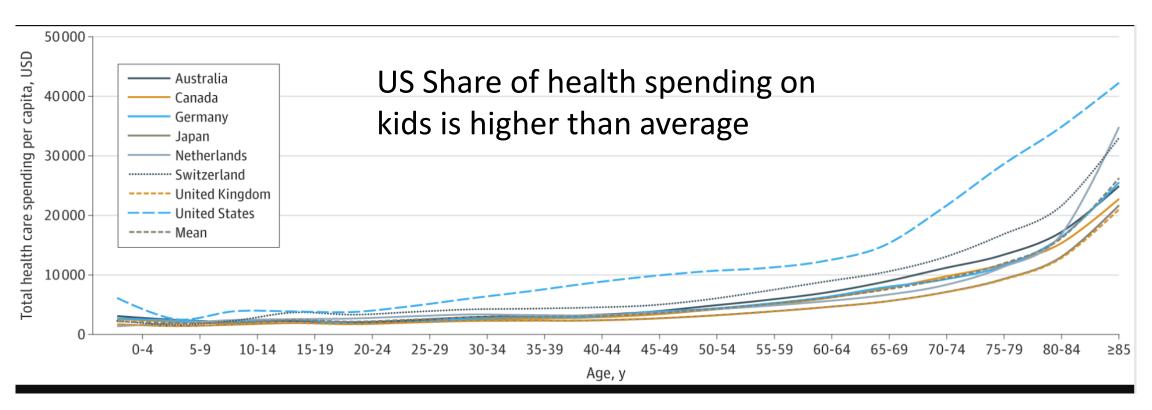


Notes: 2013 data are from the traditional Annual Social and Economic Supplement (ASEC) questions distributed to 68,000 participants and are not directly comparable to data from 2014 and afterward; data from 2017–2019 reflect implementation of an updated Current Population Survey ASEC processing system.



Ē

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



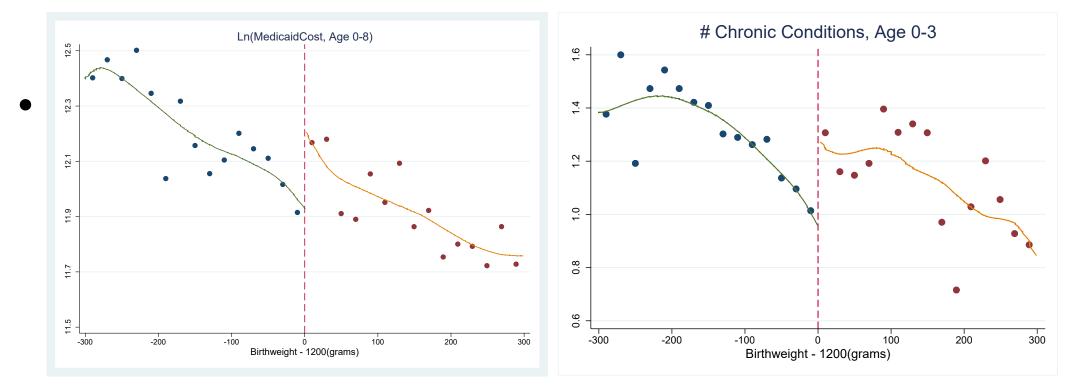
Quality of Providers

- 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





