



Innovations in Pediatric Care and Payment: Family-Based Recovery Care

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United Hospital Fund

VISION

Quality health care and better health for every New Yorker

MISSION

United Hospital Fund works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision-makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care.



Integrated Care

- **Behavioral health services** into primary care, either physically or virtually (e.g., Collaborative Care Model, Healthy Steps)
- **Parent health services** into pediatric care (e.g., 2-Generational Care)
- **Social services** with medical services, integrated within a practice or at a community level (e.g., Accountable Communities for Health)

Integrated family care is the “desired goal of systematically ensuring all family members’ health needs are met through effective, seamless, integrated services.” –Working definition, United Hospital Fund, [Plan and Provider Opportunities to Move Toward Integrated Family Care](#)

Moving Towards Integrated Family Care

1. Family-Centered Care

A way of organizing care to ensure family members are shared decision-makers in health care

2. Bridging Efforts

A way of building toward integrated family care by inquiring about—and offering interventions or referrals for—priority family health concerns

3. Integrated Family Care

A way of organizing care to ensure all family members' health needs are met through effective, seamless, and integrated services

A. Supportive Delivery System Changes

B. Supportive Payment System Changes

Foundation: Maximum insurance coverage with continuous enrollment policies for parents, pregnant women, and children

1A. Supportive Delivery System Changes

Increased access to accommodate working families through extended primary care and specialist office hours and/or use of telemedicine to accommodate working families

Provider education on the importance of parent health to child health and development

Use of parenting programs or support groups

1B. Supportive Payment System Changes

Financial support for practice transformation

Enhanced payment for maintaining PCMH recognition

2A. Supportive Delivery System Changes

Screening in pediatrics for subset of adult health conditions that can influence child health (e.g., smoking, SUD, maternal depression, parent ACEs, reproductive health planning) and analogous referrals by adult medicine providers to pediatrician, child behavioral health specialist, or family therapy

Provision of family strengthening and parenting skills

Sharing of pertinent health information between child and parent health providers

Identifying family stressors (e.g., food insecurity, unemployment) and referring to community services

2B. Supportive Payment System Changes

Payment for improvement of family-focused performance measures (e.g., maternal depression screening completed during pediatric visit)

Care coordination payments

Ability to bill some services to family member's insurance plan (e.g., billing for maternal depression treatment to child's insurance)

3A. Supportive Delivery System Changes

Expansion of evidence-based, family-based treatment interventions that serve families in a variety of settings with a focus on improving family health and functioning

Co-location and co-scheduling of family member health services, e.g. post-partum checkups with well-child care

Use of IPA or ACO structures to provide consistent, unified care to family members across providers

One care coordinator and care plan for the family

Integration of health services with other family-serving sectors

3B. Supportive Payment System Changes

Ability to link "family clients" within claims data

Development of alternative payment models that use family as the unit of care for improved outcomes and cost-savings

Payment for improvement on both parent and child outcome measures or family functioning measures

Opioid epidemic is creating a greater need for models of care for families dealing with addiction and in recovery

Urban Institute:

“623,000 parents with opioid use disorder are living with children, and less than one-third of these parents received treatment at a specialty facility or doctor’s office”



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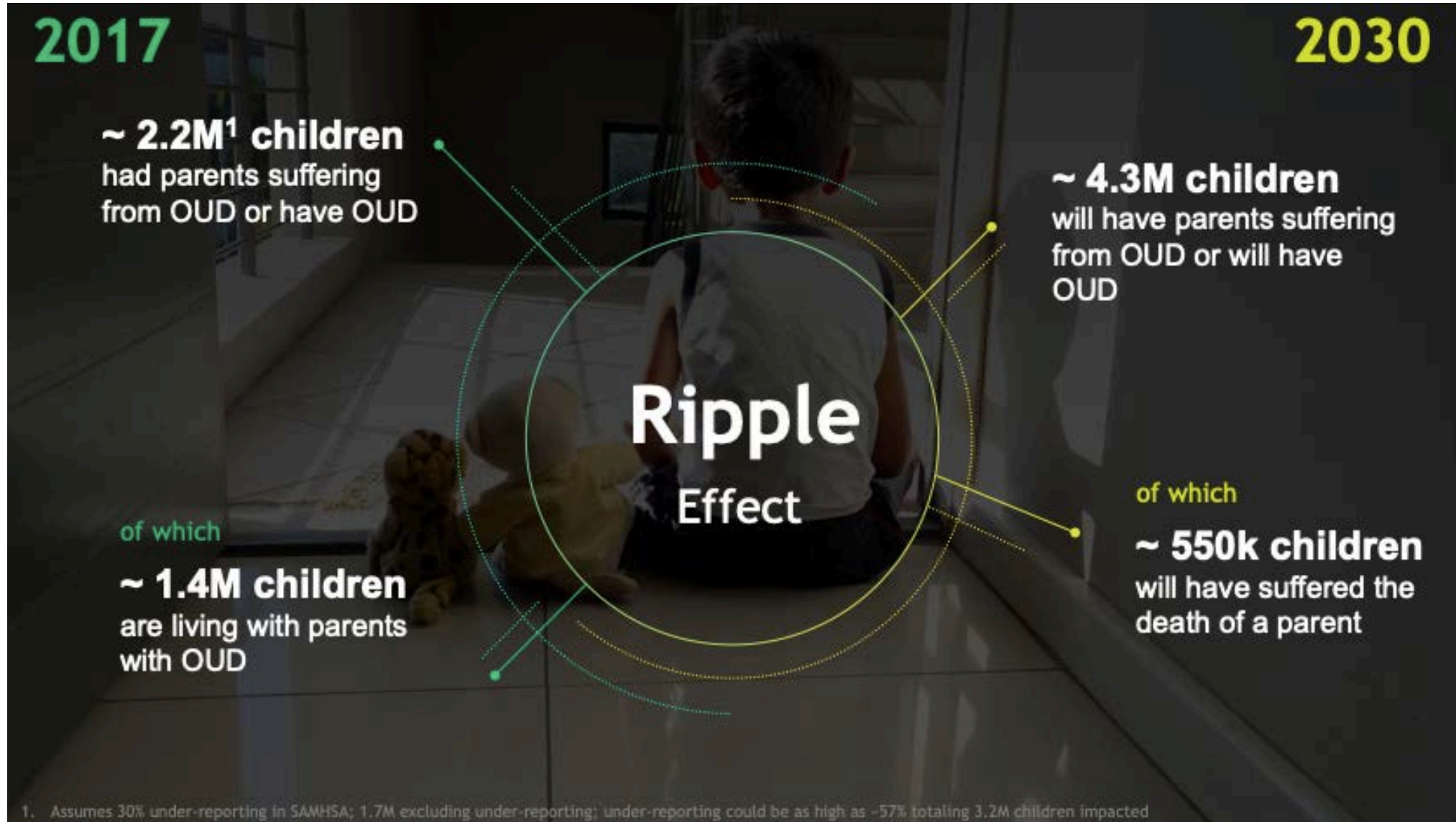
Opioid and Substance Use Disorder and Receipt of Treatment Among Parents Living With Children in the United States, 2015-2017 ➔

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UHF Estimates (pre-publication)



Strategies for Supporting Families with Addiction



Combat stigma

Example:
American College of Obstetricians and Gynecologists District II "Opioid Use Disorder in Pregnancy" Toolkit, Section on "Words Matter"



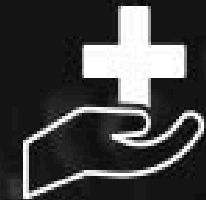
Coordinate the response

Examples:
Ohio Governor's Cabinet Opiate Action Team; Children and Recovering Mothers Collaborative (CHARM), Burlington, VT



Identify kids at risk

Example:
West Virginia's Handle with Care program



Invest in family-centered care

Example:
Boston Medical Center's Supporting Our Families through Addiction Recovery

Example: Supporting Our Families through Addiction and Recovery

- Established in July 2017, built off Project RESPECT, at Boston Medical Center
- Care for children and mothers-in-recovery is coupled together through the pediatric medical home:
 - Child receives primary care with particular attention to issues that can affect babies discharged from the hospital
 - Mother receives parent support and classes related to child development and parenting
 - Clinic team streamlines specialty appointments, primary care appointments, medication assisted treatment, therapy, etc. for new moms
 - Peer-counselors and patient navigators connect moms with CBOs for housing and parenting support

Example: Integrated Care for Kids demonstrations

- First Centers for Medicare and Medicaid Innovation effort to focus on kids – 8 states will receive awards for demonstration project
- Inclusion of core child services in service integration model: physical and behavioral clinical care; early care and education; Title V agencies; schools, food supports; housing, child welfare
- Service integration: flexible but must include streamlined and coordinated eligibility and enrollment processes; mobile crises response services
- Risk stratification and tiered service delivery: integrated care coordination and case management levels of increasing intensity appropriate for individual needs
- Includes an Alternative Payment Model component

Example: NYS Model of Pediatric Population Health

Vision for building upon the traditional patient-centered medical home model. Endorsed by AAP District II and NYS Medicaid:

- Higher standards for comprehensive, well-child care including integration of evidence-based interventions to support optimal growth and development;
- Care coordination/case management capacity for navigating across medical services and social needs through use of roles such as community health workers and peer navigators; and
- Integrated behavioral health care that is sensitive to the relationship between the health care practitioner and family, culturally sensitive, age appropriate, and 2-generational.

Challenges and Questions

- What amount of responsibility/accountability for parent outcomes are child health providers willing to accept? And adult providers for child outcomes?
- What data systems are needed to evaluate the possible return on investment of family-based interventions? ROI to whom?
- What changes may be needed in state Medicaid programs to facilitate family-based coverage? What would be the downsides of such an approach?
- Are there sufficient savings in health care, even among high-risk families, to make these models sustainable even in the short-term? Would braided funding or alternative payment structures work?
- What elements of these programs will be replicable and scalable across geographies?

Thank You!

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