



# Integrated Service Delivery and Payment Models for Children

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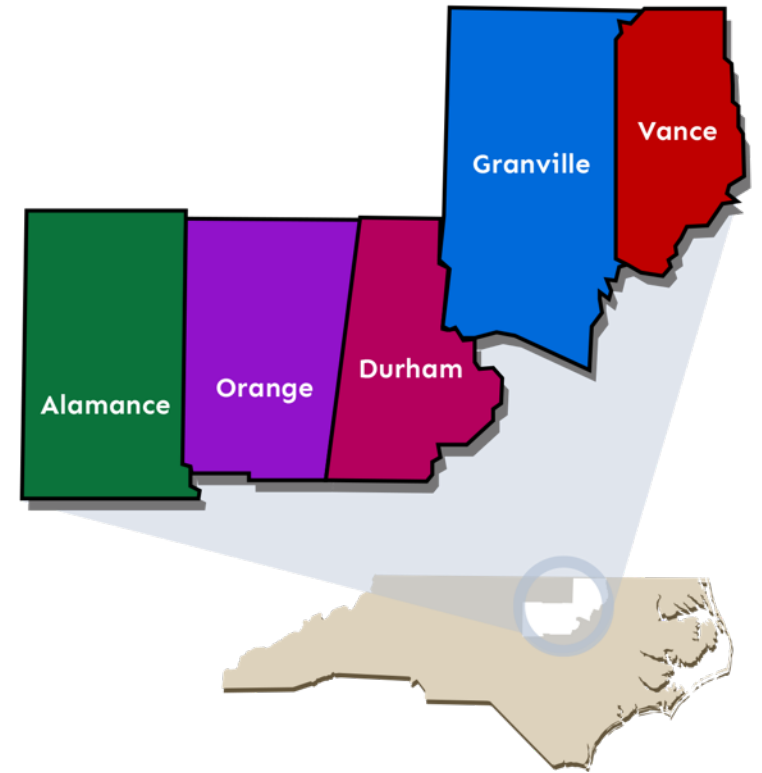
NASEM: The pediatric subspecialty workforce and its impact on child health & well-being

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# NC InCK: Brief Overview

- **Population:** All Medicaid and CHIP-insured children in this 5-county area in central NC
  - Birth to age 20
  - Regardless of where they receive medical care
  - ~95,000 children
- **Funding:** A 7-year, \$16M grant from CMS to the following lead organizations



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

- **Launched in January 2022** after a 2-yr planning period



# How NC InCK Supports Whole Child Health

## 1 UNDERSTAND NEEDS

More holistically understand the needs of a child and their family

## 3 FOCUS HEALTH CARE INVESTMENTS

Innovate how we invest resources into what matters most for children and their families

## 2 SUPPORT AND BRIDGE SERVICES

Wrapping systems around the person and their families, rather than asking people to wrap around systems



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# More holistically understanding a child and their family's needs

NC InCK is integrating statewide data beyond administrative healthcare data in a pediatric-focused risk model

Category	Examples of Data used to Assess Needs
<b>SDOH Needs</b>	<ul style="list-style-type: none"> <li>• Food, housing, transportation needs from Care Needs Screen</li> <li>• Social Deprivation Index for member address</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• # of school absences and suspensions</li> </ul>
<b>Juvenile Justice</b>	<ul style="list-style-type: none"> <li>• Placement in detention or development center</li> <li>• Probation status</li> </ul>
<b>Child Welfare</b>	<ul style="list-style-type: none"> <li>• Current foster care placement</li> <li>• Recently returned home from foster placement</li> </ul>
<b>Guardian</b>	<ul style="list-style-type: none"> <li>• Casehead substance use during pregnancy</li> <li>• Casehead qualifies for Tailored Plan</li> </ul>
<b>Medical Complexity</b>	<ul style="list-style-type: none"> <li>• Pediatric Medical Complexity Algorithm, Level 3</li> </ul>



Public Schools of North Carolina  
 State Board of Education  
 Department of Public Instruction



# NC InCK's Service Integration Levels

## Innovations for Pediatric Subspecialists

- **Referrals to Integrated Care Supports**
  - EHR indicator of eligibility for InCK supports
  - Any provider can make a “Care management” referral with an EHR order
  - Families more likely to engage in integrated care supports with a provider referral
- **Pediatric Medical Complexity Algorithm**
  - Stratifies children by medical complexity into
    - Complex chronic disease
    - Non-complex chronic disease
    - Children without chronic disease

## SIL-3: Estimate ~5,000 children

Children who are out-of-home or have high risk of out-of-home placement.

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Children experiencing multiple, complex health and education Juvenile Justice, Child Welfare, social determinant needs.

## SIL-2: Estimate ~10,000 children

Children experiencing multiple, moderate-severity health, social determinant, education or guardian needs.

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Focus is on impactable rising risks to improve well-being and reduce future out-of-home placement

## SIL-1: Estimate ~80,000 children

All other children in NC InCK counties.

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May have isolated health and contextual risks.

# Supporting and bridging services for children and families

## NC InCK Integrates Across These Ten Core Child Services

1. Schools
2. Early Care and Education
3. Food – SNAP, WIC, Food banks
4. Housing
5. Physical and Behavioral Healthcare
6. Maternal and Child Services – Title V
7. Social Services – Child Welfare
8. Mobile Crisis Response
9. Juvenile Justice
10. Legal Aid

## Innovations for Pediatric Subspecialty Providers

- **NC InCK Consent Form:** Allows integrated care team members (e.g., behavioral therapists, school personnel) to communicate about a child's well-being needs
- **NC InCK Asthma Intervention**
  - School nurses identify & assess children with asthma
  - Pediatric pulmonary teams do allergy testing related to the home environment
  - Local community-based organizations remediate the home environment





# A Child's NC InCK Journey



Child is identified through NC InCK's integrated **cross-sector data** as needing additional supports

Child is assigned a **Family Navigator** to serve as their care manager

Family meets with Family Navigator to form their **integrated care team** of trusted individuals across sectors

Family, Family Navigator, and integrated care team collaborate to create a **Shared Action Plan**

Family and Family Navigator meet at least **quarterly** to discuss unmet or emerging needs

Integrated care consultation, education, ongoing training and support by the InCK Integration Consultant



**INTEGRATION CONSULTANT**  
Team of 16 NC InCK clinical staff available to support a child

# Investing in what matters to children and families

## NC InCK Alternative Payment Model Invests in Health and Well-Being

- NC InCK has been working with Medicaid, our MCOs and health systems to design a payment model that **links incentive payments to more meaningful measures of child well-being**
- **Goal:** Increase resourcing and flexibility for practices to support more whole child care approaches

NC InCK APM Performance Measures	
Cross-sector child well-being metrics	Kindergarten Readiness Promotion Bundle
	Food Security
	Housing Stability
	Shared Action Plan
Health care utilization metrics	Screening for Clinical Depression & Follow-Up
	Rate of Emergency Dept Visits
	Equity: Reduce disparity in infant well child visits
	Total Cost of Care

### Innovations for Pediatric Subspecialists

- **Shared Action Plan Promotion:** Child-centered plan with goals and contact information for the integrated care team
- **Whole child health promotion for young children:** Kindergarten readiness promotion bundle includes supports for children with medical complexity



# Kindergarten Readiness Promotion Bundle

NC InCK Early Childhood Innovation Committee identified interventions that primary care practices can take to promote kindergarten readiness from birth to age 6



Well visit



PreK referral



Office-Based  
Literacy Promotion



Parenting support  
programs



Developmental  
screening



Early intervention  
referral



Social emotional  
screening



Early childhood  
mental health services



Community-based  
literacy programs

- **Goal:** Encourage and give providers credit for taking these actions
- **Incentive:** Bundle documentation via a new Medicaid administrative code will be linked to an incentive payment in the NC InCK APM