

Partners For Kids Overview



Sean Gleeson, MD
Joint Medicaid Oversight Committee

PARTNERS
FOR KIDS®

 NATIONWIDE
CHILDREN'S
When your child needs a hospital, everything matters.

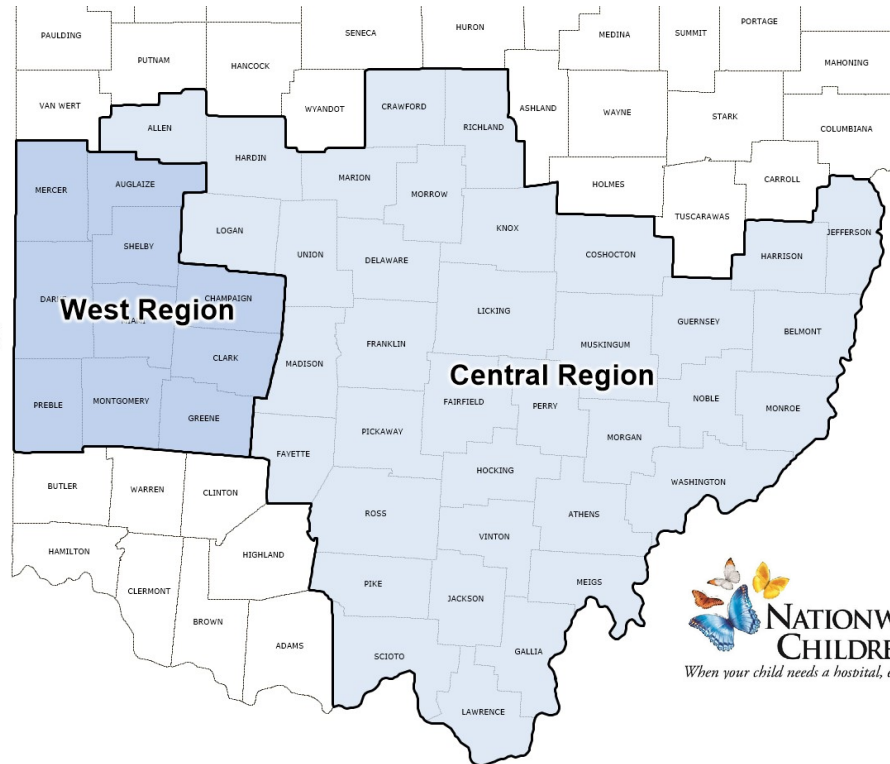
 dayton
children's

What Partners For Kids Does

- ✓ Help healthy children stay healthy
- ✓ Help children with chronic diseases like asthma & diabetes stay out of the ER
- ✓ Help children with complex conditions navigate the healthcare system







Partners For Kids at a Glance



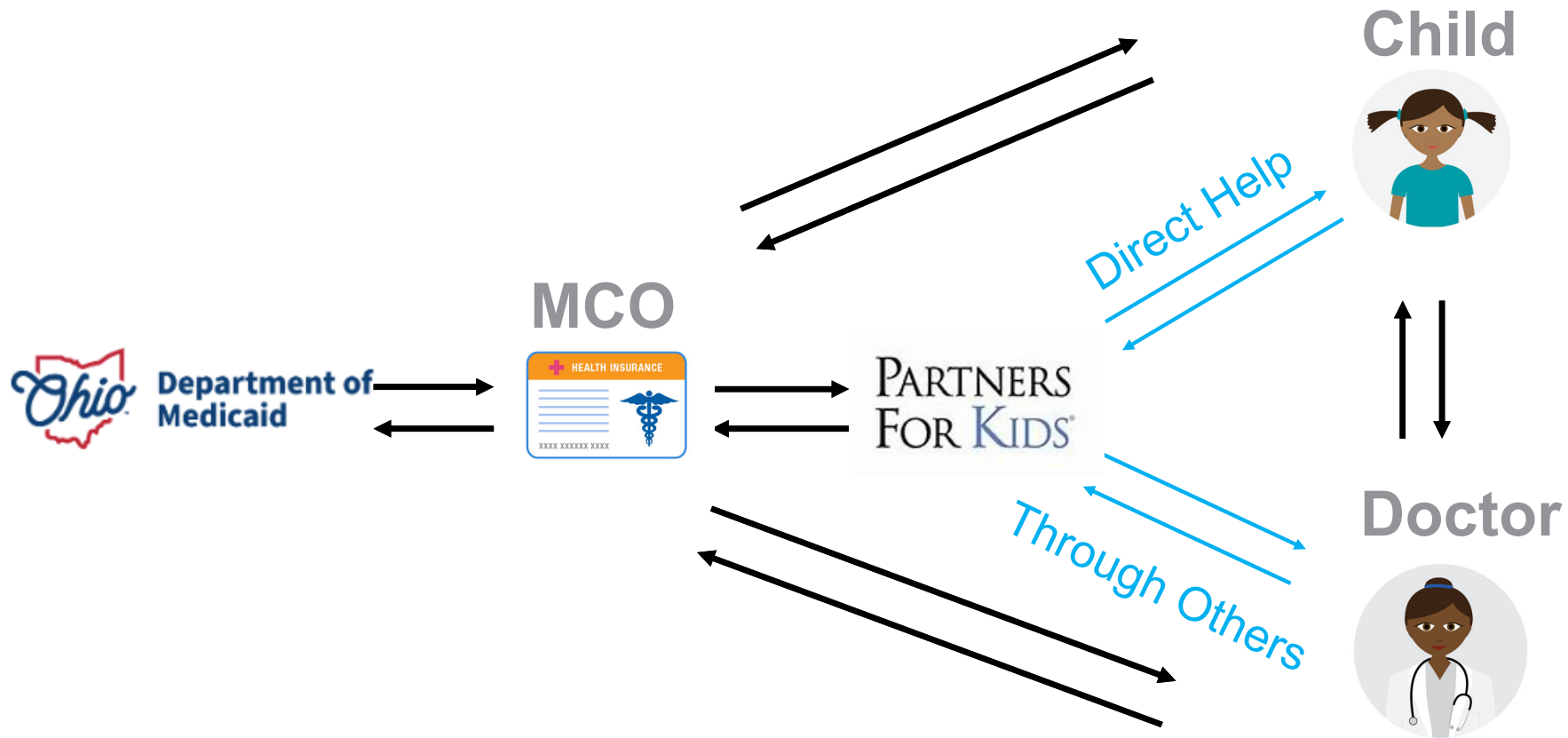
- Largest Pediatric ACO
 - Group of providers takes responsibility for improving outcomes of a population
- 25 years of commitment
- 470,000 Medicaid children
- Helping the healthcare system work better for children

Value-Based Contracts

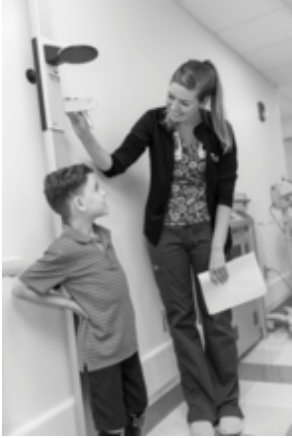
			
CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION – BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

- CMS Rating Scale
- Taking full responsibility for the care of a population
- Both cost and quality
- Ohio has many excellent examples in pediatrics

How We Partner to Keep Kids Healthy



The Children of Partners For Kids



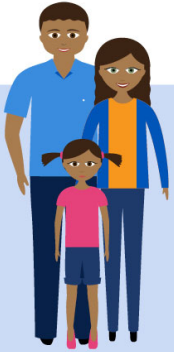
Healthy Majority



**Complex
Few**



Our Partners



IMPROVE OUTCOMES FOR

CHILDREN & FAMILIES:

We partner with children and families to achieve optimal health more easily by increasing access, improving quality and removing barriers.



MANAGED CARE PLANS



ADD VALUE FOR

PROVIDERS



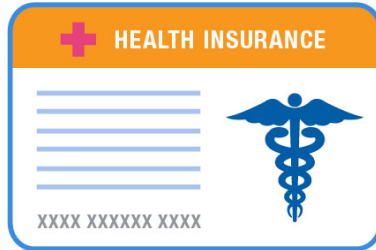
HOSPITAL PARTNERS

PARTNERS
FOR KIDS®

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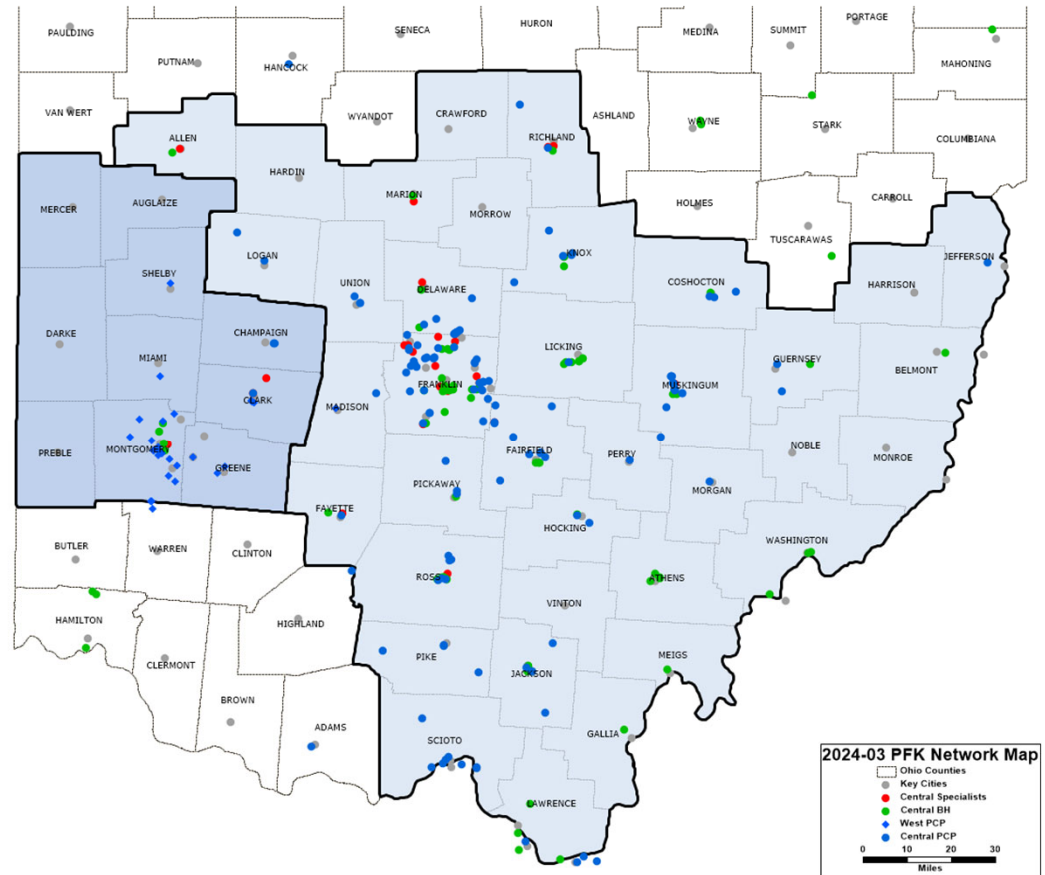
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Provider Network



TO ADD VALUE FOR MANAGED CARE PLANS:

We collaborate with managed care plans to improve pediatric healthcare quality, grow membership and expand provider networks by facilitating patient and provider engagement.



Adding Value for Hospitals



TO ADD VALUE FOR HOSPITAL PARTNERS:

We assist hospitals to achieve population health goals and financial stability by facilitating innovative relationships and providing infrastructure.

Population Health Benefits

- Reduces paperwork burden
- Creates new tools
- Supports virtuous cycle
- Outcomes measurement

Helping healthy children stay healthy

Supporting Providers

Reduce Burdens

Administrative

- Contracting
- Credentialing
- Policy advocacy

Financial

- Better reimbursement
- Incentives for patient outcomes



TO ADD VALUE FOR PROVIDERS:

We reduce the financial and administrative burdens for providers by equipping them with innovative tools and services to improve the quality of healthcare for children.

Provide Solutions

Innovative Tools

- Data portal
- Prescribing guidelines
- Risk scoring

Services

- Quality Improvement
- Outreach, education
- Behavioral Health Integration

Useful Data in Doctor Office



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Provider Portal

Member Information

Patients Needing Care

Risk Status

Quality Summary Statistics

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Quality Improvement Coaches

Well Child Care



Fluoride Varnish



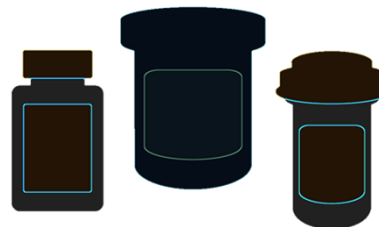
Depression Screening



Asthma Care



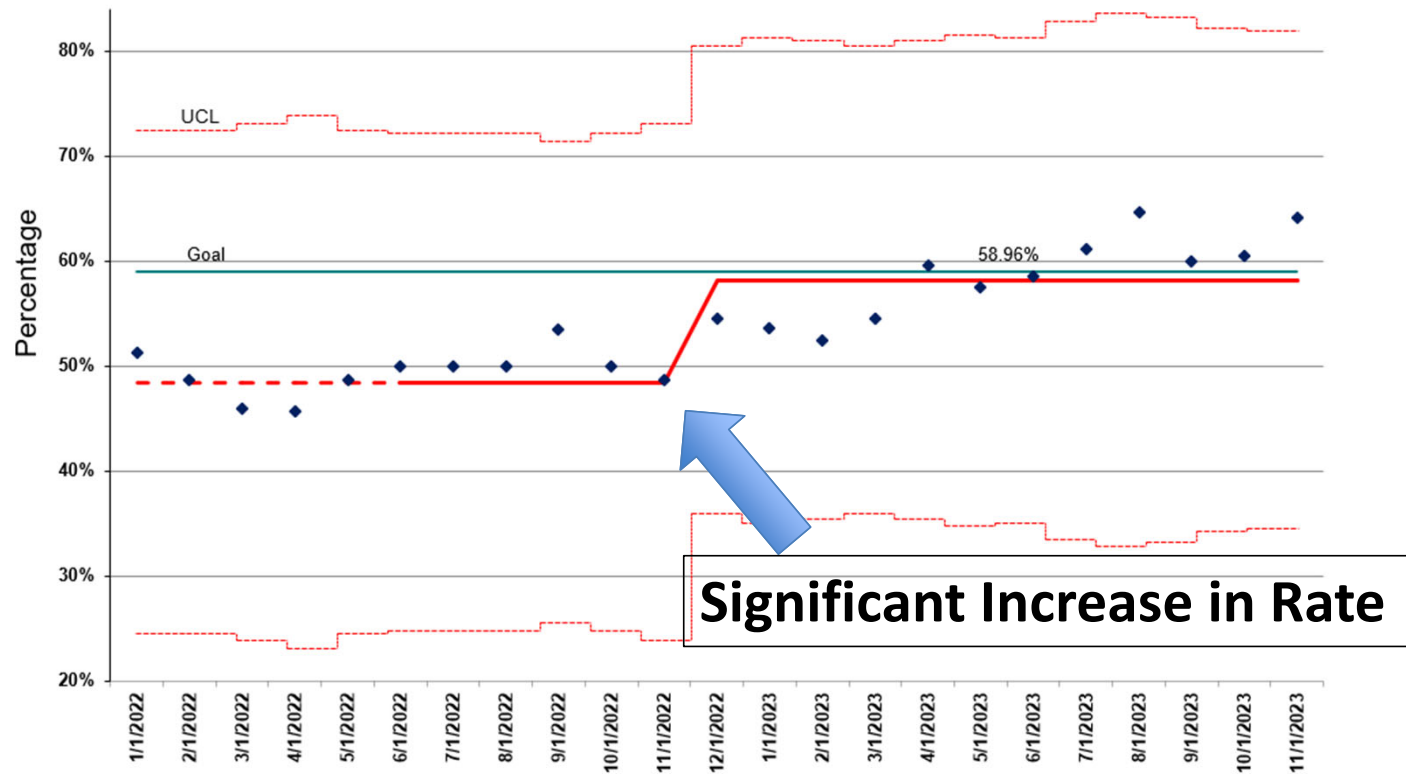
Med Management



ER Avoidance



More Preventive Care



School Health Consultation

Goal: Build local capacity to address health inequities by improving access to care the burden on parents and caregivers

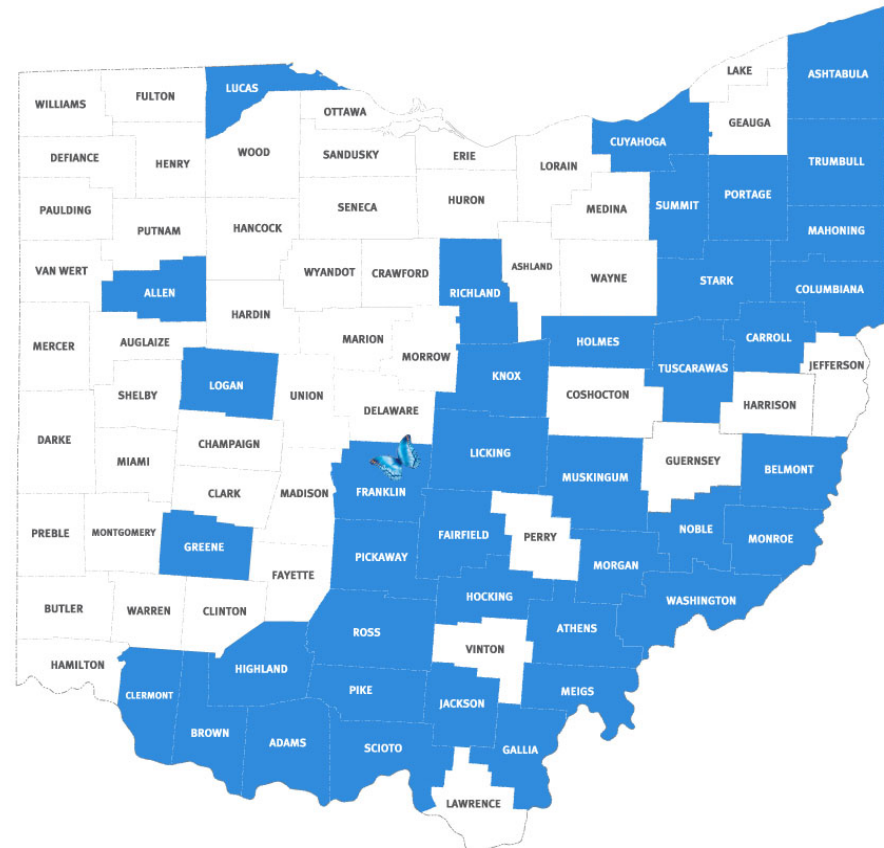
Reach to Date

62 School Districts

~270,000 students

Across **38** Ohio Counties

32 districts included in ACGP
(OhioBUILDS) application



School-Based Health Care = More Well Care

67%

Medicaid patients seen in
school-based health
had not had a checkup
in at **least 18 months.**



Helping children with chronic diseases like asthma and diabetes stay out of the ER

Prescribing Guidelines

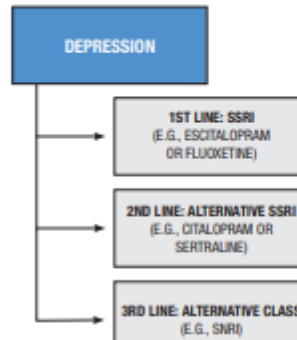
Treating Depression

• Symptoms of depression may require therapy with medications in addition to CBT.

Medication options include SSRIs or SNRIs as noted below:



Prescribing Guidelines for Anxiety Disorders and Depression

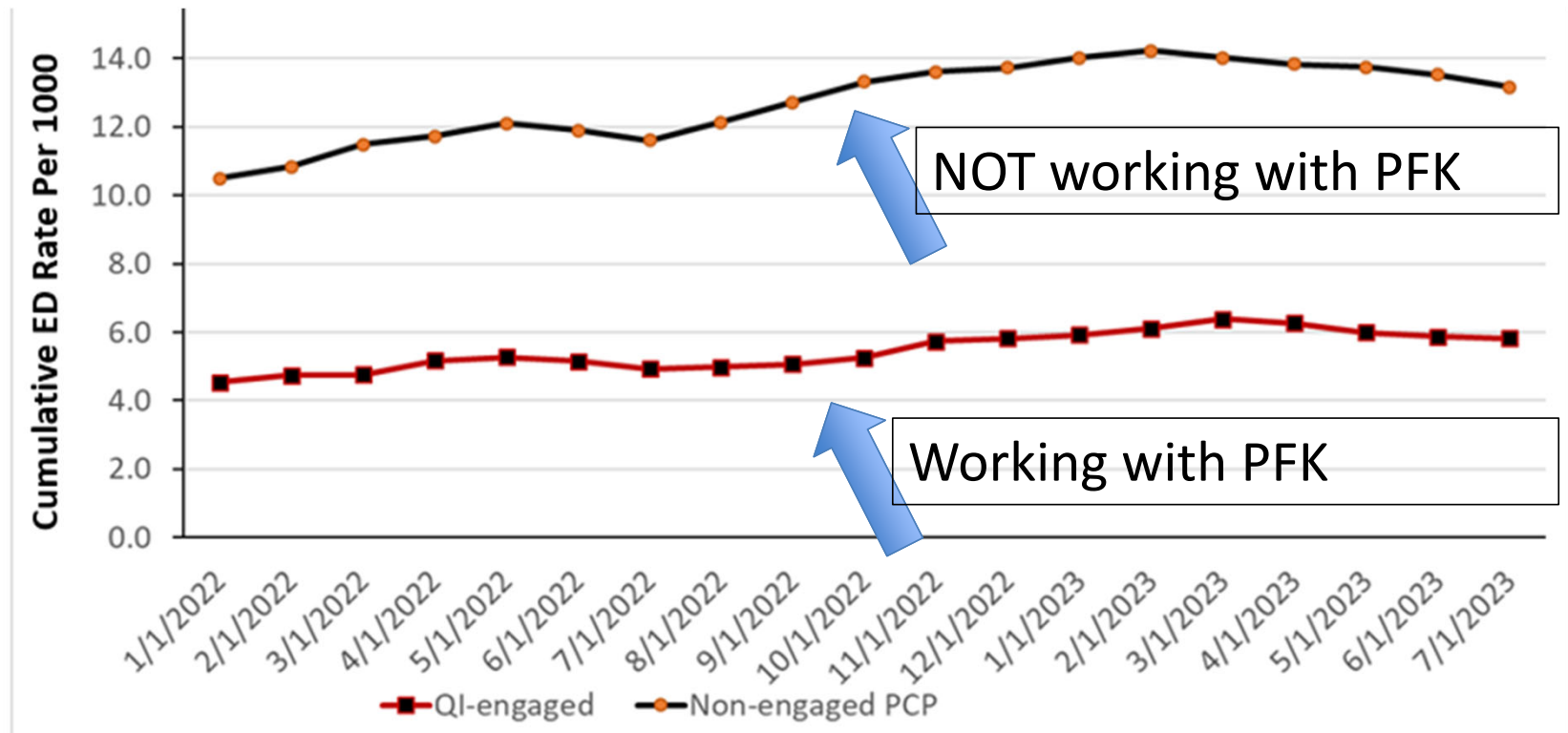


Patient-related Considerations	Recommendations
Diarrhea	Increase hydration and fiber intake
Dry Mouth	Take in the morning Sip water frequently
Insomnia	Take in the morning
Nausea	Take with meals Eat frequent small meals
Shaking or Tremors	Monitor for worsening symptoms

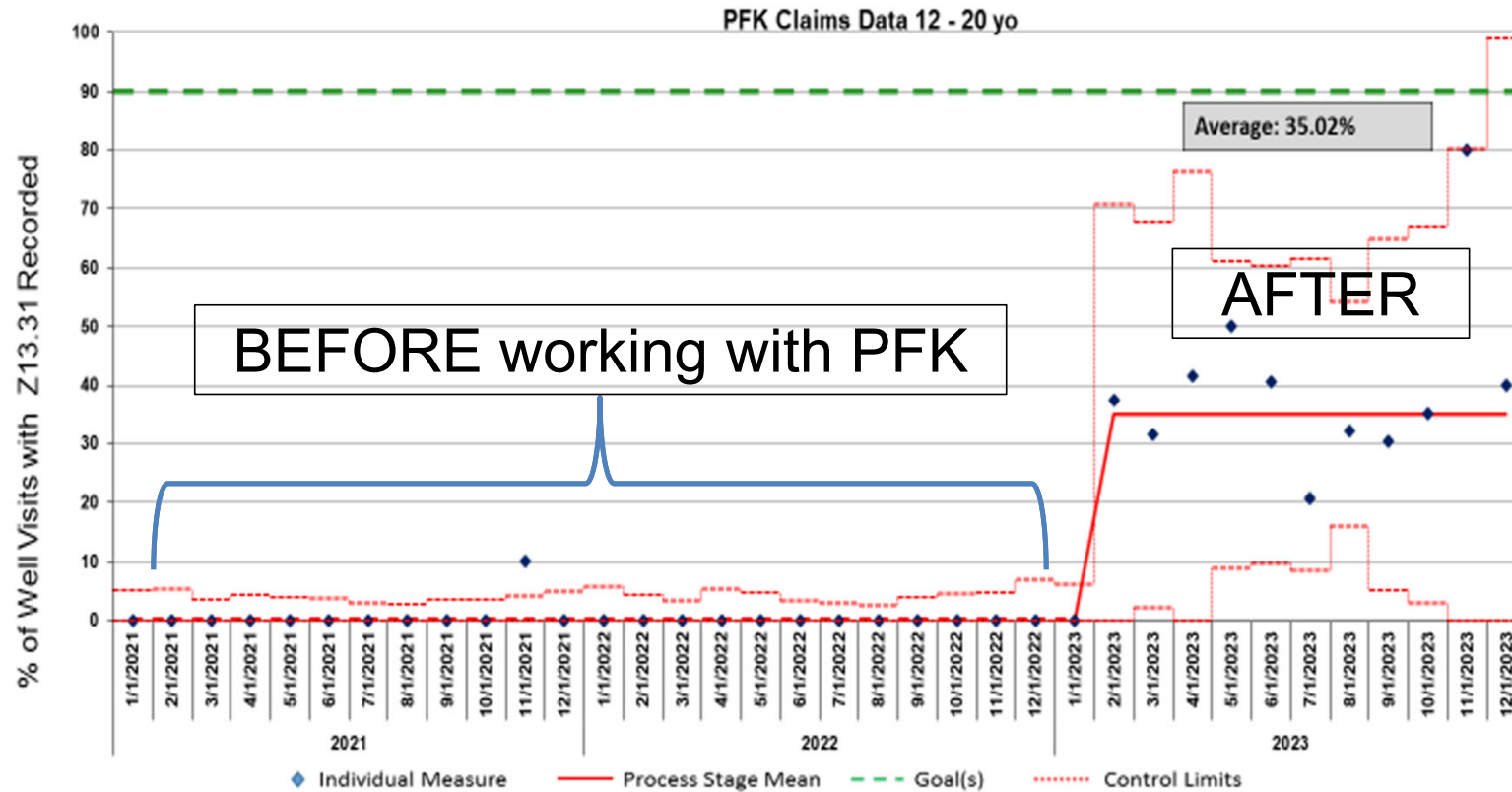
Medication List for Medicaid Plans

Drug	Initial Daily Dose ^a	Titration Recommendation	Max Daily Dose	Strengths Available	Taper Recommendation	Clinical Pearls
Selective Serotonin Reuptake Inhibitors (SSRIs)						
Citalopram (Celexa [®])	10-20 mg	5-10 mg every 2 weeks	40 mg	10 mg, 20 mg, 40 mg, 10 mg/5 mL	10 mg every 1-2 weeks	Caution with use of doses >40 mg due to risk of QTc prolongation
Escitalopram (Lexapro [®])	5 mg	10 mg every 3 weeks	20 mg	5 mg, 10 mg, 20 mg, 5 mg/5 mL	5 mg every 1-2 weeks	Risk of QTc prolongation is still present, but less so than citalopram
Fluoxetine (Prozac [®])	5-10 mg	10 mg every week	40 mg	10 mg, 20 mg, 40 mg, 20 mg/5 mL	10 mg every 1-2 weeks	Consider for non-adherent patients due to long half-life. More likely to cause insomnia/agitation
Sertraline (Zoloft [®])	12.5-50 mg	25 mg every week	200 mg	25 mg, 50 mg, 100mg, 20mg/mL	25 mg every week	Oral concentrate must be diluted with specific liquids immediately before use (e.g., water, orange juice, lemonade)
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)						
	30 mg	30 mg every 2 weeks	120 mg	20 mg, 30 mg, 40 mg, 60 mg	50% every 1-2 weeks	Monitor for hypertension, dizziness, insomnia.
	25-75 mg	37.5-75 mg every 3-4 days	225 mg	25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg	25 mg every week	Increased risk for night sweats. Take with food. Gradually taper to minimize risk of withdrawal.
	37.5-75 mg	37.5-75 mg every week	225 mg	37.5 mg, 75 mg, 150 mg, 225 mg	37.5 mg every week	Increased risk of night sweats. Gradually taper to minimize risk of withdrawal.

Lower Asthma ER Rates



Start Screening for Depression



Supporting Local Behavioral Health



Remote case-based education for primary care



Next day virtual consultations



Integration of BH clinician in primary care offices



Quality Improvement support for provider offices



Ongoing education curriculum for BH teams

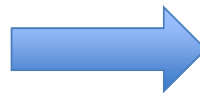
Supporting Local Providers



Consultation



Education



Improving Oral Health

Research Full Report

SDC

Impact on Dental Utilization of the Integration of Oral Health in Pediatric Primary Care Through Quality Improvement

David O. Danesh, DMD, MPH, MS; Jin Peng, MD, PhD, MS; Kimberly J. Hammersmith, DDS, MPH, MS; Charitha Gowda, MD, MPH, MSCE; Heather Maciejewski, BS; Homa Amini, DDS, MS, MPH; Andrew W. Wapner, DO, MPH; Beau D. Meyer, DDS, MPH

ABSTRACT

Objectives: To evaluate child-level dental utilization and expenditure outcomes based on if and where children received fluoride varnish (FV) at quality improvement (QI) medical practices, at non-QI medical practices, at dental practices, or those who never received FV from any practice.

Design: Retrospective claims-based analysis cohort study.

Setting: Children with Medicaid insurance through an Ohio pediatric accountable care organization.

Participants: Children aged 1 to 5 years with 1 or more well-child visits between 2015 and 2017.

Intervention: FV receipt versus no FV. Among children who received FV, categorized if FV delivered by a QI-participating

Danesh, David O.; Peng, Jin; Hammersmith, Kimberly J.; Gowda, Charitha; Maciejewski, Heather; Amini, Homa; Wapner, Andrew W.; Meyer, Beau D. Impact on Dental Utilization of the Integration of Oral Health in Pediatric Primary Care Through Quality Improvement. Journal of Public Health Management and Practice: December 02, 2022 - Volume - Issue - 10.1097

Assisting PCPs to provide dental care results in:

- More prevention
- Less decay
- Fewer surgeries



Partners For Kids Help =
Healthier Teeth

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FOR KIDS

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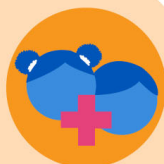
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PARTNERS FOR KIDS POPULATION HEALTH STRATEGY

FOCUS AREAS AND GOALS

Healthy Children

Increasing preventative care
WCC, Vaccines, Dental



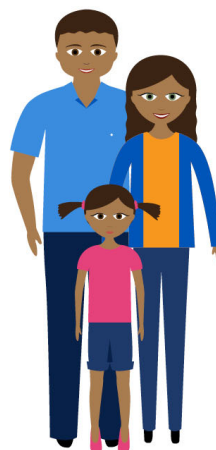
Women and Infants

Decreasing infant mortality
High risk pregnancy, screening



Chronic Conditions

Decreasing complications
Asthma, Constipation



IMPROVE OUTCOMES FOR CHILDREN & FAMILIES:

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Medical Complexity

Improving quality of life
Sickle Cell, Diabetes, Seizures



Behavioral Health

Increasing access
Suicide prevention, ADHD



Economic Stability

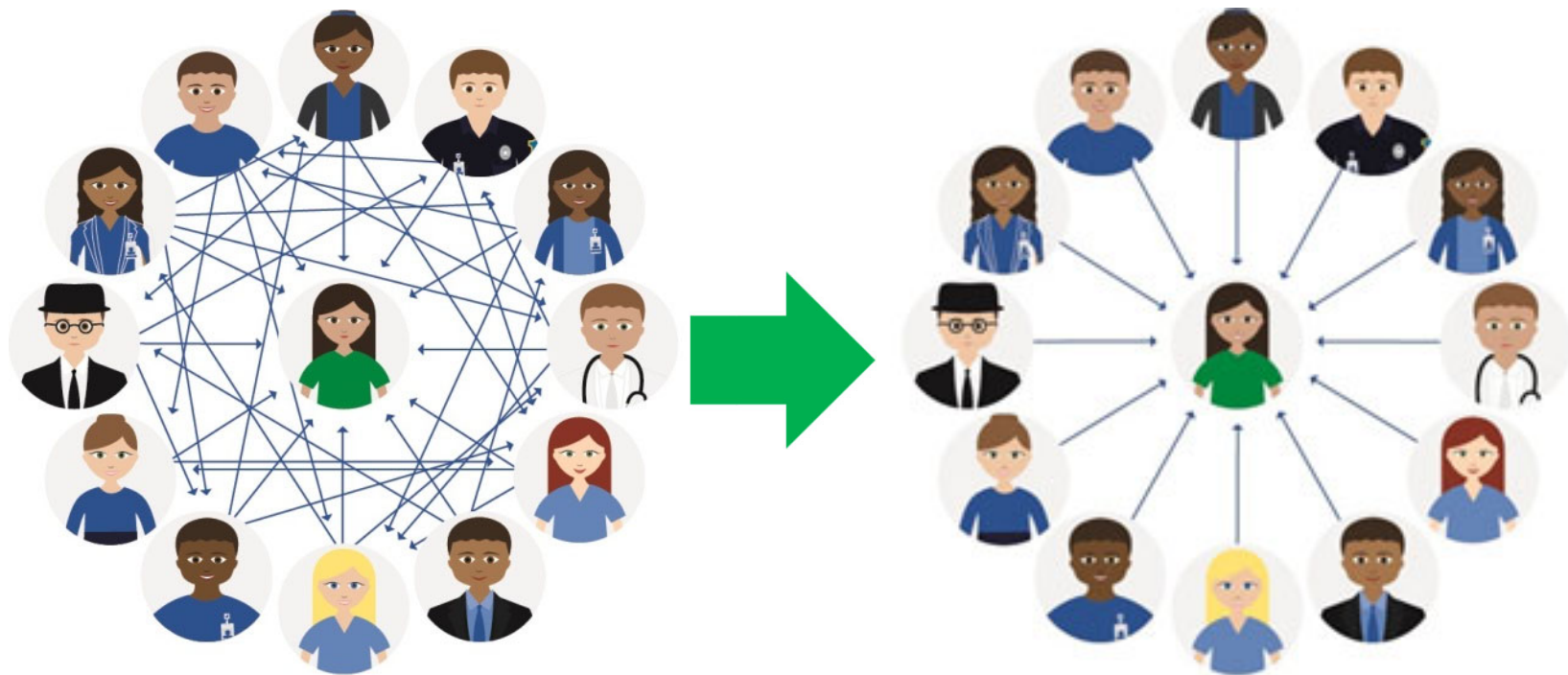
Helping families access financial resources
SSI, Medicaid Coverage

W1029622

Helping children with complex conditions navigate the healthcare system

Care Coordination

Partners For Kids simplifies the healthcare system for families with children in need.



Reduces Time at Hospital



56

**Fewer
ED visits**



26

**Fewer
Admissions**

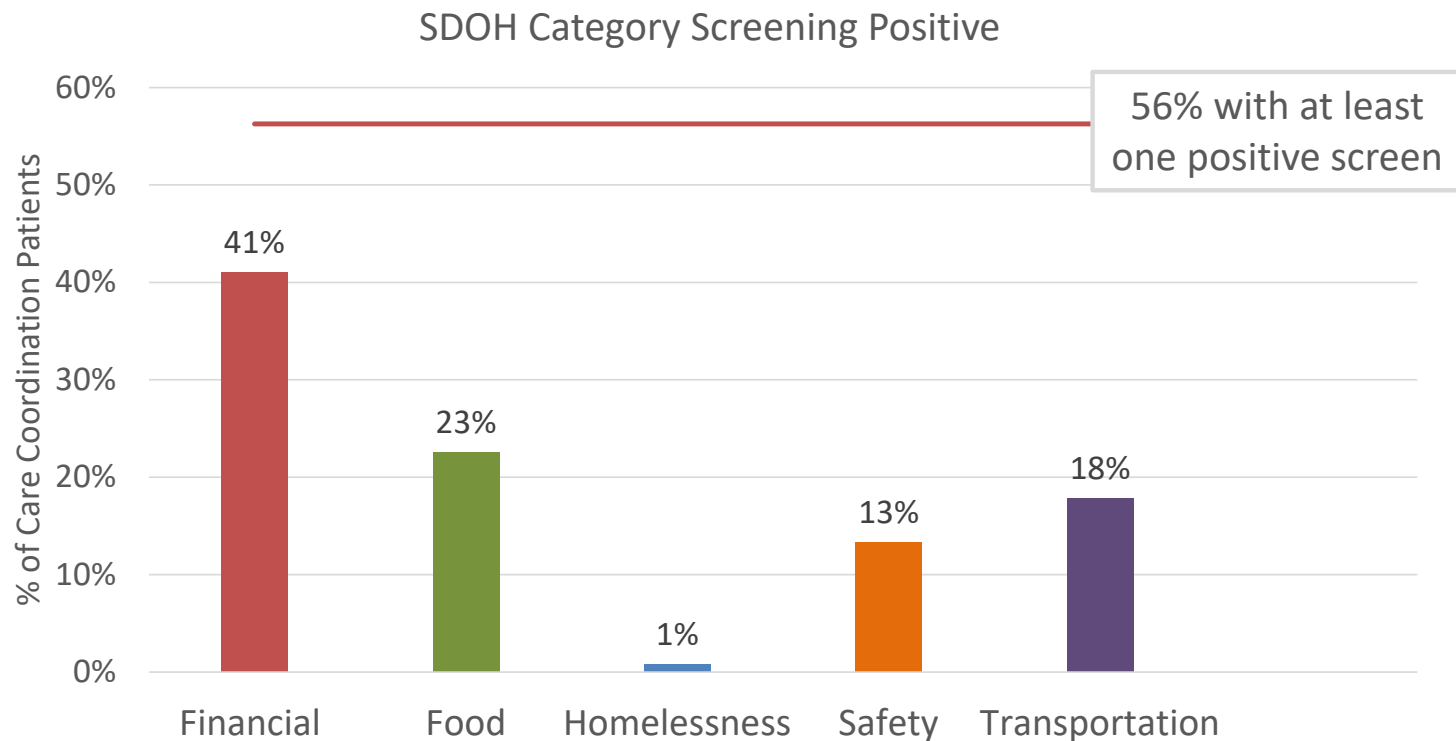


624

**Fewer
Hospital Days**

Each year for every 1000 children in Care Coordination

Understanding Family Needs



Leading Collaboration

Measures of
Child Health
in a
Population

PEDIATRIC ACOS / MCE COLLABORATIVE: Clinical Measures and Geographic Regions for Reporting

CLINICAL MEASURES

Well-Care Visits: Children 0 - 15 months

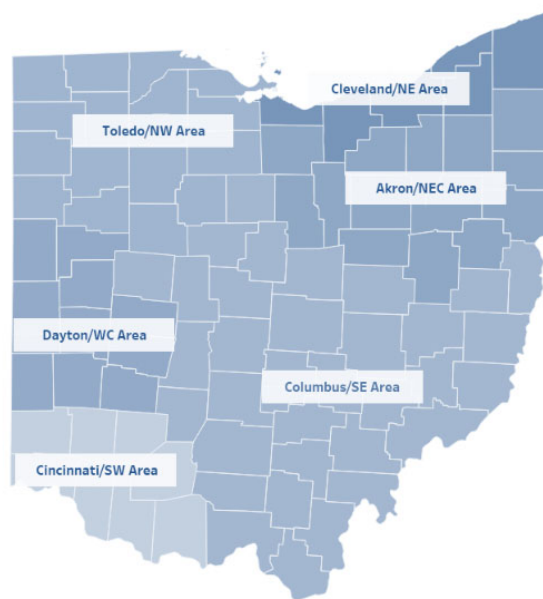
Well-Child Visits: Ages 12 - 17

Follow-up After ED Visit for Substance Use: 7 day, Ages 13-17

Follow-up After ED Visit for Mental Health: 7 day, Ages 6-17

Asthma Med Ratio: Ages 5-11 & 12-18

Sickle Cell: Transcranial Ultrasound



Children's
Hospitals
Regions

Best Outcomes for Children in Need

"Hearing Their Stories"



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Questions?

