

March 2007

Early Childhood Health Systems Integration – Policy Principles for Consideration

Off to a Good Start Framing Policy for Early Childhood Health Systems Integration

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Early Childhood Health Policy Planners and Advocates:

The second annual conference "Off to a Good Start Framing Policy for Early Childhood Health Systems Integration" was held on December 12, 2006 in Des Moines. Over 120 Iowa participants gathered to outline a strategy for improving health outcomes for Iowa's young children. It provided a venue to identify and prioritize key policy recommendations and strategies for state and national initiatives.

Research is clear that comprehensive services for kids leads to better child health, education and development. Investing in comprehensive services reduces later social costs and is cost effective. An investment for children today will also decrease future health care costs, improve school success, and reduce later societal costs. An opportunity exists for the 2007 legislative session, under Medicaid and SCHIP (*hawk-i*), to set a standard and position Iowa as leaders in the nation.

This year, the conference broadened its scope to include a wide range of individuals and organizations involved in this issue. The energy and networking that occurred during the one-day conference was remarkable and has set the stage for expanded legislative policy initiatives for early childhood health issues that will impact Iowa and federal initiatives. Additionally, the *Off to a Good Start Coalition* was formed and membership as well as Coalition momentum continues to grow.

The organizing framework for the conference was based on the Early Childhood Iowa Strategic Plan. For part of the day, participants worked in breakout groups organized around the six goals of the Strategic Plan's Healthy Children Result Area. The ideas and policy recommendations generated in these working groups build from the first conference held in October 2005 and the success of policy initiatives at the state and national levels since that point in time. Participants also had an opportunity to discuss issues with Melinda K. Abrams, MS, senior program officer at The Commonwealth Fund. Other expert resources included Dr. Jody Murph, Charles Bruner and several Iowa legislators who actively participated in the event and shared their comments on the next steps.

During the concluding panel discussion, Representatives Ro Foege and Polly Granzow along with Senator Nancy Boettger suggested many policy-related outcomes generated by the workshop that could and should be acted upon. Each cited specific issues that they felt passionate about and would support.

The workshop was coordinated by numerous organizations including, the Child and Family Policy Center, Institute for Public Health Practice at the University of Iowa College of Public Health, and the Iowa Prevention of Disabilities Policy Council. Financial and other event partners are listed to the left.

We invite you to join the *Off to a Good Start Coalition* and embrace the policy principles for consideration that are presented in this document.

~ *Off to a Good Start Coalition*,
Event Organizers and Participants

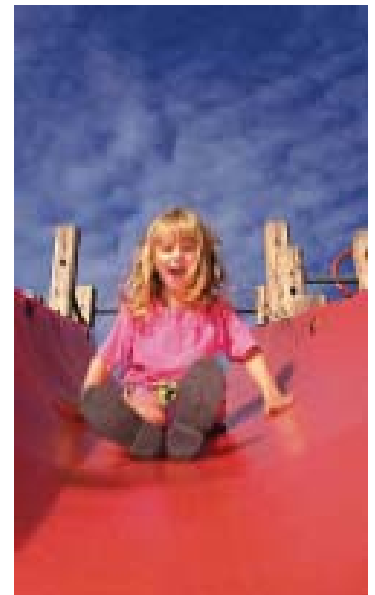
Off to a Good Start
Framing Policy for
Early Childhood Health
Systems Integration

Cross-Cutting Policy Principles

- Provider incentives that impact quality of care for children (e.g., new billing codes, and/or other means to ensure comprehensive screening and follow-up services, adequate levels of reimbursement for services provided, expanded scope of coverage, etc.) should be identified and implemented.
- Training and education of providers must be expanded to meet the health care needs of all children, especially incorporating evidenced-based practices into well-child care and mental health to improve children's healthy development.
- Screening, surveillance and educational tools and materials that promote healthy child development should be widely disseminated to health care providers in a variety of formats, including to children and their parents.
- A comprehensive, collaborative public/private education program about healthy child development should be developed. Parents and providers should be involved in policy development and oversight.

Increase access to and utilization of quality social, emotional and mental health services. (Goal 1)

1. Assure all children (birth to 21) have comprehensive health coverage that includes parity for developmental, social, emotional and mental health services.
2. Assure that primary health care providers possess and utilize the knowledge and skills to incorporate reviews of contemporary developmental, social-emotional and parental risk status into their ongoing surveillance and screening practices.
3. Promote and develop public-private partnerships at the community level (e.g., partnerships between private primary care practices and public care coordination to assist families to overcome barriers to receiving needed evaluation and intervention services).
4. Translate scientific knowledge about the ABCD II findings and recommendations into effective care policy for children.
5. Adopt and implement evidence-based program policy for Medicaid, *hawk-i*, and insurers in Iowa to support the healthy mental development of Iowa's young children.
6. Coordinate advancements of healthy mental development with the recommendations of the Children's Redesign (SED/MR/DD/BI) Oversight Committee.



Increase access to and utilization of preventive health services. (Goal 2)

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Increase the number of children with a medical home. (Goal 3)



“every child, beginning at birth, will be healthy and successful.”

1. Complement enhanced access to preventive health services with emphasis on quality care and best practices.
2. Use economic analysis to demonstrate investments and savings for preventive care services.
3. Promote team care within an agency and a community to improve outcomes.
4. Medicaid and private insurers should adopt policies that encourage providers to deliver services essential to the integrity of a medical home model of care.
5. Use a single, consistent definition of “medical home” to enhance likelihood of engagement by legislators and policymakers.

Increase the number of children with a dental home. (Goal 4)



1. Improve local public health infrastructure through the I-Smile and similar projects—using dental hygienists within Title V to create systems for treatment referrals, preventive dental services, healthcare provider trainings, and family education.
2. Implement recruitment and retention strategies for underserved areas (dentists and dental hygienist loan repayment program).
3. Assign a separate procedure code and fee for oral health screenings for children birth to age 5 conducted or supervised by physicians and nurse practitioners.
4. Enact legislation mandating dental screenings (by hygienists or physicians) or exams (by dentists) for children prior to age 6 and in ninth grade with appropriate infrastructure changes (e.g., education, payment structures, billing/coding).
5. Promote reasonable case loads for oral health providers, using formula guides such as profitability for a given # Medicaid clients.
6. Close the loophole in **hawk-i** that prevents children with medical insurance from becoming eligible for **hawk-i** dental benefits [federal action needed].

Increase the number of children with health care coverage. (Goal 5)

1. Expand *hawk-i* (SCHIP) eligibility to increase the number of children with health care coverage.
2. Establish an Iowa Family Opportunity Act for Iowa families and their children.
3. Set a preferred standard of pediatric care such as that developed by the American Academy of Pediatrics and promote use of that standard within Medicaid, SCHIP and private insurers.
4. Provide health care coverage that is available and affordable for all children.
5. Provide health care insurance that covers the whole child, including care coordination, as needed, for access to medical and other services to promote healthy development and address health needs with parity for mental, social-emotional and developmental assessment and care.
6. Assure that children's health care coverage allows for and promotes the provision of preventive and developmental services for all children.
7. Emphasize quality and a broader application of evidence-based practices within all public and private health care plans.



Increase access to and utilization of preventive health services and prenatal care services for women and men of reproductive age. (Goal 6)

1. Expand family support/home visiting programs to include a prenatal component.
2. Promote a comprehensive health promotion set of benefits for adolescents participating in the EPSDT periodicity schedule.
3. Promote the U.S. Centers for Disease Control and Prevention (CDC) Recommendations to Improve Preconception Health and Health Care (April 2006). All women of reproductive age are candidates for preconception care. Components of preconception health should be infused and integrated into existing local public health and related programs.

For more information or to make comments, contact the following organizations:

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Prevention of Disabilities Policy Council

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