DISCUSSION TOPIC:

Payment & Measurement in the Primary Care of Children: Measurement and Models that advance child health

Why This Is Important (brief description):

Chronic diseases such as asthma, obesity and behavioral conditions have emerged as leading causes of childhood morbidity (Van Cleave, et al. JAMA. 2010;303(7):623-630). Toxic stress in early childhood is recognized as a major contributor to adult chronic disease. Child poverty affects 1 in 5 children with worse health, lower developmental and educational outcomes, increased criminal behavior and ultimately intergenerational cycles of poverty (Dreyer, et al. Acad Peds. 2016). Thus, we face an urgency to institute payment and care delivery to address these conditions and build foundational child health.

What We Think We Know (bulleted evidence + seminal references):

Child healthcare providers understand the current child health landscape and, “want to get paid for doing for what the children need”. Key concepts that underpin the delivery of child health that are unique to care of children include:

1. Pediatric care is longitudinal. Lifetime health and disease risk are built from pregnancy throughout childhood. (Hales, Barker et al Br Med Bull 2001;60;:5-20). This requires attention to health promotion and disease prevention cumulatively and seamlessly throughout childhood. Payment models need to address the entire array of preventive services and anticipatory guidance, considering adult health outcomes in terms of return on investment. Bright Futures is a construct that supports longitudinal care. The Affordable Care Act elimination of co-pay for preventive services is a first step toward supporting access to care.

2. Children develop physiologically, cognitively, and social-emotionally over the course of childhood. Pediatric health promotion and care requires tailored information, interventions and treatments based on the child’s developmental stage. Payment models that allow sufficient visits throughout childhood (not only in the first 5 years), as well as comprehensive integrated care is essential.


QUESTIONS FOR GROUP DISCUSSION (PRECONFERENCE)

Questions for Group Discussion (add brief answers post-conference)

1. What payment models best take into consideration the longitudinal and developmental aspects of pediatric care?
2. What measures best address the key concepts noted in this presentation (e.g., capture both family and child health status, address social determinants, connect parent and child care, increase family approaches to preventive care)?
3. Where are the policy opportunities to advance these ideas and who is accountable?

Ideas Worthy of Policymaker Attention (lists ideas for policy preconference, refined ones post-conference)

- Recognizing the whole family as a unit of care is essential.
- Children require comprehensive longitudinal care integrated between all settings that care for children (schools, healthcare, home).
- Behavioral health is not separate from physical health, particularly for prevention of learning deficits and preventing mental illness.
- Healthcare delivery is only as effective as the payment systems to facilitate care. Fragmented and insufficient payment results in suboptimal care.
- Improved information sharing between providers and patients enables all providers to work to their scope of care.
- Cost of care will decrease with integration of services and focused prevention on families and communities.

Important Unanswered Questions & Ideas Worthy of Research Community Attention

- What do providers in childcare, schools, and community settings need to improve delivery of integrated care?
- How do we improve and increase the value of community approaches to behavioral health?
- What are culturally preferred settings and opportunities for receiving and delivering care to children and families?