

on Michigan's Communities

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Children's Healthcare Access Program (CHAP) in Kent and Wayne Counties

The goal of this publication is to profile child advocacy efforts of one or more of Michigan's communities to encourage networking and sharing of advocacy strategies. This issue highlights the **Kent County Children's Healthcare Access Program (CHAP) and the Wayne County CHAP**. CHAP is a medical home model that was created in partnership with local Great Start Collaboratives as well as local health plans, hospitals, health departments, businesses and agencies. CHAP in Michigan began in Kent County through the vision and leadership of a local pediatrician, a non-profit organization led by prominent business executives and philanthropists, and a forward-thinking managed care plan. The Early Childhood Investment Corporation (ECIC) has played a large role in spreading the medical home model to other communities throughout the state.

Young children must be healthy to succeed in school and ultimately in the workplace. Unfortunately, too many children do not have access to the basic preventive health care they need. In Michigan, the share of children covered by Medicaid grew from 23 percent in 2001 to 39 percent in 2010 with young children and children of color more likely to rely on publicly-funded health insurance.^{i,ii} Of particular concern have been increasing problems reported by Medicaid recipients in finding health care for themselves and their children. More than one-third (35%) of those covered by Medicaid or Healthy Kids said that they had difficulty finding providers who would accept their coverage, revealing that coverage alone does not guarantee access to care.ⁱⁱⁱ As a result, many publicly insured children end up in the hospital for preventable illnesses. It is estimated that the statewide cost savings would be between \$150 and \$200 million a year if publicly insured children in Michigan had the same hospitalization rates as privately insured children.^{iv}

In part because of access barriers, children with public or no health insurance have poorer health outcomes including:

- significantly higher hospitalization rates;
- more severe illnesses resulting in hospitalization;
- significantly higher rates of respiratory illnesses, including asthma;
- more visits to the emergency room; and
- higher readmission rates for newborns after discharge from the hospital.^v

A medical home is an approach to providing comprehensive primary care that facilitates partnership between patients, physicians, and families and ultimately reduces unnecessary hospitalizations and health care costs. The American Academy of Pediatrics (AAP) identifies medical home as a priority, where care is accessible, continuous, comprehensive, patient- and family-centered, coordinated,

compassionate, and culturally effective.^{vi} Two of Michigan’s largest counties – Kent (4th largest) and Wayne (largest) – have taken the initiative to pilot the Children’s Healthcare Access program, a medical home model.

Kent County Children’s Healthcare Access Program

Local pediatrician Dr. Tom Peterson, Executive Director of Quality, Safety and Community Health at Helen DeVos Children’s Hospital and now also medical director of CHAP, brought the idea for the program to First Steps, a public-private partnership that works to strengthen and coordinate the system of early childhood services in Kent County. Dr. Peterson presented the Colorado Children’s Healthcare Access Program and research conducted there that found significant disparities between the health of uninsured and publicly insured children compared to those who are privately insured. Dr. Peterson replicated the study in Michigan and found similar results: uninsured children and those with Medicaid have poorer health outcomes and significantly higher hospitalization rates for preventable conditions, resulting in higher taxpayer costs.^{vii}

Kent CHAP – where Medicaid covers more than 35 percent of children in the county – is turning these poor health statistics around and reducing costs. With support from local foundations, the Kent CHAP program was created in partnership with First Steps, Priority Health, Helen DeVos Children’s Hospital, Asthma Network of West Michigan (ANWM), the Great Start Collaborative of Kent County and other local medical clinics, pediatric practices and human services agencies. Priority Health was a critical early partner in the development and launch of Kent CHAP, thanks to Dr. Jim Byrne, the Chief Medical Officer of Priority Health. Priority Health, a west Michigan based managed care plan that provides commercial and Medicaid coverage, worked with First Steps to provide incentives to Medicaid providers who worked with Kent CHAP. Modeled after the Colorado program, Kent CHAP is a collaborative, community-based approach to improving the health of children enrolled in Medicaid, while better utilizing existing resources and decreasing costs. Kent CHAP addresses these significant health disparities between publicly and privately insured children by improving access to a high quality medical home.

The CHAP model works on three levels – family, provider, and system – to strengthen health care quality and access to ensure the best health outcomes for children.

- *Family level strategies* include parent education, home-based asthma education and case management (done in partnership with the Asthma Network of West Michigan), care coordination, and referral to community resources. CHAP is also working with partners to offer more evening hours and same-day appointments as well as providing language interpretation and same day/next day transportation services as needed.
- *Provider level strategies* include providing technical assistance to improve office efficiency and increase the office’s “medical homeness.” Domains of “medical homeness” include accessible, continuous, comprehensive, patient- and family-centered, coordinated, compassionate, and culturally effective care.^{viii} Kent CHAP provides technical assistance through inservicing,

consultants, meetings, and resources to help pediatric practices improve in these areas. Further, opportunities to participate in special projects to address specific health issues such as behavioral health and asthma, to learn about best practices, and to share information with other providers are made available through CHAP. This has led to some of the pediatricians in CHAP practices taking leadership roles in their areas of interest. The work with pediatric providers and the services provided to families are financed through private foundations.

- *System level strategies* focus on increasing access to primary care by partnering with Medicaid health plans to enhance Medicaid reimbursements and to provide incentives for physicians to expand access and improve care by expanding office hours and increasing the overall number of primary care slots available for children insured by Medicaid. In Kent County, Priority Health increased the Medicaid reimbursement for sick child office visits in private practices; in exchange, the practices are accepting more Medicaid patients. For the community health centers, Priority Health provided pay-for-performance incentives. Kent CHAP is currently working to engage additional Medicaid health plans in order to expand CHAP services beyond the pilot population.

Key Accomplishments in Kent County

Decreased emergency department visits and improved healthcare access: Since its inception, Kent CHAP has provided direct services to approximately 3,700 children (and through improved “medical homes” in pediatric clinics and hospitals, benefitted 15,000) with promising results: at the practice level, emergency department visits and hospital admissions have decreased by 14 percent and 12 percent respectively. The decreases are significantly larger for those clients that received at least one direct CHAP service: a 35 percent decline in emergency department visits and a 62 percent decline in hospital admissions.^{ix} An additional 2,000 Medicaid slots have been opened thus far at partnering Kent CHAP practices since its implementation, and same day access at participating practices increased. Furthermore, the number of children with asthma action plans increased by 40 percent.^x

New partnerships and collaborations: Through their participation in multiple workgroups, advisory committees, and meetings with practices and providers since its implementation, Kent CHAP has formed numerous new partnerships and fostered significant community-wide collaborations, all targeted toward increasing access to quality healthcare services for children on Medicaid.^{xi}

System-level changes: The Kent CHAP team has led system improvements including a streamlined behavioral health referral process for CHAP patients, thus reducing barriers for patients accessing mental health counseling and treatment services. Included are targeted education to private practice staff and providers regarding the behavioral health system; and a referral and feedback form to improve coordination of care between mental health agencies and primary care providers.^{xii}

Return on Investment: Both a fiscal cost benefit analysis and a social cost benefit analysis revealed positive return on investment for the Kent CHAP. After two years of the demonstration project, Priority

Health recouped the cost of its financial investment in increased Medicaid reimbursements and performance-based incentives to providers through the reductions in emergency department visits and hospitalizations. The independent evaluation of the program also included a cost benefit analysis that took into account the societal benefits – such as fewer school days missed. It found that the immediate social benefits exceeded the costs by one-fifth – a return of \$1.20 for every \$1 invested. This is a conservative analysis and can be expected to increase over time, since the benefits of good health in childhood are compounded as people age.^{xiii}

Wayne CHAP

The successes of the Kent CHAP model have led to its expansion to other counties that also experience high Medicaid caseloads. The Early Childhood Investment Corporation convened a Pediatric Medical Home Summit in February of 2009, attended by over 200 leaders in Michigan. It was at this event, that included presentations by Colorado CHAP, Community Care of North Carolina and Dr. Tom Peterson, that led the pediatrician and chair of the Health Committee for the Great Start Collaborative-Wayne to decide to replicate the Kent CHAP model in Wayne County. Planning for the Wayne CHAP model, which builds upon the Kent CHAP and Colorado CHAP models, began in February 2010 with a grant from ECIC, and implementation is currently underway.

In Wayne County, the need for the Children’s Healthcare Access Program is high:

- 47 percent of children in Wayne County and 62 percent of children in Detroit are covered by Medicaid compared to 37 percent statewide.^{xiv}
- The Medicaid provider to patient ratio in Detroit is significantly worse than in the suburbs. There simply are not enough pediatricians and family physicians to meet the demand.
- Few private physicians exist in Wayne County. Most children are served through teaching clinics, Federally Qualified Health Centers (FQHCs), or large health care systems.
- Primary care practices too often do not offer family-friendly clinic hours. Limited hours of operation in clinics, combined with a push by emergency rooms to reduce waiting times, encourage families to seek acute care in emergency rooms rather than in their medical home.
- Fragmented services between medical, social service, and other community programs leads to unnecessary duplication of services and too often children fall through the cracks.

Similar to Kent CHAP, the main objectives of Wayne CHAP are to increase preventative care, and to decrease emergency room care and hospitalizations and costs. Wayne CHAP is receiving significant investment by the Kresge Foundation to support the initial implementation along with in-kind support from the Great Start Collaborative – Wayne, Detroit Department of Health and Wellness Promotion, Detroit-Wayne County Community Mental Health Agency, and other key stakeholders. The Health Plan of Michigan, joined by Omni Care and Great Lakes health plans, are working with Wayne CHAP to identify additional incentives to pilot primary care practices to increase access, quality, and innovation. Other partners include key pediatric practices; health, mental health and social service providers including hospitals, FQHCs and school-based health centers; families/parents; and policymakers and

child health advocates.

Wayne CHAP will directly serve 3,000 children, and through improved “medical homeness” in pediatric clinics and hospitals, benefit 25,000 Wayne county children in a two year pilot. Wayne CHAP services will be provided to low income families who are experiencing disproportionately high rates of asthma, exposure to lead and other environmental toxins, obesity, infant mortality and morbidity, sexually transmitted infections, and developmental delays. A particularly innovative component of the pilot is the partnership between Wayne CHAP and the Detroit-Wayne County Community Mental Health Agency. The two entities co-chair a pediatric integrated health care workgroup that is working to develop integrated models to respond to the comprehensive needs of the whole child.

In its initial pilot, Wayne CHAP will focus in the following key areas: 1) to identify barriers and opportunities to increase care and coordination between obstetricians/gynecologists, neonatologists, and pediatricians; 2) partner with Head Start to enhance coordination with primary care providers and Head Start families by working with Head Start to connect Head Start children and other children in those families to their medical home; 3) to implement standardized developmental screenings as a quality indicator in the first year; and 4) to work with the Henry Ford Health System and the Detroit Department of Health and Wellness Promotion to increase the medical homeness of school-based health care centers to increase the care and coordination between schools, pediatricians and other providers.

Statewide Implications

The Michigan Department of Community Health has identified medical homes for children with special health care needs as a priority and is working with the CHAP projects to advance policies and funding formulas that improve health and reduce costs.^{xv} The Early Childhood Investment Corporation, Michigan’s public-private partnership dedicated solely to early childhood, and the American Academy of Pediatrics – Michigan Chapter have identified the pediatric medical home as a top priority. Furthermore, having two of Michigan’s largest counties – Wayne and Kent – partner and collaborate to share resources, information, and learning opportunities on the CHAP model brings great potential to influence state policy. The CHAP model has gained support and momentum throughout the state with Kalamazoo and Shiawassee Counties beginning their planning phase to develop medical home models in their communities. Other communities have expressed interest in exploring the CHAP model, including Genesee and Saginaw Counties.

In Colorado where the CHAP model provided inspiration for Kent and Wayne CHAP, their children's medical home model has resulted in savings and improved health for children. Through a mix of private and public investments, the Colorado CHAP program is now statewide, includes 93 percent of private pediatricians, and provides medical homes for 90,000 Medicaid and SCHIP eligible kids.

In Michigan, incentives are needed for providers to expand the number of children who have access to a medical home. Both the Kent and Wayne CHAP models rely heavily on foundation funding, and while efforts at the county level are crucial during these pilot phases, adequate Medicaid provider payments and state-level incentives for the medical home model will allow for the expansion of CHAP programs throughout the state.

For more information on Kent CHAP, visit www.firststepskent.org or contact Maureen Kirkwood, Program Manager, Kent CHAP, at 616-632-1010 or via email at mkirkwood@firststepskent.org. For more information on Wayne CHAP, visit www.greatstartwayne.org or contact Jametta Lilly, Project Director, Wayne CHAP, at 313-863-CHAP (863-2427) or via email at jamettal@gmail.com. For more information on how to replicate the CHAP program in your community, contact Jenny Salesa, Health Specialist, Early Childhood Investment Corporation, at 517-371-9000 x234, or via email at jsalesa@ecic4kids.org.

Colorado Medical Home Requirements

Colorado passed Senate Bill 07–130 in 2007, requiring the Department of Health Care Policy and Financing, in conjunction with the Colorado Medical Home Initiative, to develop systems and standards to maximize the number of children on Medicaid and SCHIP with a medical home. SB 07–130 requires the medical home to include family-centered, compassionate, culturally effective care and sensitive, respectful communication to a child and his or her family. Medical homes must also include the following:

- health maintenance and preventive care;
- anticipatory guidance and health education;
- acute and chronic illness care;
- coordination of medications, specialists, and therapies;
- provider participation in hospital care; and
- 24-hour telephone care.

In 2007, Colorado also passed SB 07–211, requiring all low-income children to have access to health coverage by 2010.^{xvi}

If you would like to find out how your community can be profiled for your innovative work in any arena of child and family services, contact Michele Corey at 517-485-3500, or at michele@michiganschildren.org.

ⁱ Overview of the Michigan Department of Community Health, presentation by Olga Dazzo, Director, MDCH to the House Appropriations Subcommittee on Community Health (February 8, 2011).

ⁱⁱ Cover Michigan: The State of Health Care Coverage in Michigan, Center for Healthcare Research & Transformation (2010).

ⁱⁱⁱ Cover Michigan Survey 2010, Center for Healthcare Research & Transformation.

^{iv} Peterson, et. al Insurance-Associated Disparities in Hospitalization Outcomes of Michigan Children, J Pediatrics 2011;158:313-8

^v Ibid.

^{vi} National Center for Medical Home Implementation, American Academy of Pediatrics:

http://www.medicalhomeinfo.org/about/medical_home/#what.

^{vii} Peterson, et. al, 2011.

^{viii} Ibid.

^{ix} Klein, C. *Kent county Children's Healthcare Access Program: Year 2 Report*, SRA International, Inc. (July 2011).

^x Ibid.

^{xi} Ibid.

^{xii} Ibid.

^{xiii} Ibid.

^{xiv} Kids Count Data Center, Annie E Casey Foundation. (2009).

<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1681>.

^{xv} 2008 Children's Special Health Care Services Strategic Plan, Michigan Department of Community Health:

http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_35698-191397--,00.html.

^{xvi} Silow-Carroll, B & Bitterman, J. *Colorado Children's Healthcare Access Program: Helping Pediatric Practices Become Medical Homes for Low-Income Children*. (June 2010). The Commonwealth Fund.