



First
1000 Days
on Medicaid

Welcome

Nancy Zimpher, Chair, First 1000 Days on Medicaid

Kate Breslin, Vice Chair, First 1000 Days on Medicaid

Meeting Agenda

Agenda Items	Time	Duration
1. Welcome and Introductions	11:00 AM	15 mins
2. Problem Definition, Committee Charge, and Process	11:15 AM	75 mins
3. Lunch	12:30 PM	45 mins
4. Idea Generation	1:15 PM	90 mins
5. Next Steps and Adjourn	2:45 PM	15 mins

Participants joining by audio only: please email ggroenke@uhfnyc.org with your name and organization so we may record your attendance.

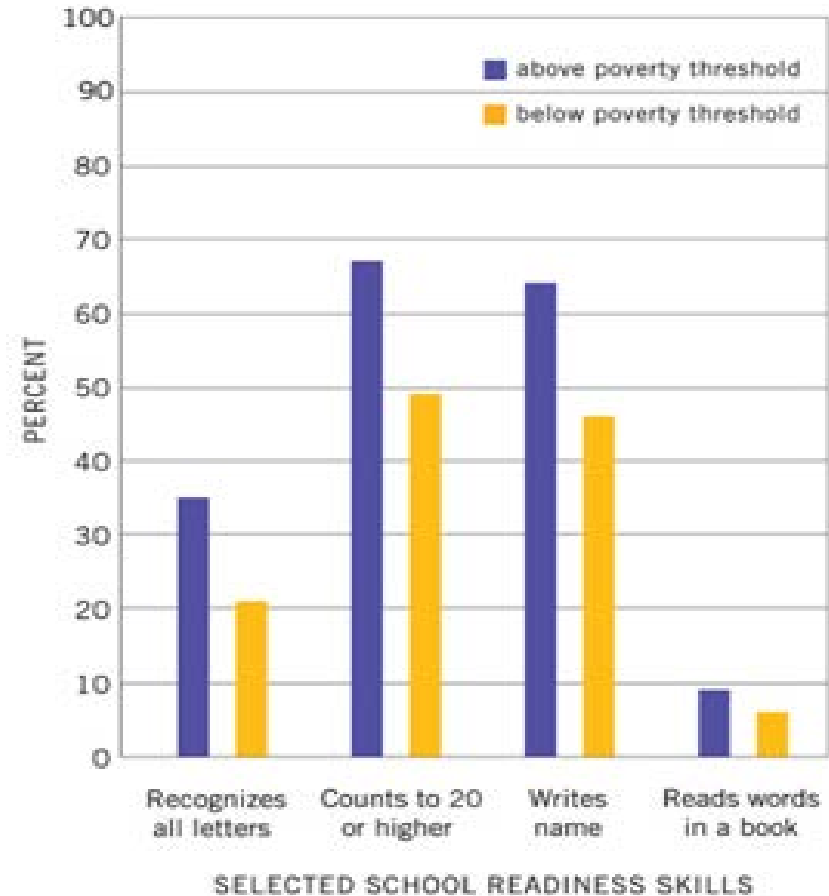
Big Picture: Why We're Here

Point 1: A child's brain develops rapidly in the first 3 years of life, and we now know what kinds of interventions can help or hinder this process.

Big Picture: Why We're Here

Point 2: Early experiences' effect on the brain and body partially explain significant disparities in health and learning by school entry – especially for children living in poverty.

Percentage of Children Ages 3–6 With Selected School Readiness Skills, by Poverty Status



Source: O'Donnell, Kevin. Parents' Reports of the School Readiness of Young Children from the National Household Education Surveys Program of 2007, Table 2. National Center for Education Statistics, August 2008. www.childtrendsdata.org/?q

Our Leaking Education Pipeline

40% of children enter kindergarten not ready*

42% of 3rd Graders are Proficient in Reading

24% of 8th Graders are Proficient in Math*

80% of High Schoolers Graduate in 4 Years

65% of graduates enroll in post-secondary

50.5% of SUNY 4-yr students complete in 4 years; 67% complete in 6yrs

Every Child, Cradle to Career.



Big Picture: Why We're Here

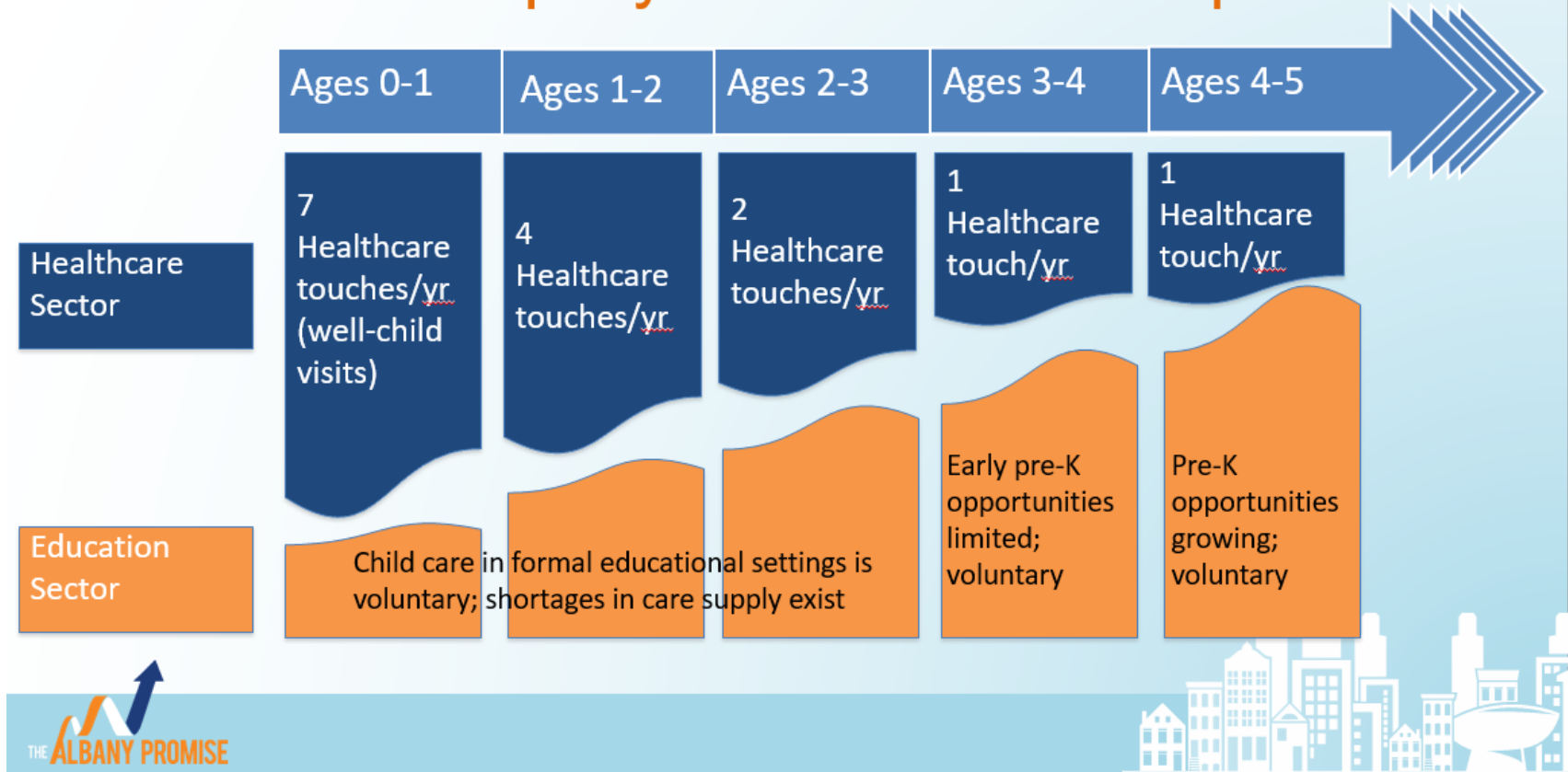
Point 3: These early experiences have serious, long-term consequences for children in the education pipeline.

And it's our **collective responsibility** to fix this.

Big Picture: Why We're Here

Point 4: Medicaid has a big role to play.

Healthcare Uniquely Positioned for Impact



Work Group Leadership

Chair: **Nancy Zimpher**, *Chancellor,
The State University of New York*

Vice Chairs:

Kate Breslin, *President & CEO,
Schuyler Center for Analysis and Advocacy*

Jeff Kaczorowski, *MD, Senior Advisor,
The Children's Agenda*

Work Group Members

Name	Organization
Jeanne Alicandro, MD	New York State Department of Health
Wilma Alvarado-Little	New York State Department of Health
Benjamin Anderson	Children's Defense Fund New York
Lori Andrade	Health and Welfare Council of Long Island
Angela Angell	Staten Island Alliance for North Shore Children and Families
Anita Appel	Sachs Policy Group
George Askew, MD	New York City Department of Health and Mental Hygiene
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Monica Brown	Health Foundation of Western and Central New York
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Dina Carreras	The Staten Island North Shore Alliance for Children and Families
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Nora Chaves	Healthfirst
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Carrie Edwards Wolkoff	Sparks Therapeutics
David Woodlock	ICL
Nancy Yassa	Anthem
Shawn Yetter	Tioga County DSS
Fern Zagor	Staten Island Mental Health Society
Nancy Zimpher, Ph.D (Chair)	The State University of New York

Defining the Problem, Work Group Charge, and Decision-Making Framework

Jason Helgerson, Deputy Commissioner and Medicaid Director, NYSDOH
Kate Breslin, President and CEO, Schuyler Center for Analysis and Advocacy

What's the problem?

Pregnant women depend on Medicaid:

51% of all births are covered by Medicaid.

Kids depend on Medicaid:

48% of New York's children 0-18 are covered Medicaid.

Children in their first 1000 days of life depend on Medicaid:

59% of kids 0-3 in New York are covered by Medicaid.

Sources:

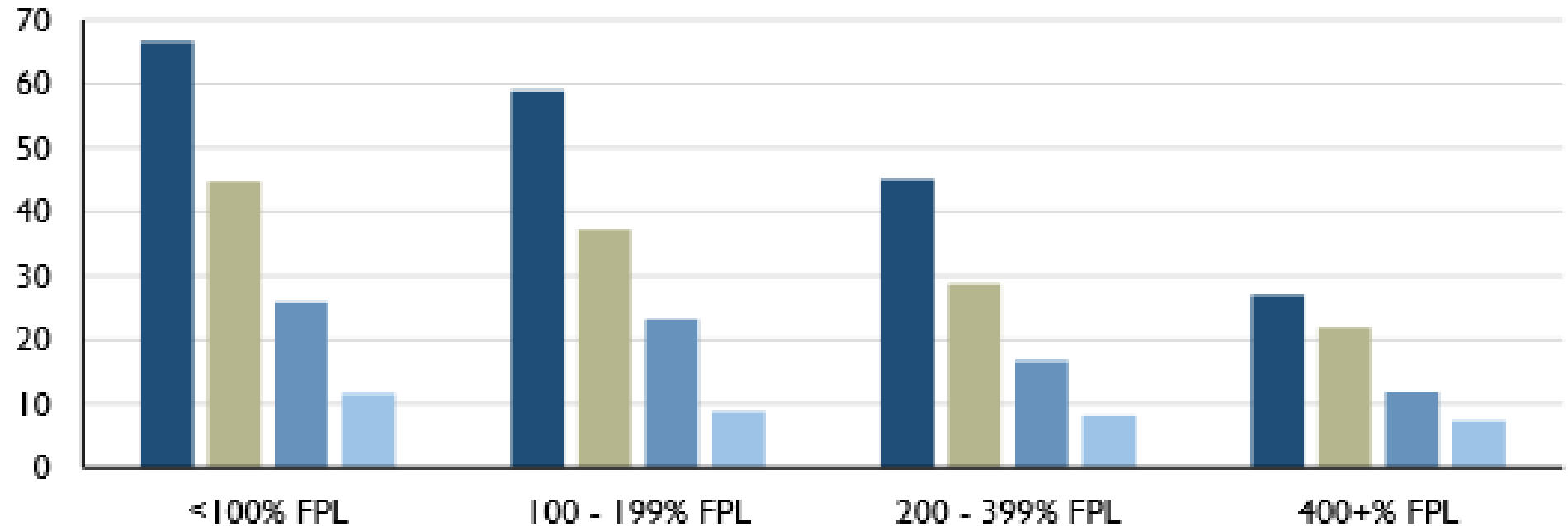
1. <http://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
2. [U.S. Census Bureau, Population Division. Medicaid enrollment count as of December 2015.](#)

Young Children on Medicaid...

- Do not have high expenditures
 - Children ages 0-4 averaged only \$3,837 in annual expenditures in 2014
 - Children ages 18-20 averaged \$5,312
- Use the emergency department more frequently than older kids
 - 36% of children ages 0-4 had at least one ED visit in 2014
 - No other age group is higher than 26%
- Use primary care frequently
 - 88% of children under age 1 had at least one outpatient evaluation and management or preventive care claim in 2014 (average 8.95 claims/child)
 - 93% of children ages 1-4 had at least one of these claims (averaged 6.03 claims/child)

Medicaid serves children at highest risk for poor health outcomes

U.S. Children's Health Outcomes and Risk, by Income Gradient, 2011 – 2012



- Children with one or more adverse childhood experiences
- Children ages 10-17 who are overweight or obese by parent report
- Children ages 1-17 with an oral health problem
- Children ages 0-17 with asthma

Source: Data from Halfon N, PH Wise, and CB Forrest. 2014. The changing nature of children's health development: new challenges require major policy solutions. Health Affairs 33(12): 2116–2124.

And at high-risk for poor lifetime outcomes

The first 1,000 days of a child's life are a critical window for development. Exposure to adverse childhood experiences dramatically increases the potential for life-long negative health and social outcomes.



Source: "The First 1,000 Days: Medicaid's Critical Role." Center for Health Care Strategies, June 2017.
Available at: <https://www.chcs.org/resource/first-1000-days-medicaids-critical-role/>.

Medicaid Already Helps Children Have Better Outcomes

- Increases the rates of high school and college graduation
- Medicaid results in better health and lifetime outcomes for children
- The most important time for coverage is during pregnancy, infancy and early years
- We get the highest return for investments in improving SDH and human development
- Medicaid coverage also improves educational outcomes, employment, and reduces welfare dependency
- Medicaid gives kids a better chance to maximize lifetime outcomes

Source: <http://theincidentaleconomist.com/wordpress/medicaid-is-good-for-children-and-makes-them-better-adults/>




But opportunities for improvement exist

Performance Measure	New York Medicaid Statewide Average	National Median	New York Ranking
Well child visits first in the first 15 months of life	68.5	62.1	2 nd Quartile of reporting states
Access to Primary Care 12-24 months	96.9	96.4	2 nd Quartile of reporting states
Childhood Immunization Status at age 2	73.2	66.9	2 nd Quartile of reporting states

Source: United Hospital Fund, Understanding Medicaid Utilization for Children in New York: A Chartbook. <http://uhfnyc.org/assets/1516>

- We won't be able to help kids without a focus on the social determinants of health (SDH)
- These include poverty, unequal access to health care, poor environmental conditions, educational inequities.
- SDH disproportionately affect poor and minority children.
- We must work cross-system to address these issues.

What's the charge to this group?

-  The “First 1000 Days on Medicaid” initiative will be a collaborative effort, bringing together stakeholders to develop recommendations for a ten-point plan.
-  Builds off of the successful VBP Advisory Group on Children’s Health.
-  The group’s ten-point plan will focus on improving outcomes and access to services for children in their first 1000 days: the most crucial years of their development.

Focusing the Charge







Goal is broad population level improvement in child health and development

“Moving upstream to prevent future super-utilizers”



Initial phase recommendations focused on the large majority of children ages 0-3 not already receiving specialized services (e.g., OPWDD, children with medically complex conditions)

Ten-point plan should be:

-  Specific and laser focused on improving outcomes and access to services for children in their first 1000 days
-  Focused on what is doable in the near-term
-  Affordable
-  Implementable through Medicaid levers

The group will work for a little over two months with a completion date slated for early November.

<i>November 2017</i>						
<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

How do we get started?

Long-term Goal

Desired Outcomes for Children Ages 0 - 3

Primary Drivers for Brain Development and Lifelong Health

All children in New York are well and thriving

Optimal birth outcomes for mother and child

Secure caregiver-child attachment established by age 1

Optimal physical health and developmental trajectory (motor, language, cognitive, and social-emotional) by age 3.

Stable, responsive, and nurturing caregiving early in life lays the groundwork for the development of a wide range of basic biological processes that support emotion regulation, sleep-wake patterns, attention, and ultimately all psychosocial functioning.

Access to comprehensive, patient-centered medical care for pregnant women and children can help prevent threats to healthy development as well as ensure correction and/or management of health problems.

Sound and appropriate nutrition is essential at every stage of the life course, beginning with the mother's pre-conception nutritional status, extending through pregnancy to early infant feeding and weaning, and continuing with diet and activity throughout childhood.

Safe environments, free from toxic chemicals and toxic stress, are necessary for protecting children's immediate physical well-being as well as their future health and development.

Source: NYS Children's VBP Subcommittee and Clinical Advisory Group

Source: Harvard Center on the Developing Child (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from www.developingchild.harvard.edu.

pK-12 Education Levers

- Provider of pre-kindergarten services (3- and 4-year-old seats)
- Compulsory education beginning at age 5
- Student achievement data
- Regulatory and State-level policy

Medicaid Levers

- Medicaid payment and incentives
- Quality improvement infrastructure
- Medicaid managed care contracts
- Non-federal regulatory changes
- Enabling innovation through pilots and more
- Continuity of health coverage
- Convening power
- Provider and Community Education

Healthy and Ready Children and Families

Higher Education Levers

- Largest provider of post-secondary opportunity
- Reconnection efforts (EOC, non-credit/degree programs)
- Workforce development & credentialing
- State-level policy

Medicaid Provider Levers

- Continued access to children and families during key years (0-5)
- Ability to influence family decision-making
- Connection to child & family services
- Patient data
- Practice-level policy

Social Service Provider Levers

- Largest provider of family support services
- Family income support
- Connection to child & family services
- State-level policy

Recommendations must meet following criteria:

1. Specifically address a foundation of health from the agreed upon framework
2. Be evidence based, or at least strongly evidence informed
3. Have measureable results, or include a viable strategy for collecting new data to measure results
4. Reach a large percentage of the affected population or be a targeted pilot with strong potential for wider adoption
5. Consider disparities in access, quality of care, and outcomes.
6. Have sufficient detail to be actionable and implementable by New York Medicaid and any relevant partners
7. Be affordable and cost-efficient given limited resources
8. Consider the potential effect on various constituencies (including potential perverse incentives, political considerations)

Lunch

Idea Generation

Nancy Zimpher, Chair

Kate Breslin, Vice Chair

Long-term Goal

Key Drivers

Change Ideas

Improve Outcomes in Learning, Behavior, and Health of NY's Vulnerable Children During Early Childhood

Universal access to basic medical care for pregnant women and children

Home visiting for vulnerable families

High-quality, center based, early education

Two-generation programs in health and education

Prevention and mitigation of toxic stress in early childhood

Economic stability supports (e.g., SNAP, TANF, EITC, child care subsidies, housing supports)

Reducing neurotoxin exposure

Integrating physical and behavioral health in pediatric practices

Improving OBGYN / PCP referrals to home visiting programs

Assessing parents for referral to workforce development opportunities

Universal ACEs screening during first year of life

Referral of all Medicaid-eligible families to local DSS for benefit eligibility check

Use data to drive continuous improvement and reliable implementation of effective strategies

Pathway to Creating a Recommendation

What's the outcome you are trying to improve? How does it fit into the framework?

What is preventing us from improving in this area? What are the barriers preventing Medicaid and partners from addressing this need?

What could work? What are the potential solutions to the identified issue (are they consistent with the primary drivers in the framework)?

Which solutions can Medicaid effect? What Medicaid system levers could be used to implement the solution(s)?

What's the recommendation?
How would a recommendation be framed given all of the above?
What should Medicaid do?

What are your ideas?

Next Steps

Nancy Zimpher, Chair

Hold Your Calendar

- September 13 (webinar)
- October 11 (webinar)
- November 1 (in-person, Albany)

Next Steps

- We'll follow up with an email summarizing the ask to this workgroup, and with specific instructions for submitting recommendation ideas for the ten-point plan.
- Join the conversation on twitter: #First1KDaysNY @NewYorkMRT

Contact Information

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Appendix

Outcome Metrics for Children

Medicaid Low-Birth Weight Newborns (PQI 9):

Year	Statewide Average (observed rate per 1,000 births)
2012	68.11
2013	69.23

Source: <https://health.data.ny.gov/Health/QARR-Medicaid-Child-Preventive-Care-by-Year-Beginn/jrkm-jtwz>

Medicaid Managed Care Child Immunization Status (Combo 3):

Year	Statewide average (rate)
2009	73
2011	74
2013	73.3
2015	74.8

Source: <https://health.data.ny.gov/Health/QARR-Medicaid-Child-Preventive-Care-by-Year-Beginn/jrkm-jtwz>

Outcome Metrics for Children

Percent of children ages 4 months – 5 years at moderate or high risk of developmental, behavioral, and social delays based on parent concern (NSCH Survey):

Year	New York estimate	National estimate
2007	28.6%	26.4%
2011/2012	33.1%	26.2%

Source: http://childhealthdata.org/docs/nsch-docs/childhealthmeasures_2007vs2011-2012.pdf?sfvrsn=3