Health System Transformation:
Children, Adolescents and Families

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Healthy Kids: The Foundation

- Over 118,000 children have been enrolled in Healthy Kids since 2009

- Improvements seen for Healthy Kids enrollees
  - Access, Utilization, Costs & Financial Strain, Health Outcomes

- Reduction in racial/ethnic disparities

- Successful outreach model has laid foundation for Oregon’s health insurance exchange
Triple Aim:
A new vision for Oregon

1 Better health.
2 Better care.
3 Lower costs.

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Changing health care delivery

- Benefits and services are integrated and coordinated
- One global budget that grows at a fixed rate
- Metrics: standards for safe and effective care
- Local accountability for health and budget
- Local flexibility

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Health System Transformation

• What does it mean for children and adolescents?
  • Integration of behavioral, mental and physical health care
  • More focus on preventive care
  • Local governance allows focus on local needs
  • Accountability for health outcomes
  • Alignment with education system transformation
Patient and Family Centered: Oregon’s Primary Care Home (PCPCH) Model of Care

Oregon’s PCPCH Model is defined by six core attributes, each with specific standards and measures set thru a public process:

- **Access to Care** – “Be there when we need you”
- **Accountability** – “Take responsibility for us to receive the best possible health care”
- **Comprehensive Whole Person Care** – “provide/help us get the health care and information we need”
- **Continuity** – “Be our partner over time in caring for us”
- **Coordination and Integration** – “Help us navigate the system to get the care we need safely and timely”
- **Person and Family Centered Care** – “recognize we are the most important part of the care team, and we our responsible for our overall health and wellness”
Access and Quality of Care

- Oregon’s Measurement Strategy:
  - Informed by the legislatively mandated Scoring & Metrics Committee; Negotiated with CMS

- Many metrics relevant to children and youth:
  - Adolescent well visits
  - ADHD treatment and follow-up
  - Mental/physical health assessments- children in foster care
  - Developmental screening
  - Screening for clinical depression and follow-up plan
  - Alcohol or other substance misuse (SBIRT)
Affordable Care Act: 2014

- Protecting Healthy Kids enrollment gains
  - ACA Maintenance of Effort Requirements for Medicaid and Children’s Health Insurance Program (CHIP)

- Working with Oregon’s Health Insurance Exchange to ensure seamless transfers between Medicaid, CHIP and the Exchange

- Outreach services provide integrated system for children and their parents

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Aligning Education and Health System Transformation

Starting with Early Learning

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Education System Transformation

By 2025:

- 40% of adult Oregonians have earned a bachelor’s degree or higher
- 40% of adult Oregonians have earned an associate’s degree or post-secondary credential
- The remaining 20% have earned a high school diploma or its equivalent

Early Learning System (0-6) goals:

- Children enter kindergarten ready to succeed
- Children are raised in stable and attached families
- Systems and services are coordinated

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Early Learning System

- Early Learning Council
  - Policy body: early learning system (0-6)

- Early Learning Division (Department of Education)
  - Oregon Head Start Prekindergarten
  - Home Visiting (Healthy Families Oregon)
  - Children’s Relief Nurseries
  - Childcare
  - Hub support and various early learning initiatives

- Early Learning System
  - All early learning, human services and health programs/services that support kindergarten readiness

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Kindergarten Assessment

A snapshot in time:

• A *look forward* so that teachers and schools can tailor their instruction to individual student needs
• A *look back* to assess whether community supports and services are meeting the needs of children and families

Implementation:

• 2012: Assessment tool adopted (literacy, math and social emotional development components)
• 2012-13: Pilot- 16 schools, 1228 students
• Fall 2013: Statewide, first 6 weeks of school (ODE)
Hubs

- Establish Early Learning Hubs to coordinate services for children
  - Local communities share collective responsibility for outcomes of Oregon’s young children
  - Build on existing community resources to make system change to get better results, especially for at risk children
  - Up to 7 in Round 1; Up to 16 Total
Joint ELC/OHPB Subcommittee

- Chartered by the Early Learning Council and Oregon Health Policy Board, December 2012

- Strawperson proposal:
  - Alignment of health and early learning policy and service delivery
  - Timeline and process for establishing kindergarten readiness as a shared outcome

- Collective impact:
  No single entity or organization has sufficient power or resources to solve complex social problems alone

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Guiding Principles for our work

- **As shared as possible**
  - community culture and change; accountability; outcomes; coordination

- **As simple as possible**
  - family experience; build on existing resources; common forms

- **As straightforward as possible**
  - clear communication; family-centered; customer-driven

- **As soon as possible**
  - urgency to address transformation opportunities, improve outcomes
Strawperson Proposal
Adopted September 2013

Summary of Recommendations:
• Kindergarten readiness as a common agenda
• Establish shared incentives
• Implement a shared measurement strategy
• Develop opportunities for cross-system learning and information exchange
• Adopt and implement statewide system of screening
• Focus on coordination of services

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Future opportunities

- School health and SBHCs
- Collective measures/outcomes/accountability
- Statewide longitudinal data system
- Expand coverage for all family members
- Further integration, including dental care
- Build on Coordinated Care model

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Children and Youth: Triple Aim

- Better Health
  - Promotion of healthy behaviors
  - Prevention: immunizations, family planning
  - Identify and address disparities

- Better Care
  - Meet kids where they are
  - Confidentiality and complete care
  - Address emerging health conditions, trauma
  - Address whole person: education, SDoH

- Lower Costs
  - Through primary and secondary prevention; lifecourse
Thank you.

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