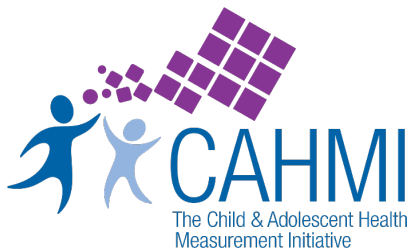


# MCH-MRN E-News Update: March 2019

Coordinated by CAHMI



## Welcome!

Here is your March issue of the monthly e-newsletter providing updates and information about the Maternal and Child Health Measurement Research Network (MCH-MRN). The MCH-MRN is a multi-disciplinary, collaborative network of experts who represent the MCH lifespan and who are active in the measurement of health and well-being of MCH populations.

The MCH-MRN is led by the Child and Adolescent Health Measurement Initiative (CAHMI) at the Bloomberg School of Public Health, Johns Hopkins University and is supported by the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant UA6MC30375. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.



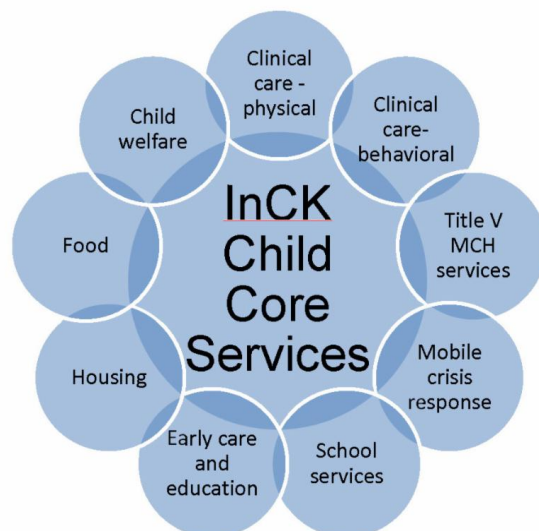
In this edition of MCH-MRN E-News you will find information about:

- Integrating Care for Kids (InCK) Model
- Advancing MCH Measurement in InCK
- Engaging in our network!

## Integrating Care for Kids (InCK) Model

The federal Center for Medicare and Medicaid Services Innovation Center (CMMI) was established as part of the Affordable Care Act to test ways to improve care, lower costs, and better align payment systems to support patient-centered practices. The **Integrated Care for Kids (InCK) model** is CMMI's first completely child-focused model designed to advance health delivery system and payment reforms. The InCK Model aims to improve child health, reduce avoidable inpatient stays and out-of-home placements, and create sustainable Alternative Payment Models (APMs).

As described by CMMI, the InCK model combines child- and family-centered, local integrated service delivery with state payment reforms aimed at reducing expenditures and improving the quality of care for children covered by Medicaid and CHIP. The model emphasizes prevention, early identification, and



The InCK core services must include (but not be limited to): 1) physical clinical care, 2) behavioral clinical care

treatment of health concerns. One key mechanism of the InCK model is integrated care coordination/case management across physical health, behavioral health, and other services. The state Medicaid agency, a Lead Organization, and a Partnership Council will guide these efforts.

Through a competitive process, CMMI will award cooperative agreements in eight states of up to \$16 million each over a seven-year period for the InCK Model (two years for pre-implementation planning and five years for implementation). The federal application announcement ([Notice of Funding Opportunity/NOFO](#)) was released February 8th, and completed applications are due by June 10, 2019.

InCK awardees will serve all children covered by Medicaid (and Children's Health Insurance Program-CHIP- if applicable), from the prenatal period to 21 years of age who reside within an awardee-specified (and CMS-approved), sub-state geographic service area. Children at higher risk (see figure) will qualify for more integrated care coordination services and care management

(i.e., mental health and substance use), 3) school district or equivalent (e.g., special education, school nursing), 4) housing, 5) food, 6) early care and education, 7) Title V MCH agencies, 8) child welfare and 9) mobile crisis response services.

The Robert Wood Johnson Foundation and the Perigee Fund are providing support for the InCK Marks Resource Network. Their new website, [www.inckmarks.org](http://www.inckmarks.org), has been launched to serve as a resource for states and their child health champions in reviewing and applying for the InCK competitive grants. The website includes the InCK Marks guiding framework and links to resources from more than 20 partner organizations.

The CAHMI is a partner and the InCK Marks National Advisory Team includes Christina Bethell, PHD, MBA, MPH, director of the CAHMI and Principal Investigator of the MCH-MRN.

InCK Marks offers "state of the field" information on Medicaid and child health that brings the best thinking and research to inform application review and to advance innovation in child health, particularly encouraging use of preventive, developmental, and evidence-based approaches to add value.



## Advancing MCH Measurement in InCK

Leaders engaged in the MCH-MRN have opportunities to help shape measurement in states' InCK efforts. While the NOFO application requirements for measurement are not broad, bringing MCH measurement knowledge to the table—during application development or implementation processes—will increase what is learned from the InCK model.

### Highlights from InCK Model Performance Measure Milestones

- **Domain 1: Medical and Behavioral Clinical Care** includes Medicaid-CHIP Child Core set measures such as those for well-child visits (NQF measures #1392 and 1516), emergency department visits, follow-up after hospitalization for mental illness (NQF measure #0576), and use of first-line psychosocial care for children and

For Food insecurity, MCH-MRN leaders might conduct a key word search for "food" at the CAHMI [interactive compendium of MCH measures](#), which shows several measures, including one from the Life Course Measurement Set (LC-09: Household food insecurity) and one from Healthy People 2020 (NWS-12 Food insecurity: households with children). The definitions, data sources, and other information are available in the Compendium for these measures. Recommending items such as these from a national measure sets can help to guide state InCK efforts.

Findings from the combined 2016 and 2017 NSCH on household food insecurity by type of insurance shows that over half of US children with public health insurance have some problems accessing food that is healthy and sufficient, 13.5% report insufficient food access. [Click here](#) for national and state findings.

Beyond the measures proposed by CMMI, MCH measurement experts might advise use of measures from the [Pediatric Quality Measures Program](#) (PQMP). This might include PQMP measures for: PQMP child clinical preventive services (e.g., developmental screening follow up, tobacco use among adolescents), availability of specialty services (e.g., access to outpatient specialty care, outpatient psychiatrists), or patient experience (e.g., NQF #2789 Adolescent assessment of preparation for transition survey).

States also might look to the Title V National

adolescents on antipsychotics (NQF measure #2801).

- **Domain 2: Care Coordination** includes the measure for Family experiences with coordination of care (FECC) question 3: Care coordinator helped to obtain community services.
- **Domain 3: Education** permits awardee defined measures for Kindergarten readiness or chronic absence from school
- **Domain 4: Food Security** permits awardee defined measures for Food insecurity assessment and Housing stability assessment

A subset of the Performance Measure Milestones will be linked to award performance-based funding in years 5-7 of the InCK model. The three CMS-selected measures linked to funding are:

- NQF Measure #0004: Initiation and engagement of alcohol and other drug abuse or dependence treatment;
- NQF Measure #3148: Screening for clinical depression and follow-up plan; and
- NQF Measure #2843: Family experiences with coordination of care (FECC) question 3: Care coordinator helped to obtain community services.

InCK awardees are permitted to select two of the three following CMS-approved measurement areas and to define measures to link to funding: 1) Kindergarten school readiness, 2) Food insecurity, and 3) Housing stability assessment

For Kindergarten school readiness, MCH measurement experts might recommend that their state use the approach of the new [HRSA “Healthy and Ready to Learn”](#) pilot measure based on the National Survey of Children’s Health (NSCH). The pilot measure is designed to monitor the school readiness of children ages 3, 4, and 5 years old across the domains of early learning skills, self-regulation, social-emotional development, and physical health/motor development. Findings on many of the single items making up this measure are available now through the CAHMI [Data Resource Center website](#).

Outcomes and Performance Measures (which can be found in the MCH measures compendium). For example, if including the prenatal population, the state might use NPM 3 to measure for risk-appropriate perinatal care as one way for monitoring service integration and coordination at the time of birth. For adolescents, states might consider measures such as NPM 12 transition for youth or NPM 10 adolescent well-visits. [Click here](#) to link to national and state specific findings from the combined 2016 and 2017 NSCH on these and other Title V measures.

Other NSCH measures of potential value for InCK include medical home adequacy, adequacy of health insurance, child engagement in school, flourishing and family resilience, parent coping and parent-child connection. National and state by state findings on these and many other measures can be obtained through the CAHMI NSCH Data Resource Center at [www.childhealthdata.org](http://www.childhealthdata.org).

Last, but not least, states and selected local areas might use tools available for monitoring care via consumer input. For example, the National Survey of Children’s Health (or components of the NSCH) could be used. Learn more here:

<https://www.childhealthdata.org/learn-about-the-nsch/topics/questions>.

Other tools and surveys such as those available through the CAHMI include the [Well Visit Planner](#) (WVP) pre-visit engagement and planning tool, the post-well visit Promoting Healthy Development Survey (PHDS) and Young Adult Health Care Survey (YAHCS). The WVP anchors care to parent priorities and social context. Both the PHDS and YAHCS have been endorsed by the National Quality Forum as valid measures for system, plan and practice assessment and have been used in national, state, plan and practice settings. The YAHCS is youth reported for youth age 12-17.

The PHDS assesses whether young children (under 4 years) are receiving nationally recommended preventive and developmental services, based on the Bright Futures Guidelines. Studies have shown how it can be used effectively by Medicaid agencies, in practices, and national surveys. The PHDS is available from the CAHMI in online version at

<https://www.cahmi.org/projects/phds>.

## Engage with the MCH-MRN

The MCH-MRN provides a platform to: inspire, support, coordinate, and advance efforts related to MCH measurement, promote measurement innovation and shared accountability, and improve outcomes and systems performance on behalf of the nation’s children, youth, and families.

MCH-MRN members contribute to setting a strategic agenda,

collaborate to address MCH measurement gaps and needs, and receive resources and information relevant to MCH measurement.

- [Engage in the network](#). Please fill out our [engagement tool](#) to help us to understand how you would like to be engaged in the MCH-MRN and how best to keep you informed about network activities.
- [Use our website](#) and the interactive [compendium](#) to quickly browse through over 1000 MCH measures by measure set, data source category, or three levels of [topical categories](#).
- [Download](#) the most recent MCH-MRN Strategic Agenda.



The Child and Adolescent Health Measurement Initiative (CAHMI) is a center within the Department of Population, Family, and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health



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