

Addressing Health and Healthcare Disparities for a Uniquely Disadvantaged Population



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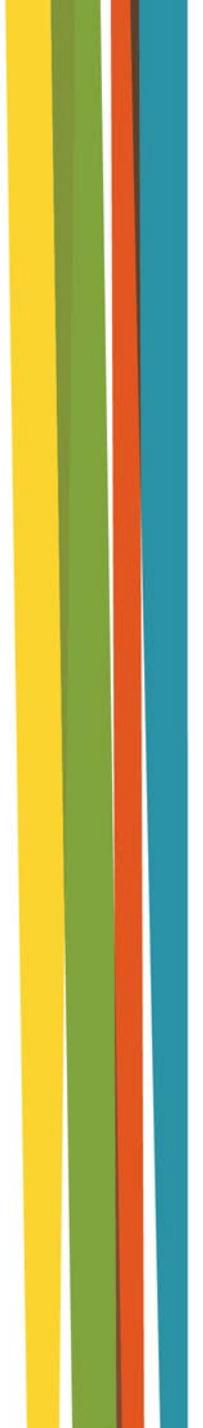
health

share

Health Share of Oregon

Disclosures

Mr. Martin has no financial relationships to disclose.



Health Disparities vs. Health Care Disparities

Health disparity: A higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group.

Health care disparity: Differences between groups in health insurance coverage, access to and use of care, and quality of care.

Source: Kaiser Family Foundation

CCOs 101

Coordinated Care Organizations are a form of Accountable care that focus on Medicaid

- Must operate within a fixed budget
- Metrics to demonstrate quality

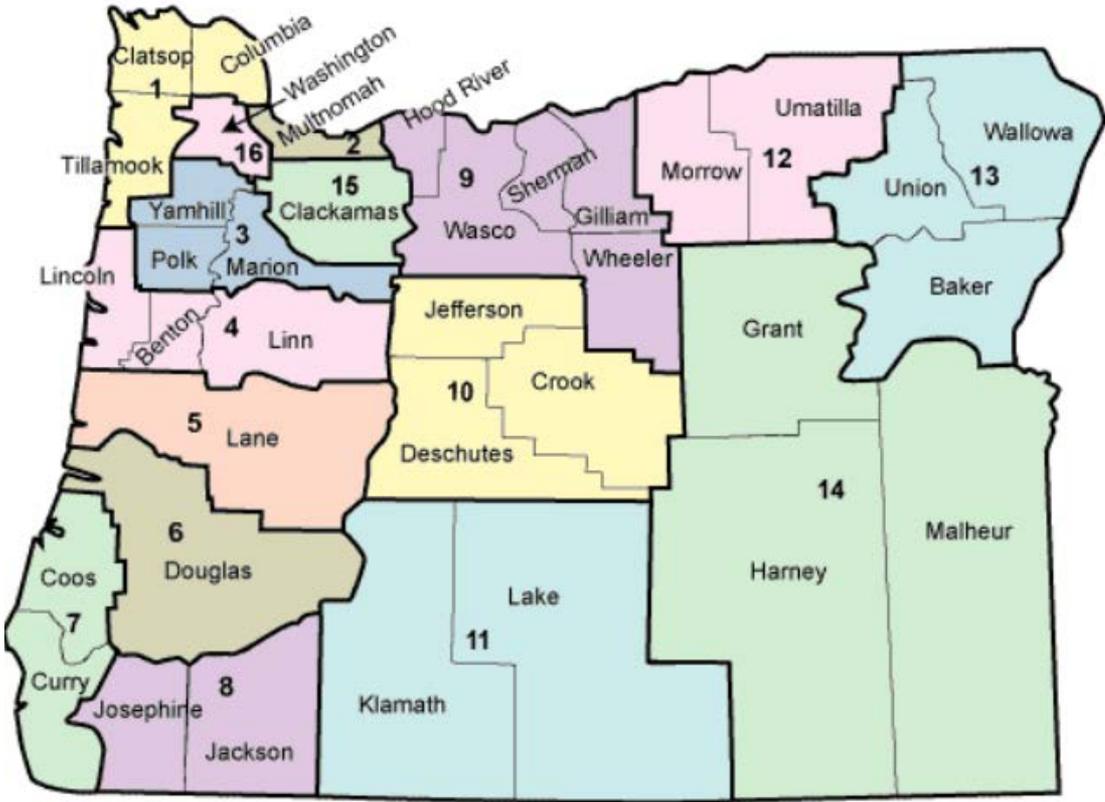
Global budget for physical health, mental health and dental health of members

16 CCOs in the state

Health Share and Family Care both serve tri-county region of Multnomah, Clackamas and Washington



Districts 2, 15, and 16

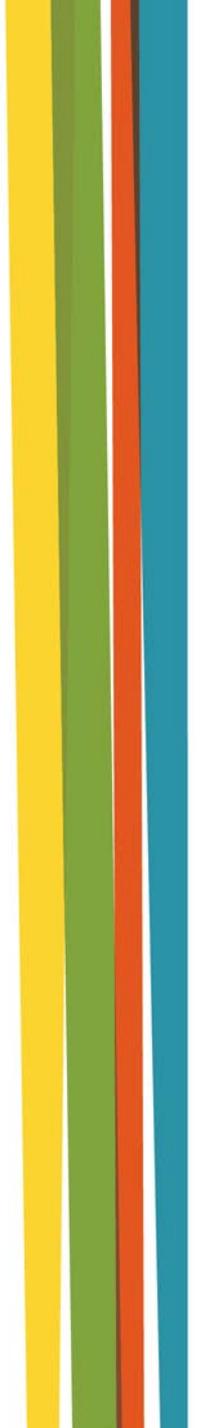


Foster Care Systems Manager

1. DHS Liaison
2. The DHS Metric
3. System of Care Improvement
4. Integrate efforts with other related initiatives

Key Messages

1. Children in foster care have experienced significant trauma by definition
2. Children in foster care have specialized needs from the health care system, beyond typical care
3. Cross-system efforts are underway to build a system that works for children in foster care



Health Share 2.0

2.0 STRATEGIC GOALS

Enhance Capacity & Access

Use existing capacity in new ways and develop new capacity through investments in community-level system enhancements. Every member should have access to the care they need, when and where they need it.

Promote Early Life Health

Ensure the next generation of Oregonians is healthy and productive by focusing on prevention to get the best start. Every child should be physically and emotionally ready for kindergarten.

Our Four Part Strategy to Promote Early Life Health

1. Prevent unintended pregnancies

2. Prevent ACEs

Family Well-Being Assessment

Project Nurture

3. Kindergarten readiness

Developmental delays and disabilities addressed

Early literacy

Preventive care services for every child

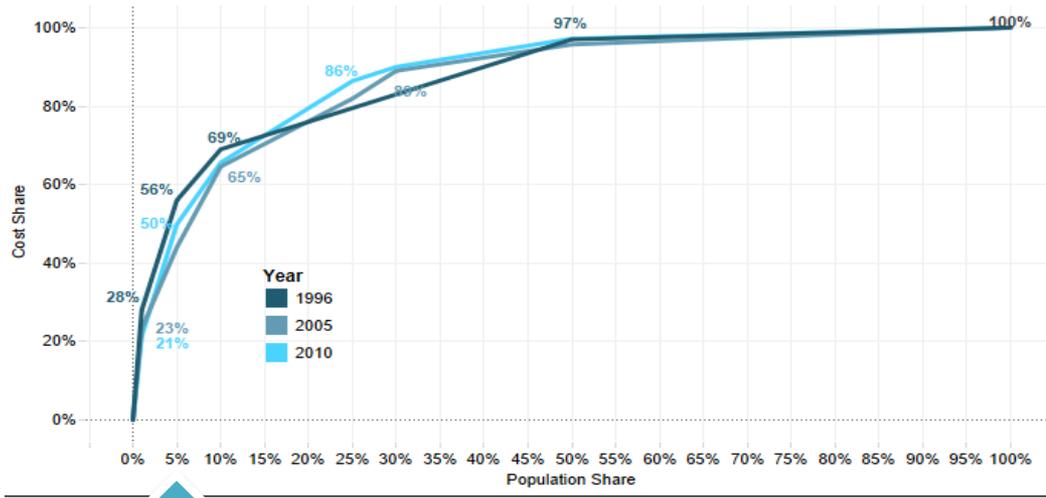
4. Prioritizing children in foster care

Centers of Excellence

Population health

Background: High Utilizers

Concentration of Healthcare Spending in the US Population



5% of the population uses 50% of the dollars

Background: High Utilizers

Health Commons Grant (2012-2015)

- Federal CMMI grant to Health Share partners
- Purpose was to improve care and reduce costs for high utilizers
 - Inpatient-outpatient transitions
 - Care management
 - Health resilience specialists

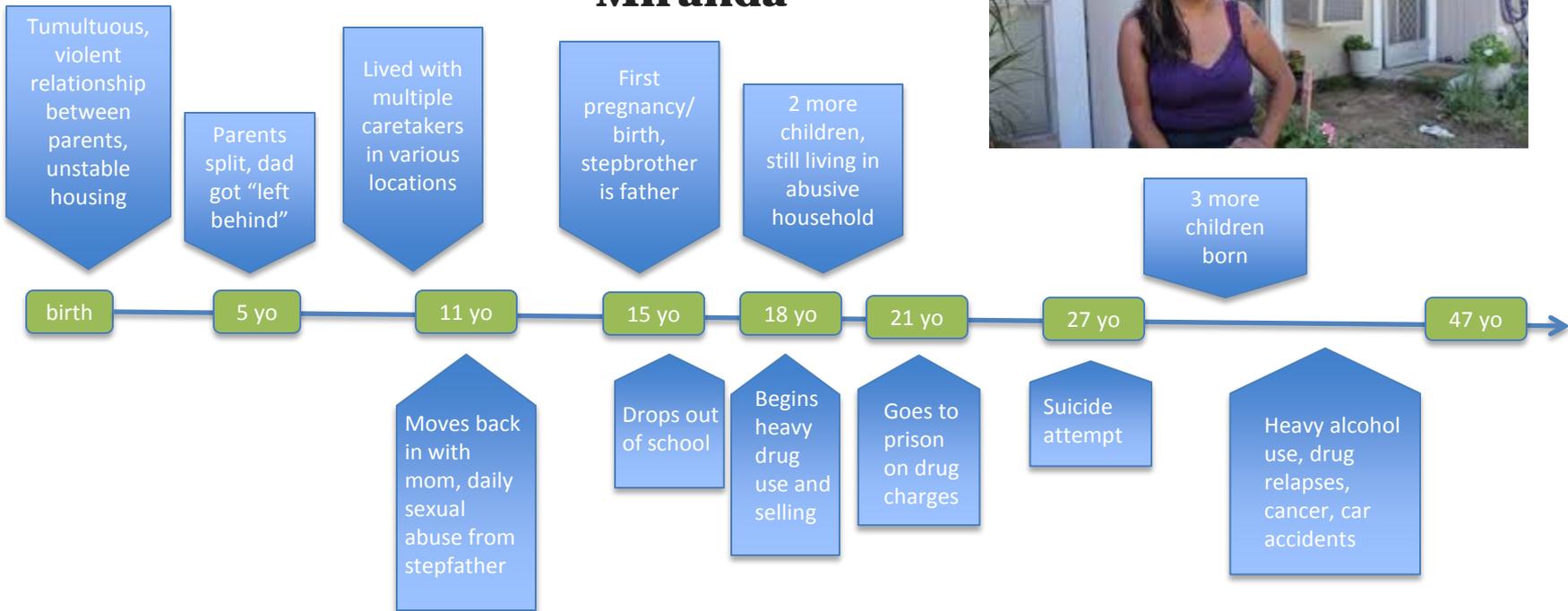
But why do we have so many high utilizers to begin with?

Do they have things in common that we can recognize and prevent?

What We Learned: Chain Reactions of Adversity



Miranda



Age 47

6 children ages 15-32

No GED/diploma, no employment, criminal history

In recovery from severe substance use

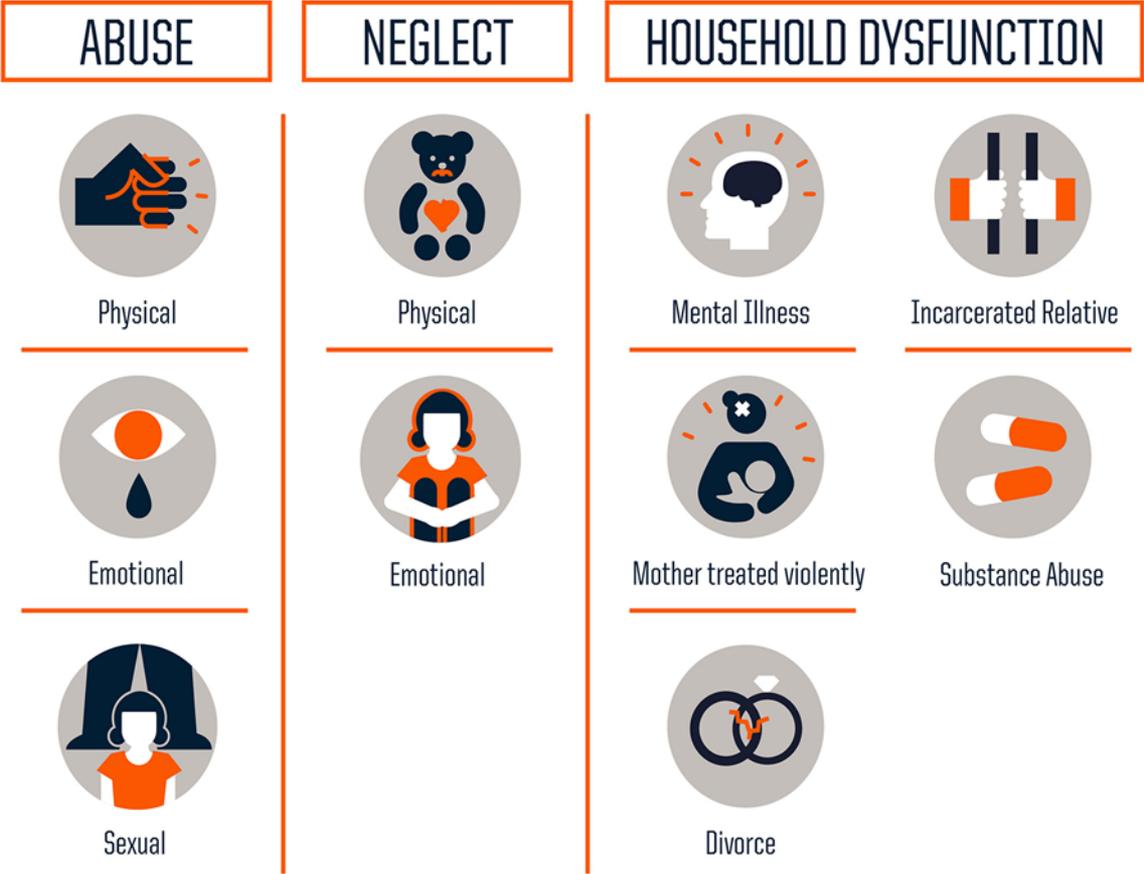
Chronic pain, cancer, multiple surgeries, no teeth or dentures

Multiple psychiatric medications

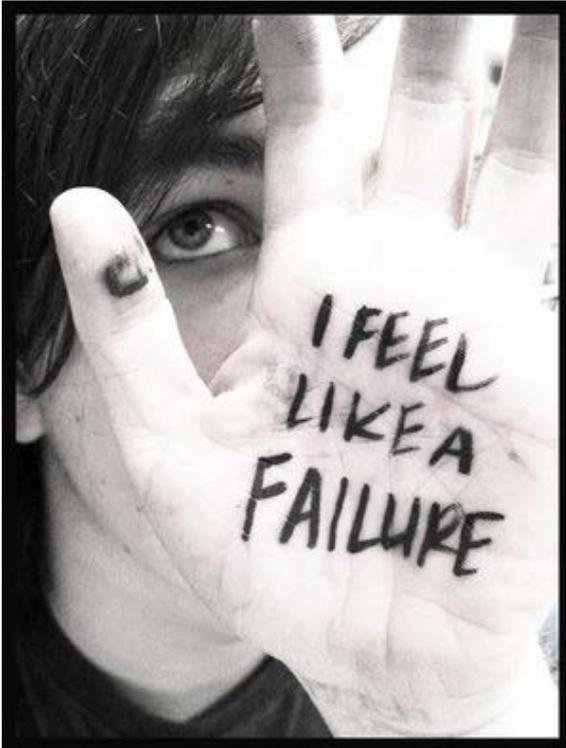
High utilizers compared to those who were not high utilizers

	High utilizers	Not high utilizers
Experienced childhood neglect	88%	40%
Had a parent or family member with a substance use disorder	41%	13%
Had unmet basic needs	40%	0
Experience physical abuse	38%	33%
Witnessed adult interpersonal violence	27%	20%
Were separated from their parents	25%	27%

Adverse Childhood Experiences (ACEs)



ACEs and Education



Children who have an ACE score of 3 are more than twice as likely to be suspended from school, six times more likely to experience behavioral problems, five times more likely to have severe attendance issues. They also have reduced reading ability and lower grade point averages.

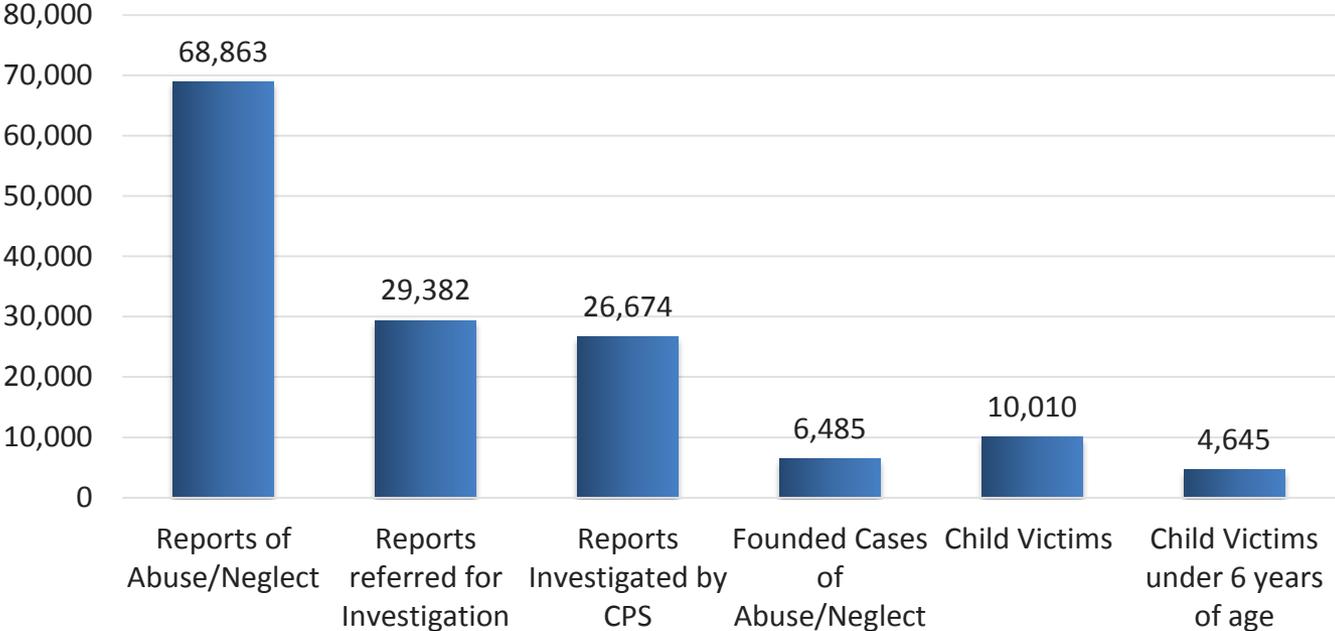
Washington State University Area Health Education Center

A Prioritized Population



Child Abuse and Neglect in Oregon

Child Protective Services 2014 Data



Reasons for Removal in Oregon

Oregon Child Welfare Data Book 2014

Reason for Removal	Number	% of Entrants
Neglect	2229	64.3%
Parent Drug Abuse	1587	45.7%
Inability to Cope	499	14.4%
Incarceration of Parent	426	12.3%
Inadequate Housing	464	13.4%
Physical Abuse	402	11.6%
Parent Alcohol Abuse	312	9.0%
Child's Behavior	280	8.1%
Abandonment	114	3.3%
Sexual Abuse	166	4.8%
Child Drug Abuse	70	2.0%
Child's Disability	48	1.4%
Child Alcohol Abuse	23	0.7%
Death of Parent	15	0.4%
Relinquishment	25	0.7%
Total Number of Foster Care Entrants	3469	-

Entering Foster Care

More than 250,000 children entered foster in the US in 2014 (3,500 in Oregon)

- The majority were under the age of 7, with one-third under the age of 3
- Almost all were victims of physical, sexual, or emotion abuse or neglect
- Most experienced environments with parental substance abuse, extreme poverty, mental illness, or housing instability
- Native American, African American, and Latino American children were disproportionately represented

Living in Foster Care

400,000 US children in foster care on any given day (8,000 in Oregon)

- Almost half have had three or more foster care placements
- Almost half of those with siblings are placed separately from those siblings
- Average length of stay in foster care is 21 months, one in ten will spend over 5 years
- 28% have a diagnosed physical or mental disability which correlates with lower rates of obtaining permanency and higher rates of abuse and neglect

Long-Term Outcomes

For young adults who age out:

- More than one in five will become homeless after age 18
- Only 58% will graduate high school by age 19 (compared to 87% of all 19 year olds)
- 71% of young women are pregnant by 21
- At the age of 24, only half are employed
- Fewer than 3% will earn a college degree by age 25 (compared to 28% of all 25 year olds)
- One in Four will be involved in the justice system within two years of leaving the foster care system

The Jim Casey Youth Opportunity Initiative, *The Business Case for Investing in Youth Aging Out of Foster Care*, May 2013

Complex Medical Needs

Foster Children are considered by AAP to be Children and Youth with Special Health Care Needs (CYSHCN)

Maternal and Child Health Bureau Definition of CYSHCN:

“Children who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

Physical Health

55% of young children entering the foster care system have 2 or more chronic conditions



25% have 3 or more chronic conditions

Most Common: skin conditions, asthma, anemia, malnutrition, manifestations of abuse.

SPARC, Medicaid and Children in Foster Care, March 2013

Dental Health

35% of children enter foster care with significant dental and oral health problems



Studies have demonstrated an association between poor oral health and increased rates of periodontal diseases, diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.

-National Institute of Dental and Craniofacial Research

SPARC, *Medicaid and Children in Foster Care*, March 2013

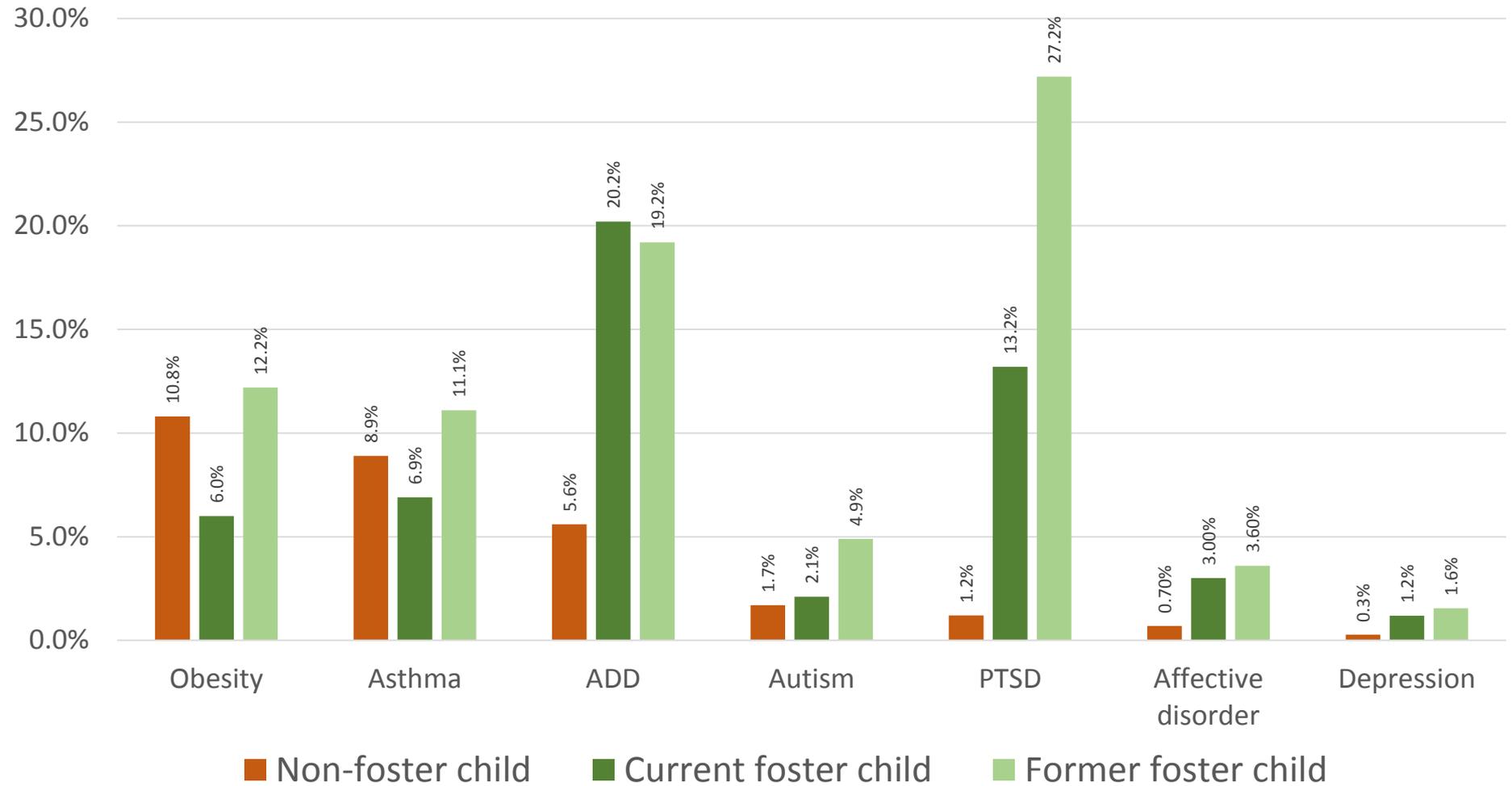
Mental Health

83% of youth in foster care received at least 1 mental health diagnosis such as depression, anxiety disorder, ADHD or PTSD

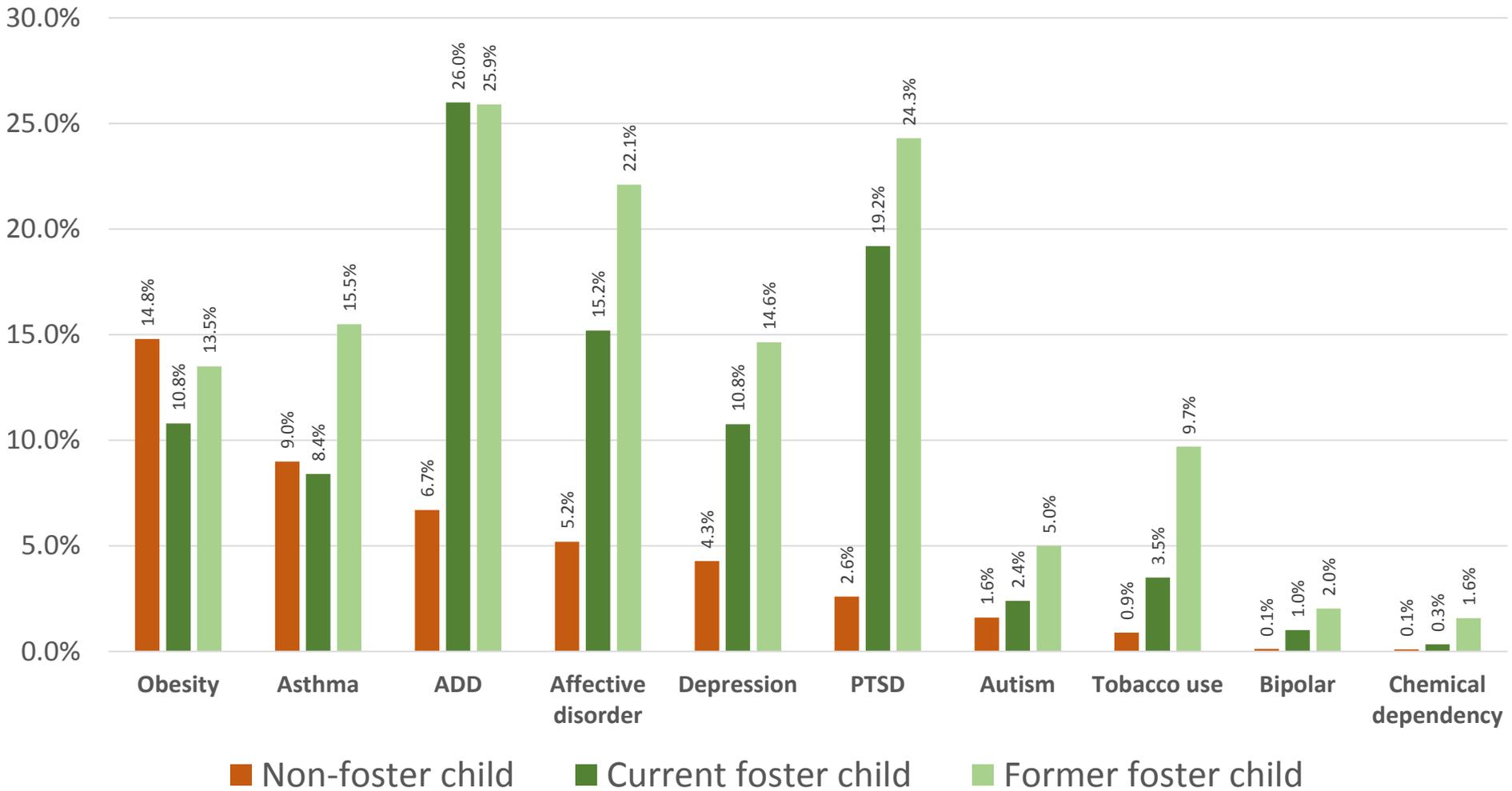


Adults who have been in Foster Care suffer PTSD rates at twice the rate of US Combat Veterans.

Chronic Conditions in Children 6-12



Chronic Conditions in Children 13-18



Health Care Challenges

- Foster Children enter care with multiple unmet health care needs
- Health histories and records are often incomplete or unknown
- Access to care is hindered by rule, policy, and practice
- Health Care Systems struggle to identify foster children
- Caregivers have limited understanding of the complex health needs
- Foster children experience multiple changes in providers and caregivers
- Prioritizing Care often dependent on crisis
- Diffused authority between foster parents, court, DHS, bio-parent
- Coordination of health care needs is critical but frequently absent
- High rate of psychotropic medication use (4x that of other children on Medicaid)

AAP Recommendations for Kids in Foster Care

- Medical homes with high quality health care
- Prioritized access and higher frequency of visits
- Providers with experience working with victims of abuse, neglect, and complex trauma
- Health professionals with experience or training in all aspects of the foster care system
- Health professionals who understand the impacts of foster care on children and families
- Close collaboration with child welfare partners
- Health care professionals who will assume responsibility for the health outcomes of the population, and advocate on their behalf
- Cultural competence in health care delivery

AAP, *Fostering Health: Health Care for Children and Adolescents in Foster Care 2nd Edition*, 2005

Patient-Centered Medical Home

The **medical home**, also known as the patient-centered **medical home** (PCMH), is a team-based health care delivery **model** led by a health care provider that is intended to provide comprehensive and continuous **medical** care to patients with the goal of obtaining maximized health outcomes.



The Foster Care Strategy

Build coordinated support around children in foster care

- ◆ Create and implement dashboards to monitor disparities (including race, culture, and language) and improvements at the population level
- ◆ Create and implement a coordinated and integrated system to identify, assess and provide services to children in foster care
- ◆ Pilot and evaluate new models to coordinate, integrate, and improve care for children in foster care

Create and Implement Dashboards to Monitor Disparities and Improvements at the Population Level

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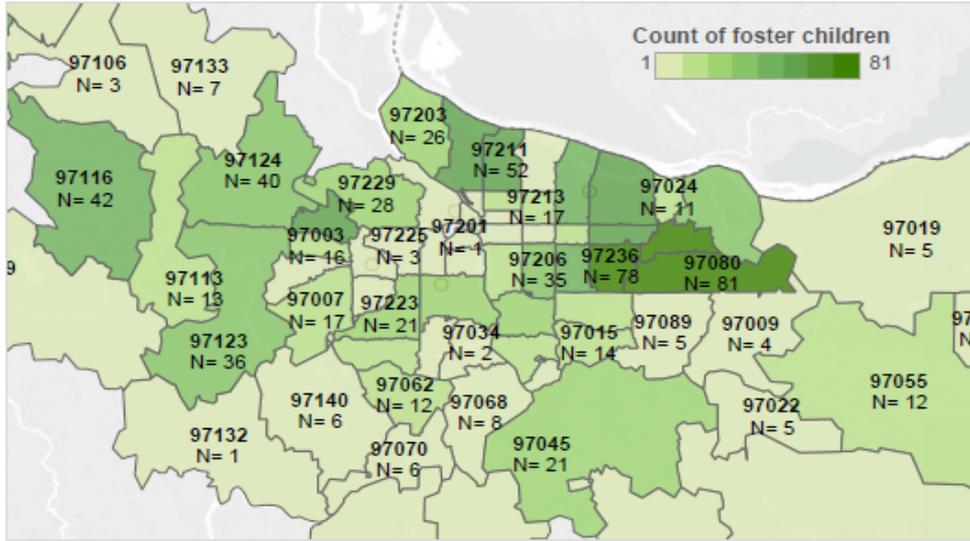
APC foster children:

1,292

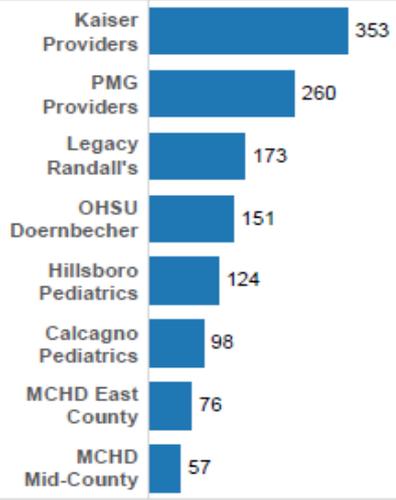
Foster Care APC Dashboard

APC Foster Child Population

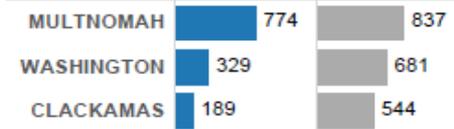
APC Clinics All Other Clinics



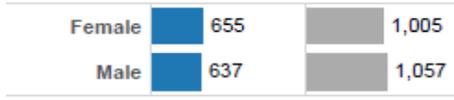
APC Clinic Foster Children



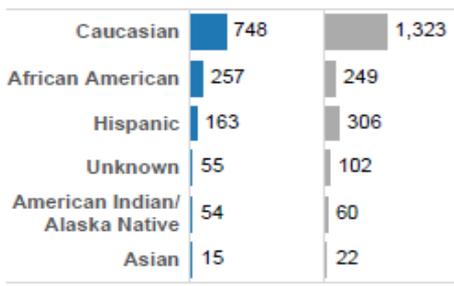
County



Gender



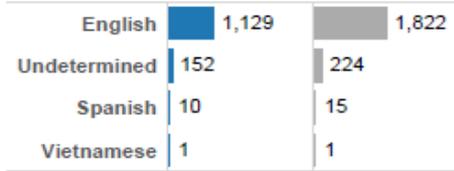
Race



Performance metrics

	Unique members	Developmental screen rate	Dental sealant rate	AWCV rate	ECU rate	SBIRT rate	ED utilization	Inpatient utilization	PCP visit rate (AAP guidelines)
APC Clinics	1,292	61.6%	19.4%	52.8%	63.2%	17.3%	37.8	54.2	67.9%
All Other Clinics	2,062	47.9%	17.6%	44.0%	50.9%	9.2%	34.9	30.1	44.9%
Grand Total	3,354	54.8%	18.5%	48.1%	55.9%	13.0%	36.3	39.4	53.7%

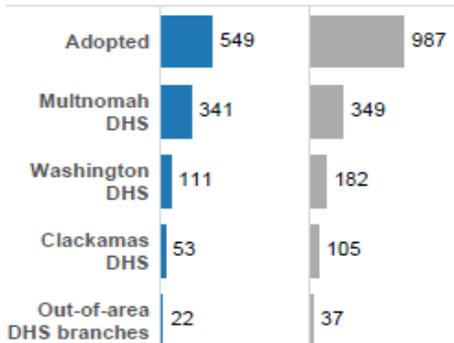
Language



PCP Assignment by District/Area

	Clackamas DHS		Multnomah DHS					Washington DHS		Out-of-... 9 branch es	Adopted	
	350	351	4250	4350	4450	4750	4850	3450	3451		60	6050
OHSU Doernbecher	2	4	8	7	5	2	1	5	7	8	60	
Calcagno Pediatrics	1	2	10	6		13					2	59
Hillsboro Pediatrics		1			1			39	7		69	
Kaiser Providers	7	13	27	26	16	22	1	11	13	11	2	132
Legacy Randall's	3	3	16	5	26	11	1	6	3		83	
MCHD East County			10	3	8	19			1		25	
MCHD Mid-County			8	4	1	12		2			17	
PMG Providers	7	10	20	12	18	21		9	8	3	5	95
Total	20	33	99	63	75	100	3	72	39	22	9	540

Branch Areas



Create and Implement a Coordinated System to Identify and Provide Assessment to Children who enter Foster Care

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DHS Foster Care Metric:

One of 18 pay-for-performance metrics for CCOs

Physical, Dental, and Mental Health Assessments
within 60 days for Children who enter DHS Foster
Care

DHS Metric Performance

2014



30 out of 100 Children received all Assessments

2015



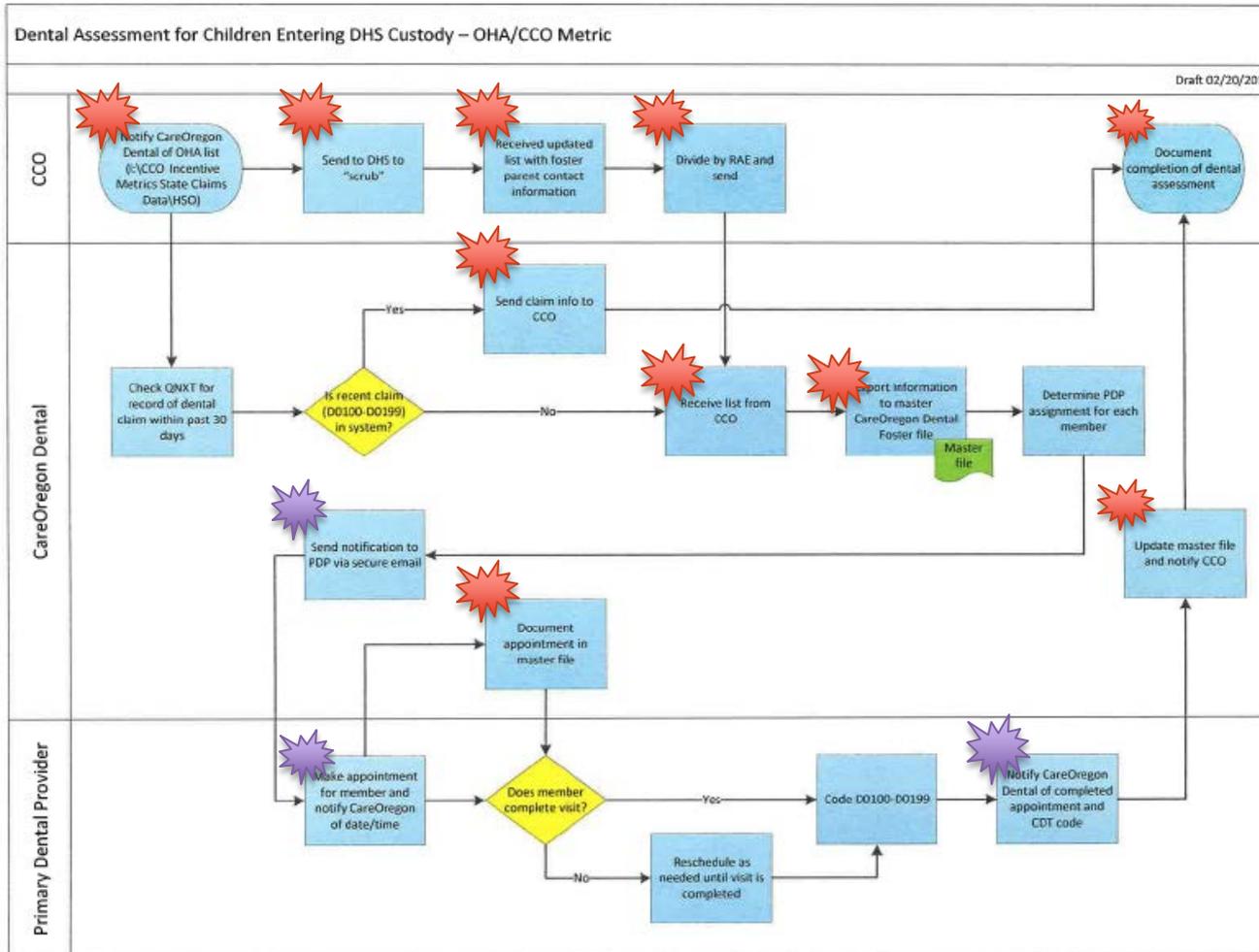
57 out of 100 Children received all Assessments

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Care Coordination Platform

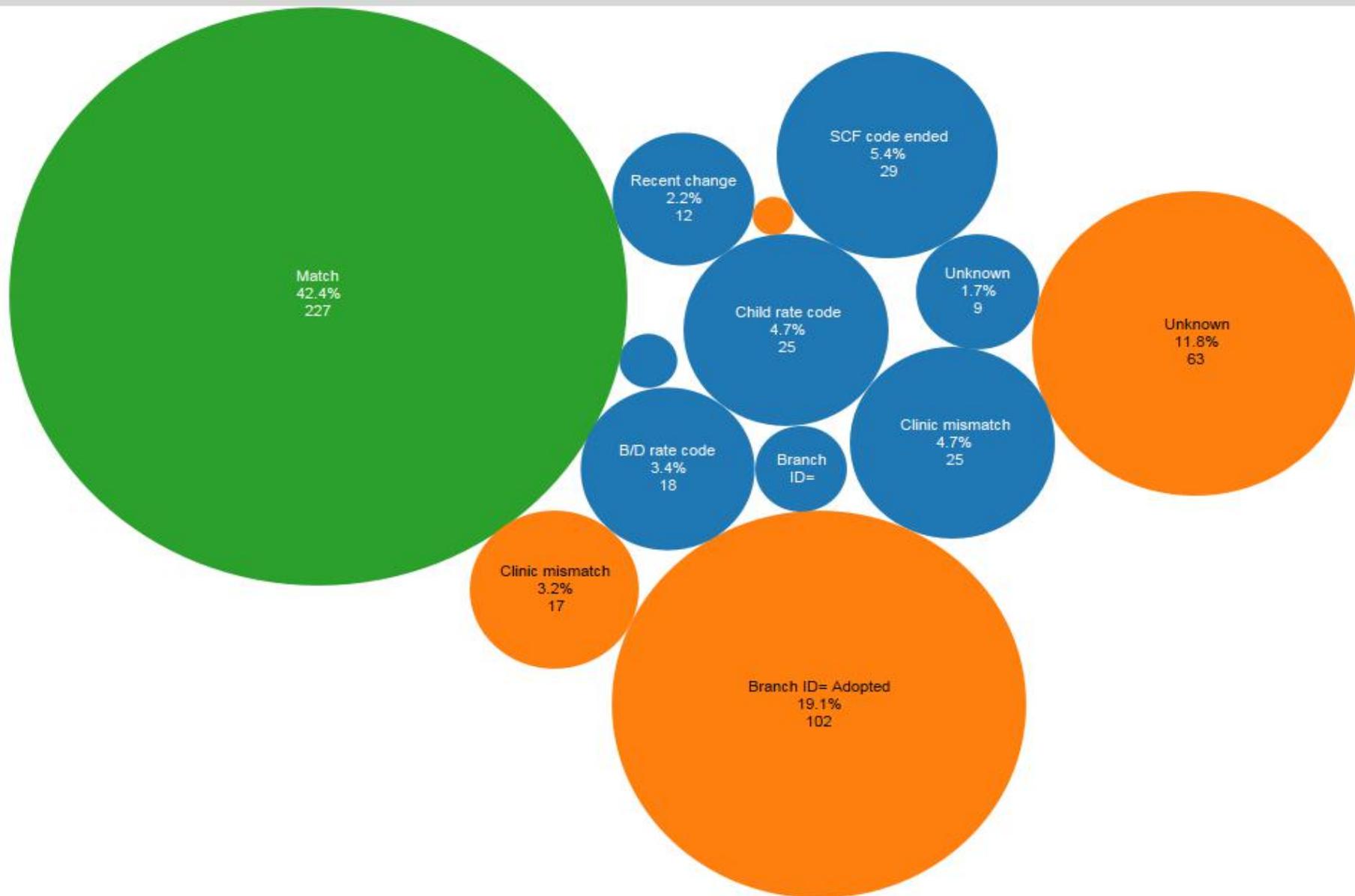


APC and Health Share Foster Care Lists

Match
227

Health Share NOT APC
183

APC NOT Health Share
125



Pilot and Evaluate New Models to Coordinate and Improve Care for Children in Foster Care

Medical Liaison pilot at DHS

- Monitor required health assessments
- Provide point of contact for health care providers and CCOs
- Participate in system collaborations that support better health outcomes for Foster Children
- Prioritize the health needs of children in foster care

The Foster Care Advanced Primary Care Collaborative

October 2015 – September 2016

Exploring the Foster Care Medical Home Model

Participating Clinic/Clinic Systems:



APC Learning Sessions

LS #1 – November 18, 2015 – A Critical Population, Identifying/Tracking

LS #2 – January 20, 2016 – DHS Structure and Function, Care Coordination

LS #3 – March 16, 2016 – Children's Mental Health and Wraparound

LS #4 – May 18, 2016 – The Biopsychosocial and Developmental Impacts of Early Life Trauma

LS #5 – July 20, 2016 – Dental Care Delivery, Identifying Abuse and Neglect

LS #6 – September 21, 2016 – The Lived Experience of Foster Care



Equality

doesn't mean

Equity

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Bobby Martin | Foster Care Systems Manager

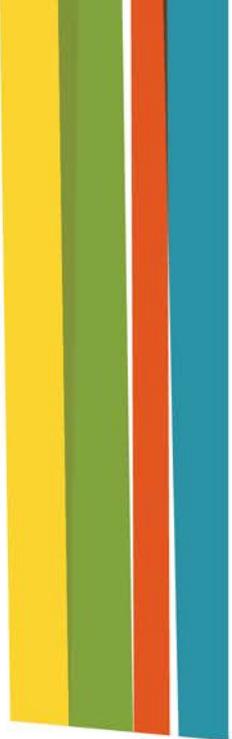
Health Share of Oregon

2121 SW Broadway, Suite 200, Portland OR 97201

Office: 503-416-4974

Email: Bobby@HealthShareOregon.org

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