Making the Business Case for an Evidence-Based Childhood Health and Development Intervention

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Agenda

• HealthySteps Overview
• Arizona HealthySteps Footprint & Alignment with State Priorities
• Arizona HealthySteps Cost Savings
• Lessons Learned
• Group Breakouts
What is HealthySteps?

An evidence-based, interdisciplinary primary care program that integrates a child development professional, known as a HealthySteps Specialist, into the pediatric team to promote positive parenting and healthy development for babies and toddlers.
Pediatrics Setting

- Universal access - almost all families take their babies to see a pediatrician
- Parents trust their pediatricians
- Non-stigmatizing setting
- Frequency of well-child visits schedule offers a perfect opportunity for parental learning and a point of entry for additional services
Tiers of Service Delivery

**TIER 1. UNIVERSAL SERVICES**
- Child developmental, social-emotional & behavioral screening
- Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health)
- Child development support line (e.g., phone, text, email, online portal)

**TIER 2. SHORT-TERM SUPPORTS**
(mild concerns)
- All Tier 1 services plus...
  - Child development & behavior consults
  - Care coordination & systems navigation
  - Positive parenting guidance & information
  - Early learning resources

**TIER 3. COMPREHENSIVE SERVICES**
(families most at risk)
- All Tier 1 & 2 services plus...
  - Ongoing, preventive team-based well-child visits (WCV)
Core Components

- Child Developmental, Social-Emotional & Behavioral Screenings
- Screenings for Family Needs (i.e., PPD, other risk factors, SDOH)
- Child Development Support Line (e.g., phone, text, email, online portal)
- Child Development & Behavior Consults
- Care Coordination & Systems Navigation
- Positive Parenting Guidance & Information
- Early Learning Resources
- Ongoing, Preventive Team-Based Well-Child Visits
Evidence Summary

Child Health & Development

- Children were more likely to receive a well-child visit on time.\(^1,2,3,4\)
- Children were more likely to receive vaccinations on time\(^1,3,4\) and 1.4x more likely to be up-to-date on vaccinations by age 2\(^2,2\).
- Children were 8x more likely to receive a developmental assessment at 30–33 months.\(^3\)
- Continuity of care was better for both total visits and well-child visits.\(^4,5\)
- Children whose mothers reported childhood trauma scored better on a social-emotional screening after receiving HealthySteps than comparable children who did not receive the program.\(^6\)
- One longitudinal analysis indicated that HealthySteps participation was associated with greater security of attachment and fewer child behavior problems.\(^7\)

Breastfeeding & Early Nutrition

- Mothers reported feeling more supported to breastfeed\(^8\) and breastfed longer than the minimum 6 months recommended by the American Academy of Pediatrics.\(^7\)
- Mothers were 22% less likely to give newborns water and 16% less likely to introduce cereal by 2–4 months old (too young for solid foods).\(^7\)
- Children identified as being “at risk” of social-emotional challenges demonstrated lower rates of obesity at age 5 than comparable children who did not receive HealthySteps.\(^10\)

Child Safety

- Children were 23% less likely to visit the emergency room for injuries in a 1-year period.\(^1\)
- Mothers were 24% less likely to place newborns on their stomachs to sleep, reducing SIDS risk.\(^1\)
- Parents scored higher on an injury control index, and families were more likely to use stair gates and have access to the local poison control center’s telephone number.\(^2,9\)

Connections to Resources

- Children were 1.4x more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention.\(^1\)
- Families were 4x more likely to receive information on community resources.\(^1\)
- Parents received more services\(^3,4,8\) and had longer clinic visits.\(^4\)
### Evidence Summary (continued)

#### Parenting Knowledge & Practices
- Parents were 22% less likely to rely on harsh punishment (yelling, spanking with hand).
- Parents were less likely to use severe discipline (face slap, spanking with objects).
- Parents were more likely to notice behavioral cues and provide age-appropriate nurturing.
- Families received more anticipatory guidance that matched their needs.
- 12 key child development and family-specific topics were discussed more frequently.
- Parents demonstrated a better understanding of infant development.

#### Parent & Physician Satisfaction
- Parents were 2x more likely to report that someone at the practice went out of the way for them, and they were 1.5x more likely to rely on someone in the practice for advice (rather than friend or relative).
- Parents were 1.8x more likely to remain with the practice through 20 months.
- Parents rated their provider as more competent and caring and were more likely to believe that the health plan cared about them as a parent.
- Participating physicians indicated they were highly satisfied with the program and with the role of the HealthySteps Specialist with parents.

#### Maternal Depression
- Mothers with depressive symptoms were more likely to discuss their symptoms.
- Mothers were 1.4x more likely to have a nonmedical referral, including for maternal depression.
- Providers were more likely to discuss postpartum depression with mothers.
- Mothers with depressive symptoms reported fewer symptoms after 3 months in the program.

#### Early Literacy & School Readiness
- Mothers were 22% more likely to show picture books to their infants every day.
- Mothers were 12% more likely to have read to their infant in previous week.
- Beyond 5 years, families were more likely to report that their child had looked at or read books in the previous week.
- Parents were more successful in establishing routines, reading to children, and limiting television viewing time.
Arizona HealthySteps Footprint & Alignment with State Priorities
**Arizona and HealthySteps**

**HealthySteps has served children and families in Arizona since the early 2000s**

**Phoenix Children’s Hospital**
- 2001: 1 site

**Expansion in Maricopa County**
- 2007: 6 sites

**HealthySteps**
- 2011

**HealthySteps becomes a program of ZERO TO THREE**
- 2015

**IHS White River HealthySteps site launches**
- 2019: 17 sites

**Funding**
- Gerber Foundation
- BHHS Legacy Foundation
- Diane and Bruce Halle Foundation
- Virginia G Piper Charitable Trust (expansion to several sites in Maricopa County in early 2000s)
- AHCCCS developmental screening reimbursement

**First Things First** funds initial HealthySteps sites in Arizona

We hope to see continued expansion of HealthySteps to additional children and families across Arizona.
HealthySteps & First Things First (FTF)

FTF Main Focus Areas
- Quality Child Care and Preschool
- Strengthening Families and Early Literacy
- Teacher & Workforce Training & Development
- System Coordination
- Parent and Community Engagement
- Research and Accountability

Preventive Health
- FTF has funded HealthySteps sites since 2011
- Regions Supporting HealthySteps:
  - Navajo/Apache, Coconino, South Pima & White Mountain Apache
- FTF currently funds 17 AZ HealthySteps sites
- FTF FY2019 HealthySteps Investments $990,000
- FTF FY2019 HealthySteps Investments $1,590,000

## HealthySteps Arizona Geographic Service Area

<table>
<thead>
<tr>
<th>Sites</th>
<th>HS Specialist(s) FTE</th>
<th>Clinic Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summit – Lakeside &amp; Snowflake</td>
<td>1.75</td>
<td>RHC</td>
</tr>
<tr>
<td>Summit – Cub Lake, Show Low, Pinetop</td>
<td>2.5</td>
<td>RHC</td>
</tr>
<tr>
<td>White River IHS</td>
<td>0.25-0.5</td>
<td>IHS</td>
</tr>
<tr>
<td>North Country – Winslow &amp; Williams</td>
<td>1</td>
<td>FQHC</td>
</tr>
<tr>
<td>North Country – Show Low &amp; Holbrook</td>
<td>0.7</td>
<td>FQHC</td>
</tr>
<tr>
<td>North Country – St. Johns &amp; Round Valley</td>
<td>1.6</td>
<td>FQHC</td>
</tr>
<tr>
<td>North Country Flagstaff &amp; Flagstaff Pediatrics</td>
<td>1</td>
<td>FQHC</td>
</tr>
<tr>
<td>Mountainview Pediatrics</td>
<td>0.8</td>
<td>Private Practice</td>
</tr>
<tr>
<td>Flagstaff Medical Center(^1)</td>
<td>1</td>
<td>FQHC</td>
</tr>
<tr>
<td>Desert Senita</td>
<td>1</td>
<td>FQHC</td>
</tr>
</tbody>
</table>

\(^1\)No longer active site as of 7.1.19

New Tucson site coming soon!

Note: Each star may represent multiple sites

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Examples of Innovations Impacting Systems of Care for Arizona Communities

Some of the services added to our healthcare delivery system of care include:

- Pediatric therapies: PT, OT, SL
- Neuropsychology
- Theraplay
- Breastfeeding consultation services with CLCs, IBCLCs, & ALCs
  - Baby Cafe
  - Tongue and Lip Tie Identification in pediatric care
- Community playgroups
- Events designed to support early childhood Science Technology and Math (STEM) development
- Postpartum perinatal mood and anxiety disorder support groups
- Training
  - Trauma-informed care and approaches
  - Appropriate methods for determining autism and ADHD
  - Childcare training Program for Infant Toddler Care
- Partnerships with community agencies and schools
- Newborn Behavioral Observation inpatient prior to discharge
- Sensory screening

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An Example of How HealthySteps Aligns with Goals from AHCCCS 2018-2023 Strategic Plan

Goal 1: Pursue and implement long term strategies that bend the cost curve while improving member health outcomes

Goal 2: Pursue continuous quality improvement

Goal 3: Reduce fragmentation driving towards an integrated sustainable healthcare system

Pursue and implement long term strategies that bend the cost curve while improving member health outcomes

1. Improving health outcomes in areas of: Child health and development, breastfeeding and early nutrition, and maternal depression.


3. Providing opportunities to develop alternative payments to drive cost savings and improved outcomes for children and adults; due to the dyadic nature of HealthySteps.

4. Enabling physicians to spend their time more efficiently addressing complex care issues.
The HealthySteps National Office selected a pilot site in AZ (along with two sites in NY and IL) to demonstrate key outputs and outcomes in one or more of the priority areas below.

<table>
<thead>
<tr>
<th>Priority Outcome Area</th>
<th>Ultimate Outcome of Interest*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child social-emotional development</td>
<td>#/% of children connected to services who show improvements in areas of concern over time based on screening data</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>#/% of mothers who continued breastfeeding (exclusive or non-exclusive) until their child was at least 6 months old</td>
</tr>
<tr>
<td>Early childhood obesity</td>
<td>#/% of children exhibiting age-appropriate BMI or skin-fold measurements at 2/3 years</td>
</tr>
<tr>
<td>Maternal depression</td>
<td>#/% of mothers connected to services who show improvement in depression symptoms over time based on screening data</td>
</tr>
<tr>
<td>Family needs</td>
<td>#/% of parents connected to services to address key needs who show reduction in at least one need within one year of identification</td>
</tr>
<tr>
<td>Parent-child relationships</td>
<td>TBD (e.g., parental sensitivity or parent-child attachment)</td>
</tr>
</tbody>
</table>

*Selected pilot sites will report data on outputs (e.g., number of screenings completed, number of referrals) and proximal outcomes (e.g., number of families connected to needed services) for applicable priority outcome areas.*
HealthySteps Supporting Goal 3

Reduce fragmentation driving towards an integrated sustainable healthcare system

- HealthySteps supports greater integration to better serve all AHCCCS members through improved:
  - Care coordination
  - System navigation
  - Closed loop referrals
  - Non-duplicative services
  - Utilization of service networks for families
  - Service delivery in appropriate settings
  - System capacity building
### AZ State Initiative

<table>
<thead>
<tr>
<th>brief description</th>
<th>HealthySteps Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid State Targeted Response</strong></td>
<td>Increase access to MAT, care coordination, recovery support services &amp; prevention</td>
</tr>
<tr>
<td><strong>Vitalyst Affinity, SDOH Integration Stakeholders group</strong></td>
<td>Integrate social determinants of health into AHCCCS covered services</td>
</tr>
<tr>
<td><strong>Performance Improvement Project: Developmental Screening Tools</strong></td>
<td>Increase developmental screenings</td>
</tr>
<tr>
<td><strong>Early Screening Intervention workgroup</strong></td>
<td>Building a comprehensive system to meet developmental needs for young children in AZ</td>
</tr>
<tr>
<td><strong>KidsCare</strong></td>
<td>AZ CHIP Program</td>
</tr>
</tbody>
</table>
Why Is a Cost Savings Analysis Important for an Evidence-Based Program?
History Behind the HealthySteps Business Case

• In late 2015, a select number of HealthySteps sites lost their MIECHV home visiting funds

• The HealthySteps National Office partnered with SC and CO HealthySteps sites, in conjunction with Manatt Health, to tell the story of the program’s impact

• Communicating the impact of HealthySteps included:
  • Visiting sites and identifying interventions delivered by Specialists driving short-term Medicaid cost savings
  • Presenting demographic data to state Medicaid agency staff to illustrate the families and types of needs addressed by HealthySteps Specialists
  • Determining the potential to enroll HealthySteps families into other programs – HealthySteps filled a gap for low income families who did not qualify for other programs
  • Working with state partners to analyze options for continued funding

• **SC Medicaid approved a set of codes that Specialists could bill for regardless of credentials**

• **CO dedicated general fund dollars in the Governor’s budget for HealthySteps**
Calculating Short-Term Medicaid Cost Savings in Arizona

1. Leveraged peer-reviewed literature, specific to Medicaid, when possible
2. Analyzed interventions provided by Arizona HealthySteps Specialists
3. DeAnn Davies, Mary Garcia, Deborah Lewis, Andrea Woolridge, and Pearl Santillan gathered data from their respective Arizona HealthySteps sites
4. Used data provided to draw reasonable assumptions about impact of the interventions, with a range of low to high cost-saving estimates
Calculating Short-Term Medicaid Cost Savings

- Medicaid program cost-savings analysis incorporate:
  - The number of Medicaid-enrolled children served by HealthySteps sites
  - The total cost of administering HealthySteps at sites across a state
  - Savings attributable to specific HealthySteps interventions, for children and parents

- Savings attributable to HealthySteps interventions calculated by determining:
  - **How many children and/or parents received which HealthySteps interventions**
    - Site-specific service delivery data
  - **The estimated outcomes of those HealthySteps interventions**
    - Site-specific outcomes data and/or peer-reviewed research
  - **The savings attributable to those outcomes**
    - Peer-reviewed research and/or available expenditure/fee data

- The analysis generates both low-end and high-end estimates for the cost savings
Child-Focused Cost Savings Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>HealthySteps Impact</th>
<th>Cost Savings Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-Child Visits &amp; Immunization Rates</td>
<td>• Parent education on the importance of timely well-child visits and immunizations</td>
<td>• #/% of children who have not received the flu shot and who receive parental education and/or a vaccine referral</td>
</tr>
<tr>
<td></td>
<td>• Increased communication between practice and parents, including missed visit follow-up</td>
<td>• #/% of parents who have not received the flu shot and who receive education and/or a vaccine referral</td>
</tr>
<tr>
<td>Oral Health</td>
<td>• Parent education on the importance of oral health and how to promote it</td>
<td>• #/% of children who have their first dental visit by ages 1, 2, and 3</td>
</tr>
<tr>
<td></td>
<td>• Proactive promotion of early dental visits</td>
<td></td>
</tr>
</tbody>
</table>
## Parent-Focused Cost Savings Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>HealthySteps Impact</th>
<th>Cost Savings Input</th>
</tr>
</thead>
</table>
| **Postpartum Maternal Depression (PPD)**    | • Stronger family-care team relationships and therefore safer space for disclosure of risk factors  
• Regular screening for PPD and other risk factors  
• Support and counseling for PPD | • #/% of mothers who discuss a problem with PPD, get support and counseling with a HealthySteps Specialist, and/or were referred to access additional support and counseling |
| **Breastfeeding**                            | • Breastfeeding support and counseling from HS Specialist, some of whom may be lactation consultants | • #/% of mothers who discuss a need for breastfeeding advice/assistance, got support and counseling with a HealthySteps Specialist, and/or were referred to access additional support and counseling |
## Parent-Focused Cost Savings Interventions (Continued)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>HealthySteps Impact</th>
<th>Cost Savings Input</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td>• Regular screening for tobacco use</td>
<td>• #/% of parents discussed a smoking/tobacco addiction with a HealthySteps Specialist and/or were referred for to smoking cessation support and counseling</td>
</tr>
<tr>
<td></td>
<td>• Support and counseling for tobacco use from HealthySteps Specialist</td>
<td></td>
</tr>
<tr>
<td><strong>Intimate Partner Violence</strong></td>
<td>• Regular screening for IPV and other risk factors</td>
<td>• #/% of mothers who discuss a problem with IPV, get support and counseling with a HealthySteps Specialist, and/or are referred to IPV support and counseling</td>
</tr>
<tr>
<td></td>
<td>• Support and counseling for IPV from HealthySteps Specialist</td>
<td></td>
</tr>
<tr>
<td><strong>Healthy Birth Spacing</strong></td>
<td>• Proactive conversation about use of postpartum services and family planning choices</td>
<td>• #/% of parents who get healthy birth spacing support and counseling from a HealthySteps Specialist and/or are referred to family planning services by a HealthySteps Specialist</td>
</tr>
<tr>
<td></td>
<td>• Education and counseling about the importance of healthy birth spacing</td>
<td></td>
</tr>
</tbody>
</table>
• Total annual program costs: $1,013,042, to serve 6,979 children
  • Site and intermediary costs attributed directly to Medicaid caseload: $750,765, to serve 5,172 children
• Annual cost per Medicaid child: $145
### Arizona HealthySteps Business Case Data

#### Children Served (past 12 months)

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total children served</td>
<td>6,979</td>
</tr>
<tr>
<td>Children served with AHCCCS coverage</td>
<td>5,172</td>
</tr>
<tr>
<td>Percent of total HealthySteps caseload with AHCCCS coverage</td>
<td>74.1%</td>
</tr>
</tbody>
</table>

#### Intervention Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Direct Service and/or Referrals made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum Depression</td>
<td>2,196 (counseling)</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>2,214 (counseling)</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>712 (discussion and/or referral made)</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>163 (counseling)</td>
</tr>
<tr>
<td>Family Planning</td>
<td>508 (discussion and/or referral made)</td>
</tr>
</tbody>
</table>
### Interventions Driving Short-Term Medicaid Cost Savings

<table>
<thead>
<tr>
<th>Child-Focused Interventions</th>
<th>Adult-Focused Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Well-child visit and immunization rates</td>
<td>• Breastfeeding</td>
</tr>
<tr>
<td>• Oral health</td>
<td>• Postpartum maternal depression</td>
</tr>
<tr>
<td>• Inappropriate use of care for ambulatory sensitive conditions*</td>
<td>• Intimate partner violence</td>
</tr>
<tr>
<td></td>
<td>• Unhealthy birth spacing</td>
</tr>
<tr>
<td></td>
<td>• Smoking cessation</td>
</tr>
</tbody>
</table>

A recent statewide Arizona analysis conducted by the HealthySteps National Office, in partnership with local Arizona HealthySteps sites and Manatt Health, demonstrated annualized savings to Medicaid of $402 per family, for an annual return on investment of **177%**.

*Inappropriate use of care not included in this single-state analysis.*
# Estimated Arizona Short-Term AHCCCS Cost Savings

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Annual Cost Savings Low Estimate</th>
<th>Annual Cost Savings High Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions for Children</td>
<td>$682,150</td>
<td>$1,032,110</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$29,614</td>
<td>$53,306</td>
</tr>
<tr>
<td>Dental</td>
<td>$652,536</td>
<td>$978,804</td>
</tr>
<tr>
<td>Appropriate Use of Care</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Interventions for Parents</td>
<td>$800,969</td>
<td>$1,646,631</td>
</tr>
<tr>
<td>Postpartum Maternal Depression</td>
<td>$119,396</td>
<td>$179,093</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>$226,565</td>
<td>$339,847</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>$58,856</td>
<td>$132,426</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>$67,653</td>
<td>$338,267</td>
</tr>
<tr>
<td>Healthy Birth Spacing</td>
<td>$328,499</td>
<td>$656,998</td>
</tr>
<tr>
<td>Estimated Annual Short-Term Cost Savings</td>
<td>$1,483,119</td>
<td>$2,678,741</td>
</tr>
</tbody>
</table>
Long-Term Cost Savings

**Long-Term Cost Savings Across Sectors**

- **Physical and Behavioral Health:** Direct relationship between the number of adverse childhood events (ACEs) and likelihood of having heart disease, cancer, and other chronic conditions

- **School Readiness and Educational Attainment:** Strongly linked to healthy social and emotional development, and for children who experience ACEs, school readiness and educational attainment are often negatively impacted

- **Juvenile Justice Involvement:** ACEs contribute to juvenile delinquency, increasing children’s risk of juvenile arrests and felony charges

- **State Spending:** Failing to address infant and childhood mental health disorders in early childhood increases the need for intervention across multiple state programs over the life of a child and into adulthood
Lessons Learned
Lessons Learned from Developing the HealthySteps Business Case

✓ Do not assume that payers know about your program
✓ Build strong relationships with health plans and other payers
✓ Highlight the importance of early childhood investment
✓ Bring data to the table
✓ Understand payer goals, “pain points” and opportunities for partnership
  • Research recent initiatives, areas for potential improvement
✓ Formulate and communicate your clear “asks” and tell your story
Lessons Learned from Developing the HealthySteps Business Case

✓ Illustrate your program’s value through multiple channels
✓ Determine how your program coordinates or can coordinate with other local programs/models to deliver improved outcomes
✓ Propose and initiate a pilot in conjunction with a payer
  • Pursue value-based purchasing arrangements
  • Advocate for changes to billing and coding policies
✓ Continue to refine data collection and value proposition for specific payers
✓ Do not be afraid to approach and follow up with stakeholders
Other Opportunities to Differentiate Your Program

- **Cost savings** per child served (e.g., from reduced use of emergency services) and per parent served (e.g., mothers referred to family planning services)

- **Competitive advantage in marketplace** (for health systems, health plan competitive procurements, market share, physician satisfaction) through the offering of more comprehensive early childhood benefits

- **Ability to better meet specific performance quality metrics** (e.g., HEDIS metric on well-child visits and soon to be required adult and child core set measures)

- **Potential to drive innovative payment incentives** (e.g., shared savings programs with pediatricians for completing timely well-child visits)

- **Ability to drive down total cost of care** in dyadic fashion

- **Meeting children and families** where they are
How States Can Further Support Evidence-Based Prevention Programs

- **Revisit** Medicaid billing and coding policies
  - Open/create codes, modify provider requirements, remove same day billing restrictions for FQHCs, increase reimbursement rates and allowable billing frequency, etc.
  - Reimburse for SDOH/family risk screening as well as care coordination and systems navigation which drive closed loop referrals

- **Develop value-based purchasing arrangements** that focus on pediatric populations/measures as well as the family/child dyad
  - Require Medicaid MCOs to develop alternative payment methodologies with pediatric prevention programs

- **Pursue Medicaid waivers** to draw down federal matching funds to support prevention programs
How States Can Further Support Evidence-Based Prevention Programs

• **Identify additional state funding streams**, beyond Medicaid, to support pediatric prevention programs
  • Potential to develop cross-sector savings opportunities (e.g., mental health, child abuse prevention and neglect, education, etc.)

• **Dedicate state budget line item** to support pediatric prevention

• **Leverage federal funding grant** opportunities
  • Likely to require partnership from Medicaid
  • Requires dedicated resources at the state level

• **Collaborate with local communities on place-based initiatives**, with the potential for county/municipal funds
Thank You!

For more information and support on HealthySteps in Arizona, please contact:

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ddavies@summithealthcare.net

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Group Breakouts
Your Turn!

1. Break out into groups of 3-4

2. Choose an evidence-based program you work with or are familiar with

3. Brainstorm elements you would need for making a business case to payers to support this program
   - What is the program, and who does the program serve?
   - What value does the program bring to the community?
   - What is your ultimate “ask” when meeting with payers?
   - What value can the program bring to payers?
     - What pain points and gaps does your program address?
   - Are there potential cost savings attributable to the program? If so, how could you demonstrate these?
   - What additional information is needed to convey your value proposition to potential payers?

4. What questions might payers have about your program?
Citations


Complete the Breakout Session Evaluation on the Mobile App
Name of evidence-based program: _______________________

Describe the evidence-based program:

Who does the program serve?

What value does the program bring to the community?

What value can the program bring to payers/stakeholders?

What is your ultimate “ask” when meeting with payers/stakeholders?

What pain points and gaps does your program address?
Are there potential cost savings attributable to the program? If so, how could you demonstrate these?

What additional information is needed to convey your value proposition to potential payers/stakeholders?

What questions might payers/stakeholders have about your program?