

February 2006

Early Childhood Health Systems Integration – Principles for Consideration

Off to a Good Start Framing Policy for Early Childhood Health Systems Integration

The conference ***Off to a Good Start Framing Policy for Early Childhood Health Systems Integration*** was held on 10/27/05 with over 100 Iowa participants in attendance who identified early childhood health policy priorities within the framework of the Early Childhood Iowa Strategic Plan's healthy children result area.

Workshop materials, proceedings, audio files from presentations and workgroup discussions, as well as a full report on policy priorities can be found at: <http://www.public-health.uiowa.edu/umphc/products/ecd-conf/>

Increase access to and utilization of social, emotional, and mental health services. (Goal 1)

1. Develop and utilize a standardized developmental screening tool. This should be an integral part of a well-child exam (including prenatal risk assessment and education), with reimbursement for additional time by the provider.
2. Establish a reimbursement fee structure for provider's to reflect "pay for performance" or "incentives for quality" regarding early childhood health care.
3. Expand the role of the community mental health centers to work with children 0-5 years of age.
4. Expand coverage of telehealth as a means to expand services to children in rural areas or communities that lack appropriate health care providers.
5. Promote and develop strong public/private partnerships among all infant and child health, education, and social providers.
6. Provide public educational materials that recognize the importance of children's social/emotional health and development and support programs that foster healthy development of all children.
7. Support funding of Iowa specific curricular materials that promote understanding of the critical need for infant and young children's mental health (emotional, social and behavior oral development) for use by all health care, education, social service, and public policy personnel.
8. Share Assuring Better Child Health and Development (ABCDII) data about barriers to services for children and families with communities, state agencies, and others involved with community program development.
9. Spread efforts and lessons learned from ABCDII with help from the Governor's budget emphasis on healthy mental development.

Off to a Good Start
Framing Policy for
Early Childhood Health
Systems Integration

Increase access to and utilization of preventive health services. (Goal 2)



“every child, beginning at birth, will be healthy and successful.”

1. Employ “pay for performance” and “unbundling of services” by both Medicaid and private insurers to encourage providers to deliver a complete array of satisfactory quality preventive services.
2. Have professional societies and relevant policy organizations debate, agree upon, and promote preventive health service standards in their respective provider communities and stakeholder groups. This will require increasing willingness to form meaningful private-public partnerships.
3. Promote the medical home concept and care coordination as strategies to extend the effectiveness of primary care providers to meet child development and family education needs beyond basic acute care.
4. Utilize regionalized approaches and resources (e.g. Community Empowerment; EPSDT care coordinator network, telehealth infrastructures) to spread systemic improvements in early childhood preventive services. These efforts should be guided by known benefits and limits associated with regionalization.
5. Utilize the current Governor’s Office support of the Child Care Quality Rating System to raise awareness of health issues in the context of child development.

Increase the number of children with a medical home. (Goal 3)



1. Promote the medical home concept in preservice professional education settings using evidence-based arguments to influence curriculum.
2. Participate in efforts to refine the definition of medical home and expand the research base clarifying the merit and worth of the medical home concept.
3. Strengthen public awareness of the medical home concept using a targeted approach with policymakers, insurers, service providers, and family advocacy organizations. This will require increasing willingness to form meaningful private-public partnerships.
4. Employ “pay for performance” by both Medicaid and private insurers to encourage providers to deliver services essential to the integrity of a medical home model of care. Examples include care coordination, developmental screening, patient registry development, and patient education.



Increase the number of children with a dental home. (Goal 4)

1. Recruit and train physicians, physician assistants, and nurse practitioners to conduct dental screening and risk assessments and provide preventive care and anticipatory guidance for children birth to 3.
2. Maximize preventive care offered by dental hygienists to young children in community health and education settings.
3. Adopt the American Academy of Pediatrics definition of a “dental home” for use in Iowa.
4. Improve existing local public health infrastructure to expand preventive care and improve access to all restorative care.
5. Provide a dental hygienist oral/health coordinator in every Title V agency.
6. Expand the ABCD initiative that links families with dentists and works with families on compliance issues.
7. Increase or provide reimbursement to:
 - a. dentists for providing care and make administrative changes that make Medicaid more attractive to dentists,
 - b. non-dental providers for limited services, e.g. fluoride varnish, and
 - c. physicians and nurse practitioners for providing dental screenings.
8. Close the “loophole” in *hawk-i* that prevents children with medical insurance from becoming eligible for *hawk-i* dental benefits (federal).
9. Develop incentives for new dentists to practice in Iowa’s dental shortage areas.
10. Form a task force to develop consensus recommendations about the future reallocation of the state’s workforce resources.

Increase the number of children with health care coverage. (Goal 5)

1. Improve the enrollment of eligible children into the Medicaid and *hawk-i* programs.
 - a. Support outreach efforts.
 - b. Support testing and development of redesigning forms and notices for Medicaid and *hawk-i*.
 - c. Support electronic renewal for *hawk-i*.
 - d. Improve administrative efficiencies and policies to reduce barriers for enrollment in Medicaid and *hawk-i*.
 - e. Outreach through the Free and Reduced School Lunch program.
2. Support the legislation regarding electronic or annual Medicaid card.
 - a. Utilize data and ongoing research regarding Medicaid renewal – one electronic card with monthly reactivation.
3. Covering Kids and Families will address barriers through a rapid cycle change process that has been developed, heavily tested and proven successful to affect change.
4. Develop culturally competent outreach methods and materials to be used on a statewide level.



Increase access to and utilization of prenatal care services. (Goal 6)



1. Increase education provided to providers and patients about prebirth prevention issues.
2. Enforce a uniform standard of care by health care providers for women in prenatal and/or postnatal care that includes standard screening for HIV, depression, substance abuse and intimate partner violence.
 - a. Establish a prenatal screening package for the mother, similar to the newborn screening package.
 - b. Illustrations of infants born with HIV that shouldn't have had HIV passed on.
3. Expand the Home visiting program in Iowa (FADDS) to include a prenatal component.
 - c. Hep B birth dose done on this is valuable to the health of our infants.

For more information or to make comments, contact one of the following:

Institute for Public Health Practice
 The University of Iowa
 College of Public Health
 200 Hawkins Drive, E220 GH
 Iowa City, IA 52242
 319-384-8417

Prevention of Disabilities Policy Council
 100 Hawkins Drive Room 263
 Iowa City, Iowa 52242
 319-353-7050

Visit us to see the full conference proceedings:
www.public-health.uiowa.edu/umphtc/products/ecd-conf/

Event Partners:

- Child and Family Policy Center
- Child Health Specialty Clinics
- Commonwealth Fund
- Community Empowerment
- Early Childhood Iowa
- Institute for Public Health Practice
- Iowa Assuring Better Child Health and Development Initiative (ABCD II)
- Iowa Chapter of the American Academy of Pediatrics
- Iowa Department of Human Services
- Iowa Department of Public Health
- Iowa Head Start Association
- Iowa Medical Home Initiative
- Iowa Prevention of Disabilities Policy Council
- Iowa/Nebraska Primary Care Association
- The National Academy for State Health Policy (NASHP)
- The University of Iowa College of Public Health

