

Promoting Healthy Child Development: Lessons from 12 Years of ABCD

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ABCD Alumni Webinar
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The Commonwealth Fund

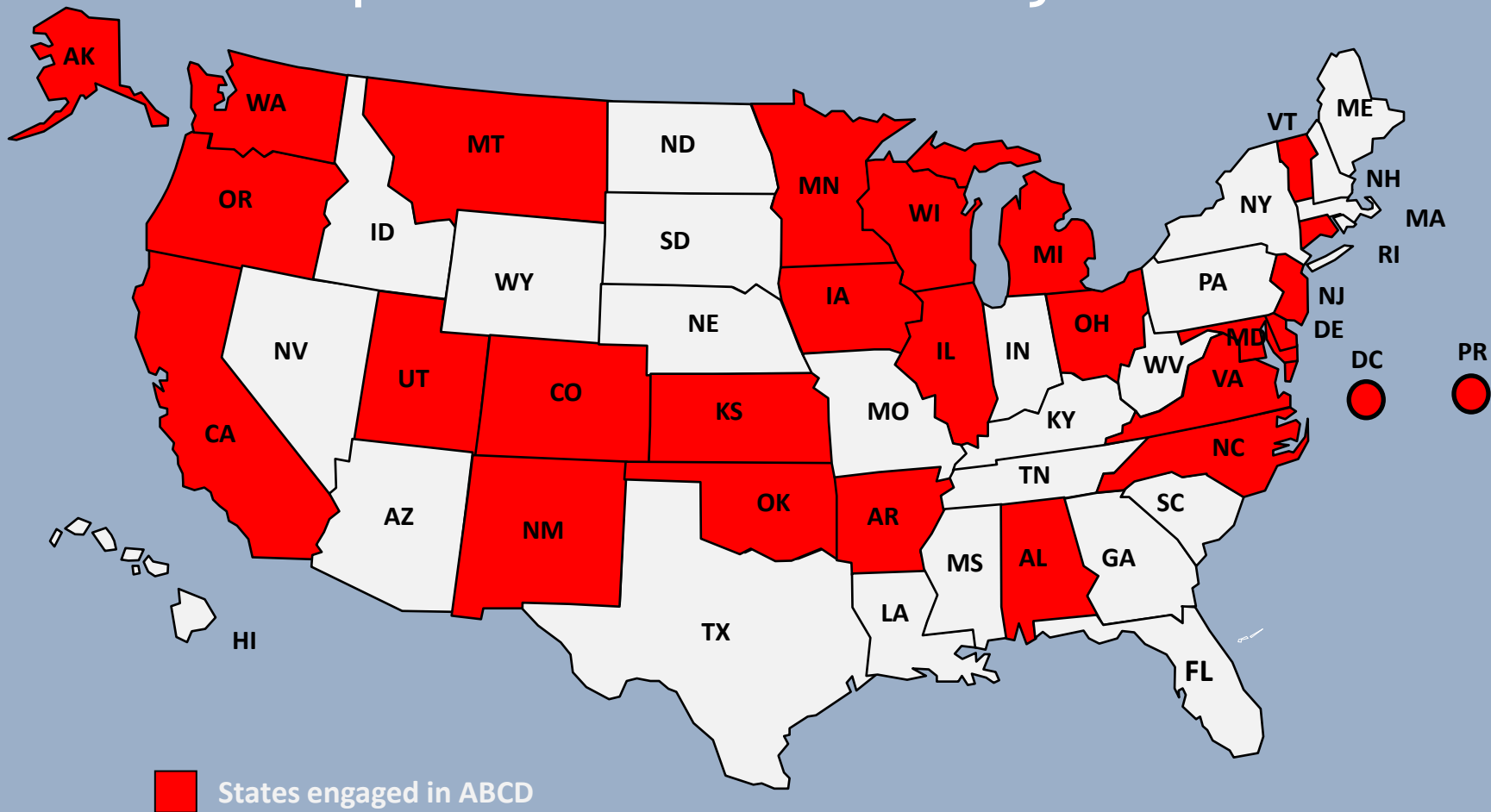
The Commonwealth Fund's Investment Strategy

- Focus on low-income, vulnerable families
- Focus on children at risk of developmental delay, not just children identified as special needs
- Collaborate directly with the majority payer of child health care services – Medicaid. Strive to enhance developmental focus of well-child care
- Promote partnership. Engender collaboration between providers and payers; between public and private; between different sectors (health/education)

Impact of ABCD

1. Widespread Engagement

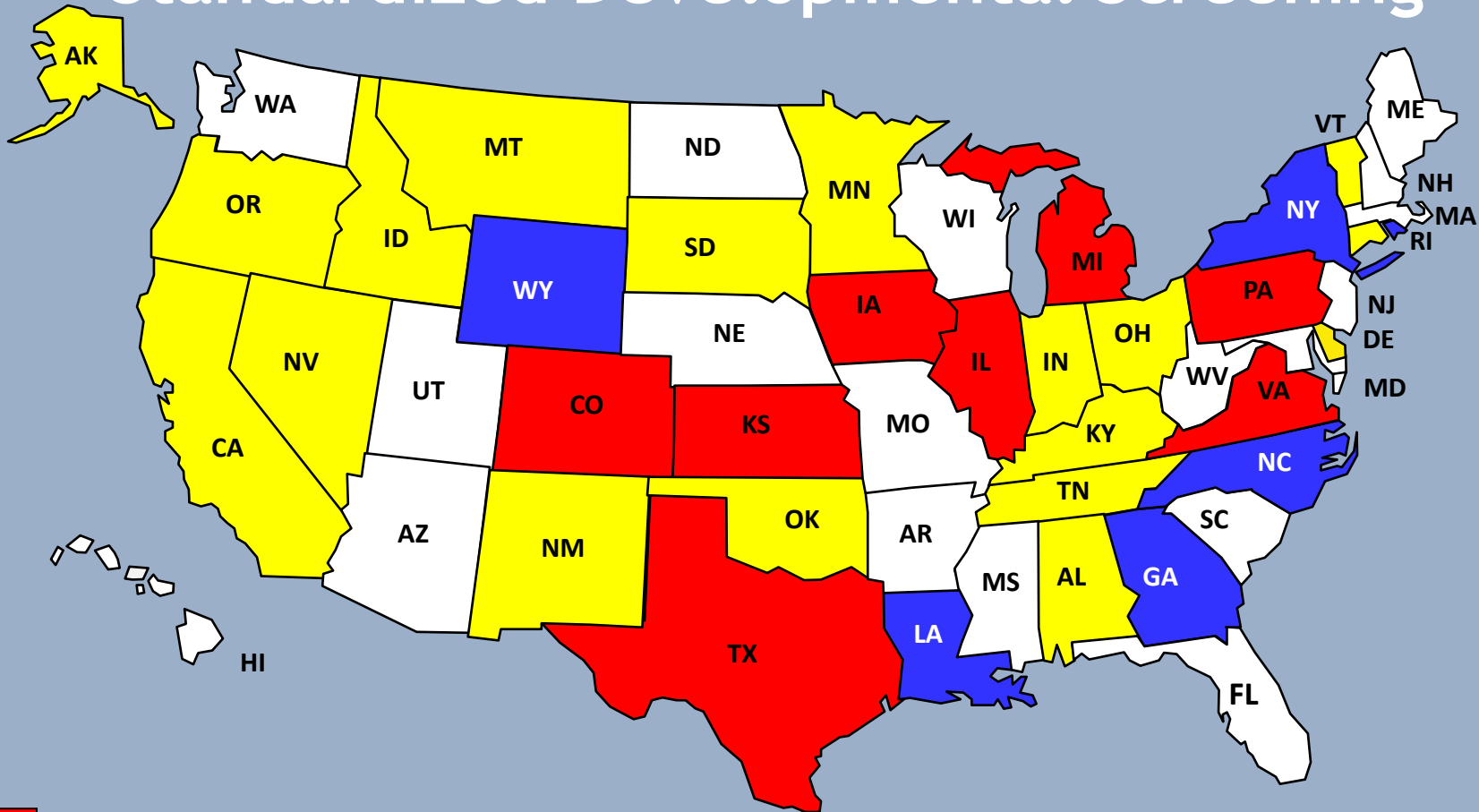
25 States, Washington, DC and Puerto Rico
Implemented an ABCD Project



2. ABCD Improved Policy and Practice to Promote Developmental Screening

- 32 states implemented new policies on developmental screening (plus social-emotional, maternal depression)
- Four ABCD II states report achieving screening rates in excess of 75%
- National data shows publicly-insured children more likely to receive a standardized developmental screen than commercially or uninsured children
- Private insurers in AL, RI, TX and MA added coverage of developmental screening to their health plans
- In 2010, about 68,911 more children were receiving developmental screening than in 2003

State Medicaid-ABCD Policy Changes: Standardized Developmental Screening



- SDS required and reimbursed (n=8)
- SDS required, but not reimbursed (n=6)
- SDS not required, but reimbursed (n=18)

3. ABCD Helped Improve Diagnosis, Referral and Coordination Among Multiple Providers

- A number of states clarified that providers may use DC:0-3 classification system to diagnose young children, and then cross-walk to DSM to ensure Medicaid reimbursement
- 8+ states developed universal referral forms that meet privacy and regulatory requirements in health and education
- Taking steps to reimburse providers for participating in multidisciplinary team conferences (Oregon)
- Using electronic systems to facilitate referral, feedback; leveraging Meaningful Use Standards

4. ABCD Improved Relationships Between Key Partners (organizations, State agencies)

- External evaluators noted, “Interagency barriers were broken down and often intractable bureaucracies changed their behaviors” (Berry et al., 2008).
- ABCD I programs/improvements sustained (as of 2012)
- In Minnesota and Illinois, the Medicaid agency and state AAP chapters jointly developed screening and care coordination projects that offered credit for physicians seeking re-certification by their specialty Boards

5. ABCD Influenced National Policy

- ABCD states, in partnership with NASHP and Child and Adolescent Health Measurement Initiative (CAHMI) helped to develop and field test new measures to assess receipt of standardized developmental screening
- Measures embedded in 2009 CHIPRA legislation
- Measures further adopted by NCQA and endorsed by National Quality Forum (NQF) in 2011
- In 2010, CMS awarded CHIPRA grants to 10 states. Most seeking to improve developmental screening

Lessons Learned from ABCD

- Critical for payers and providers (of multiple disciplines) to work together
- Start Small (e.g., pilot) but Think Big
- Leverage existing community assets
- Collect data! Use it to engage policymakers
- Spread: identify where to standardize, but allow for individual customization
- Sustainability: work on reimbursement at the outset

Continuing Opportunities for States

- CMS' State Innovation Model (SIM) grants
- State Medicaid (and others') efforts to spread patient-centered medical homes
 - Add developmental-specific requirements to standards
 - Include PCMH providers and pediatric topics in TA
 - Incorporate child health measures to monitor progress
- Leverage Meaningful Use
- Local Foundations

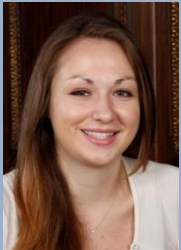
Thank You!



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