HEALTH ASPECTS OF KINDERGARTEN READINESS TECHNICAL WORKGROUP:

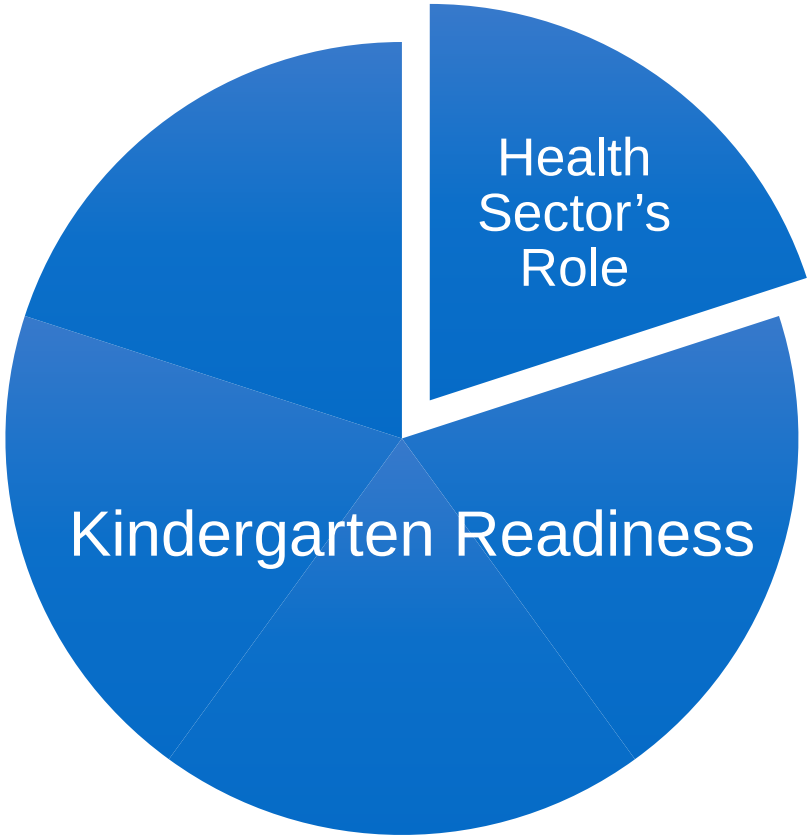
FINAL RECOMMENDATIONS AS ENDORSED BY THE CCO METRICS & SCORING AND HEALTH PLAN QUALITY METRICS COMMITTEES**

Workgroup Charge

What is the health sector's role and responsibility for achieving kindergarten readiness for Oregon's children?

Recommend one or more health system quality measures that:

- drive health system behavior change, quality improvement, and investments that meaningfully contribute to improved kindergarten readiness
- catalyze cross-sector collective action necessary for achieving kindergarten readiness
- align with the intentions and goals of the CCO metrics program



Workgroup Composition

- Workgroup members included:
  - CCO representatives
  - Pediatric care providers
  - Early learning hub and early learning program representatives
  - Behavioral health and oral health expertise
  - Health care quality measurement expertise
  - Representatives of families and CYSHCN
- Workgroup convened by Children's Institute and the Oregon Health Authority, with support from consultants:
  - Colleen Reuland, Oregon Pediatric Improvement Partnership
  - Diana Bianco, Artemis Consulting

Workgroup Process

March - May

- Reviewed background, including family focus group findings
- Developed conceptual framework for health aspects of kindergarten readiness
- Developed measure criteria

June - August

- Identified priority areas of focus
- Reviewed and assessed existing metrics that could be implemented in near-term
- Discussed interest in new metrics for development

September - November

- Narrowed options to 13 priority metrics
- Explored options for measurement proposals
- Built consensus on measurement strategy proposal and implementation options

Working Definition of Kindergarten Readiness

All children arrive at kindergarten with the skills, experiences, and supports to succeed.[1]

- **Supports** include assistance and services to families that promote family stability and functioning.
- **Succeed** refers to children making progress toward educational goals set by families and schools. Goals should be tailored to the individual child to optimize educational experience and outcomes.

[1] Early Learning Council Strategic Plan 2015

Conceptual Framework for Health Aspects of Kindergarten Readiness

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric[1]	Domains of Specific Health Care Services and Experiences				CCO System-Level: Cross Sector Collaboration
	Promotion, Prevention & Screening/Early Detection	Follow-Up to Address Risks Identified	Care Coordination and Integration	Family-Centered Care Optimizing Interactions, Partnership, & Engagement	
Children 0-6					
Child Physical, Perceptual, Motor Development (Includes nutrition, vision, and dental)[2]					
Child Social-Emotional Well-Being[2]					
Child Cognitive, Language and Literacy Development[2]					
Family Function and Capacity[3]					
Children with Special Health Needs:					
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother					
Health Shown to Impact a Child's Kindergarten Readiness: Parent/Caregiver					

[1]HAKR Workgroup Definition of Kindergarten Readiness: All children enter kindergarten with the skills, experiences, and supports to succeed.

[2] Domains aligned with the constructs of kindergarten readiness outlined by the National Education Goals Panel: Domains of Early Development and Learning, Head Start Early Learning Outcomes Framework: Central Domains, Oregon Early Learning and Kindergarten Guidelines, and the Developmental Foundations of School Readiness for Infants and Toddlers Report.

[3] Adapted from Connecting Child Health and School Readiness by Charles Bruner and the Build Initiative.

Current CCO Incentive Metrics by the Conceptual Framework

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric[1]	Domains of Specific Health Care Services and Experiences				
	Promotion, Prevention & Screening/Early Detection		Follow-Up to Address Risks Identified	Care Coordination and Integration	Family-Centered Care Optimizing Interactions, Partnership, & Engagement
Children 0-6					
Child Physical, Perceptual, Motor Development (Includes nutrition, vision, and dental)[2]	• **Childhood immunization status** • **Dental sealants** • **Weight assessment & nutrition counseling**	• **CAHPS: Access** • **Developmental screening**		• **Assessments for kids in DHS custody**	
Child Social-Emotional Well-Being[2]					
Child Cognitive, Language and Literacy Development[2]					
Family Function and Capacity [3]					
Children with Special Health Needs:					
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother	• **Timeliness of prenatal care**				
Health Shown to Impact a Child's Kindergarten Readiness: Parent/Caregiver	• **Effective contraceptive use**				

[1]HAKR Workgroup Definition of Kindergarten Readiness: All children enter kindergarten with the skills, experiences, and supports to succeed.[2] Domains aligned with the constructs of kindergarten readiness outlined by the National Education Goals Panel: Domains of Early Development and Learning, Head Start Early Learning Outcomes Framework: Central Domains, Oregon Early Learning and Kindergarten Guidelines, and the Developmental Foundations of School Readiness for Infants and Toddlers Report.[3] Adapted from Connecting Child Health and School Readiness by Charles Bruner and the Build Initiative.

Health Aspects of Kindergarten Readiness Measure Criteria

Required Criteria for Metrics Proposed for Phase 1 (Fall 2018 to Metrics and Scoring for CCO Incentive Metric)

- **Meets CCO Incentive Metric Attributes:** Reportable at the CCO-level in a 12-month time period.
- **Technical Specification Reliability and Validity**: Produces reliable and valid results. A version of the metric has been piloted within a sector of the health care system (e.g. state-, system- or practice-level).
- **Feasible:** The data for calculating the measure are feasible to collect and with large enough denominators to produce reliable results.
- **Attainable:** It is reasonable to expect improved performance on this metric in a 12-month time period. If a clinical process, evidence exists that it can be feasibly and meaningfully implemented. CCO has some degree of control over the health practice or outcome being measured.

Criteria to Assess Individual Metrics:

- **Evidence-Based or Aligned with Clinical Recommendations**: Measures align with clinical recommendations and, where possible, are based on an existing body of evidence demonstrating a significant impact on child health.
- **Outcome-Related to Domains of Kindergarten Readiness (KR):** Addresses actual outcomes, or there is evidence that what is being measured has a strong association with or predicts a positive outcome associated with Kindergarten Readiness (e.g., more young children being read to as a predictor of greater kindergarten readiness).*
- **Actionable:** The intended users can understand the results of the metric, how the corresponding care relates to a promotion of kindergarten readiness, and what should be improved.
- **Engages Health System:** Promotes the health system's awareness, engagement, and role in ensuring children are ready for kindergarten.
- **Understandable to Families**: Successfully communicates to families of young children the health system's role in ensuring that children are ready for kindergarten.
- **Family Priority:** Measures aspects of health care of importance to families.
- **Family-Centered:** Promotes family-centered care and support of parents/caregivers in fostering optimal child health and development, and encourages collaborative communication between families and healthcare providers.
- **High Impact on KR:** Drives investments in areas with a significant and positive impact on a young child's kindergarten readiness.
- **Addresses Social Determinant:** The metric drives the health care system to play a role in addressing social determinants of health.
- **Promotes Cross-Sector Collaboration:** Measures aspects of health care that require cross-sector collaboration to meet the needs of young children.
- **Able to Identify Inequities**: The measure highlights disparities by race, ethnicity, culture, gender, language, geography or other child and family risk factors.
- **Promotes a Focus on Addressing Inequities:** Drives health care systems to provide services that are equitable and culturally competent.
- **Transformative towards KR**: Drives priority areas for transformative health system behavior change.

Criteria if a Composite Measure is proposed:

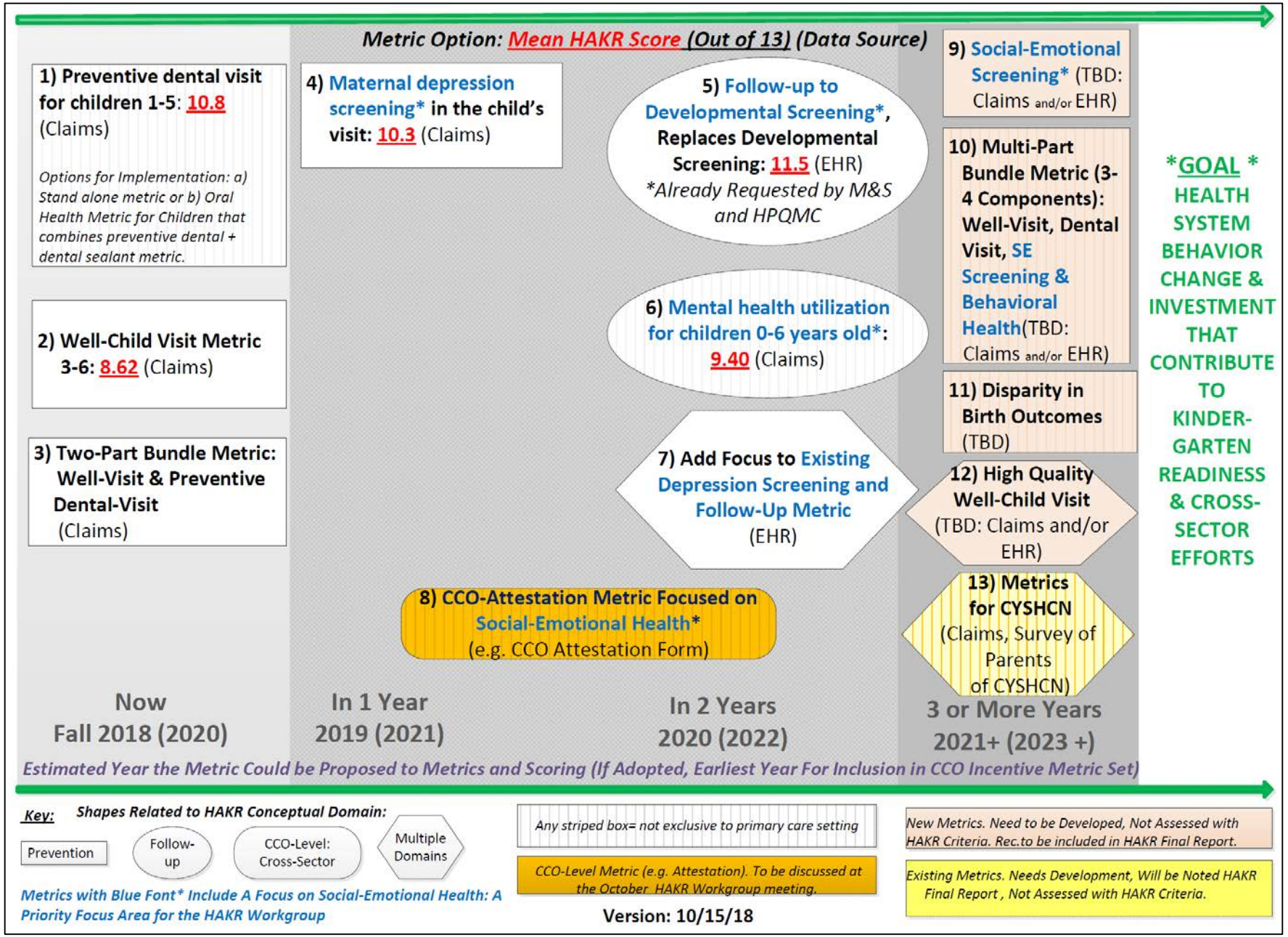
- Composite metric is parsimonious and limited in number of individual components.
- Includes metrics which, in combination, measure the desired outcome by addressing the array of services that impact a child's kindergarten readiness.
- Includes metrics that utilize various data sources.
- Includes measures with the most transformative potential to drive health system change and stimulate cross-sector collaboration

Priority Areas of Interest by the Conceptual Framework

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric [1]	Domains of Specific Health Care Services and Experiences				
	Promotion, Prevention & Screening/Early Detection	Follow-Up to Address Risks Identified		Care Coordination and Integration	Family-Centered Care
Children 0-6	• Info. about how to support development/learning at home				
Child Physical, Perceptual, Motor Development *(Includes nutrition, vision, and dental)* [2]	• Vision Screening • Hearing Screening	• Access of WIC	• Follow-up to Developmental Screening [4,5] • Referral coordination overall		• Ask about concerns • Spend enough time with families • Access to translation services. • Cultural relevant services
Child Social-Emotional Well-Being[2]	• Screening for Social/Emotional Development	• Internal behavioral supports • Specialty infant and early childhood mental health and dyadic therapies with families		• Coordination and integration with PH and BH.	
Child Cognitive, Language and Literacy Dev [2]	• Literacy development				
Family Function and Capacity [3]	• Maternal depression screening in child's visits	• Follow-up supports for families identified with risks and needs for supports.			
Children with Special Health Needs:	**Metrics for this population overall [4]**				
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother	• Low-birth weight • Early deliveries, Full-term • Teen pregnancy rate				
Parent/Caregiver Health Shown to Impact a Child's KR	• Depression Screening in parent's health care	• Mental health services for the parent.			

[1]HAKR Workgroup Definition of Kindergarten Readiness: All children enter kindergarten with the skills, experiences, and supports to succeed. [2] Domains aligned with the National Education Goals Panel: Domains of Early Development and Learning, Head Start Early Learning Outcomes Framework, Oregon Early Learning and Kindergarten Guidelines, and Developmental Foundations of School Readiness for Infants and Toddlers. [3] Adapted from Connecting Child Health and School Readiness by Charles Bruner and the Build Initiative. [4] Health Plan Quality Metrics - Priority measure for development [5] Measure identified as dev. priority by Metrics and Scoring.

Health Aspects of Kindergarten Readiness Priority Metrics

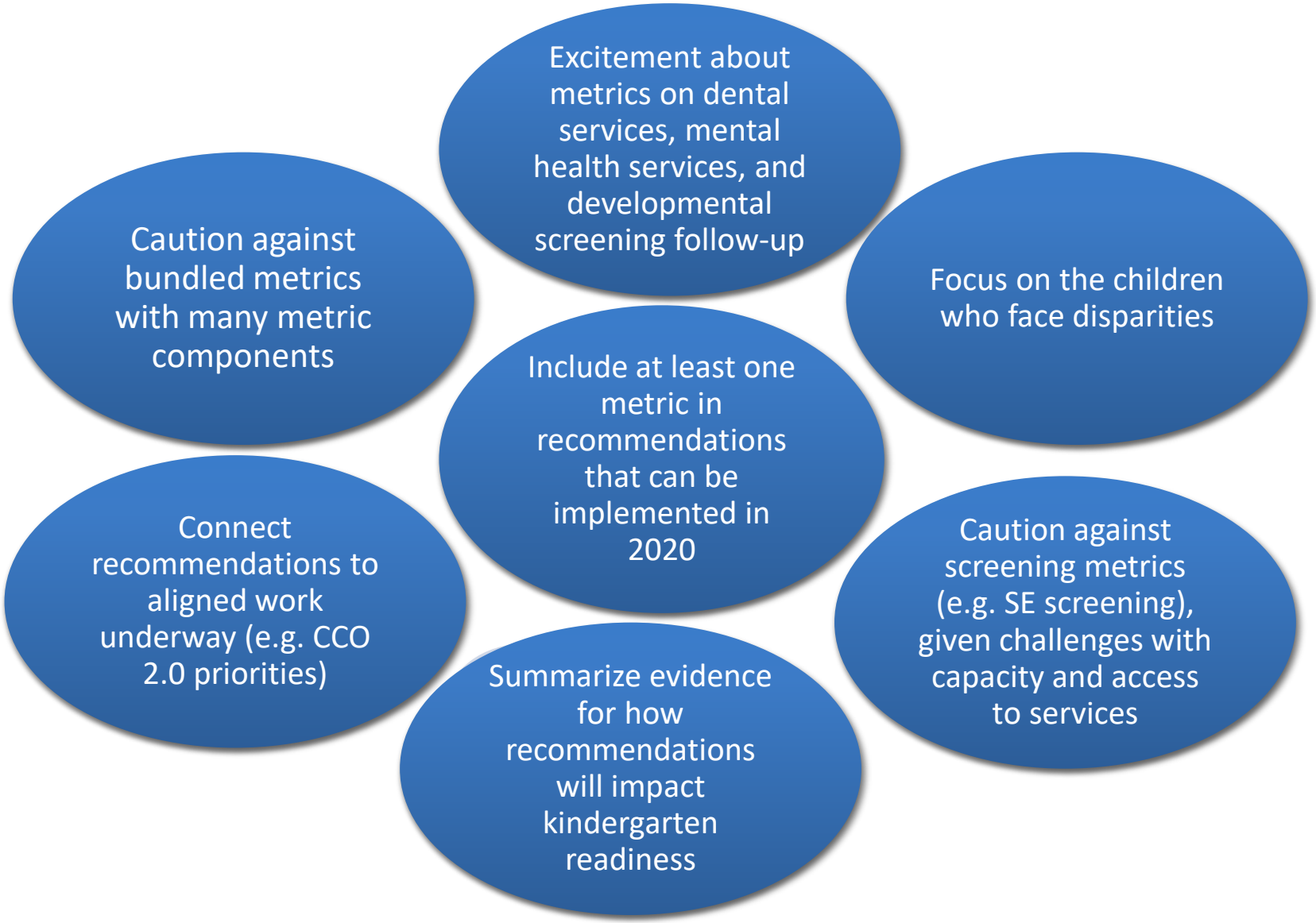


Soliciting Stakeholder Input

Stakeholder input was solicited through a broad invitation for public comment as well as through targeted engagement of stakeholder groups:

- Metrics and Scoring Committee
- CCO Metrics Technical Advisory Group
- Health Plan Quality Metrics Committee
- Early Learning Hubs
- Primary Care Providers
- Families

Themes from Stakeholder Input



Final Workgroup Recommendations

Context for Recommendations

The role of the health sector is to provide family-centered and integrated services, and to work collaboratively with other sectors to ensure children are physically, socially, and emotionally healthy in preparation for kindergarten.

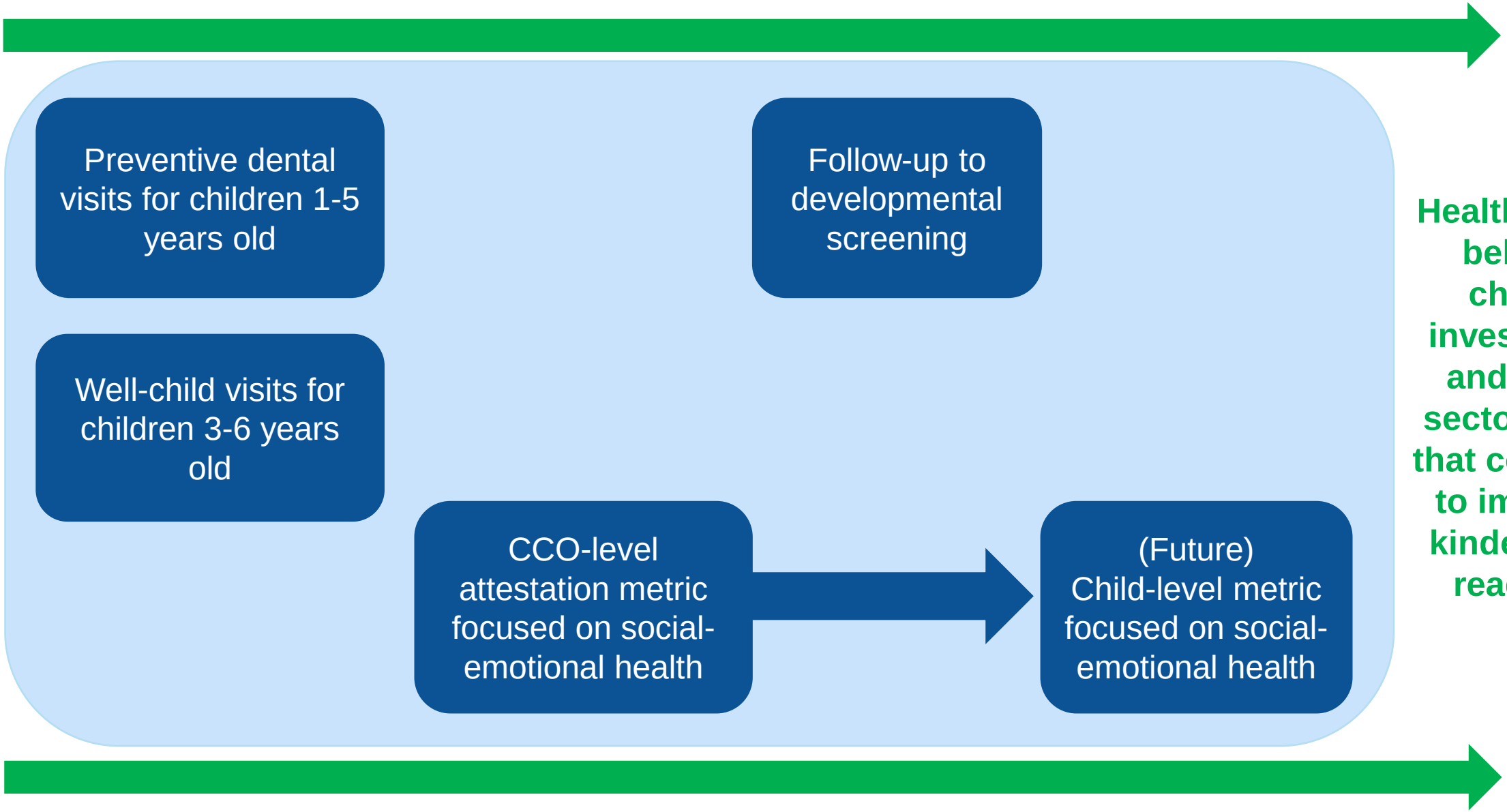
- A comprehensive approach to improving kindergarten readiness includes:
  - an array of measures to drive progress in all domains of kindergarten readiness
  - sufficient resources
  - greater capacity for services and system-building
- Kindergarten readiness must continue to be a statewide priority; measures applied through the CCO Quality Incentive Program should be just one of many coordinated and mutually reinforcing efforts to improve kindergarten readiness.

Why a Measurement Strategy

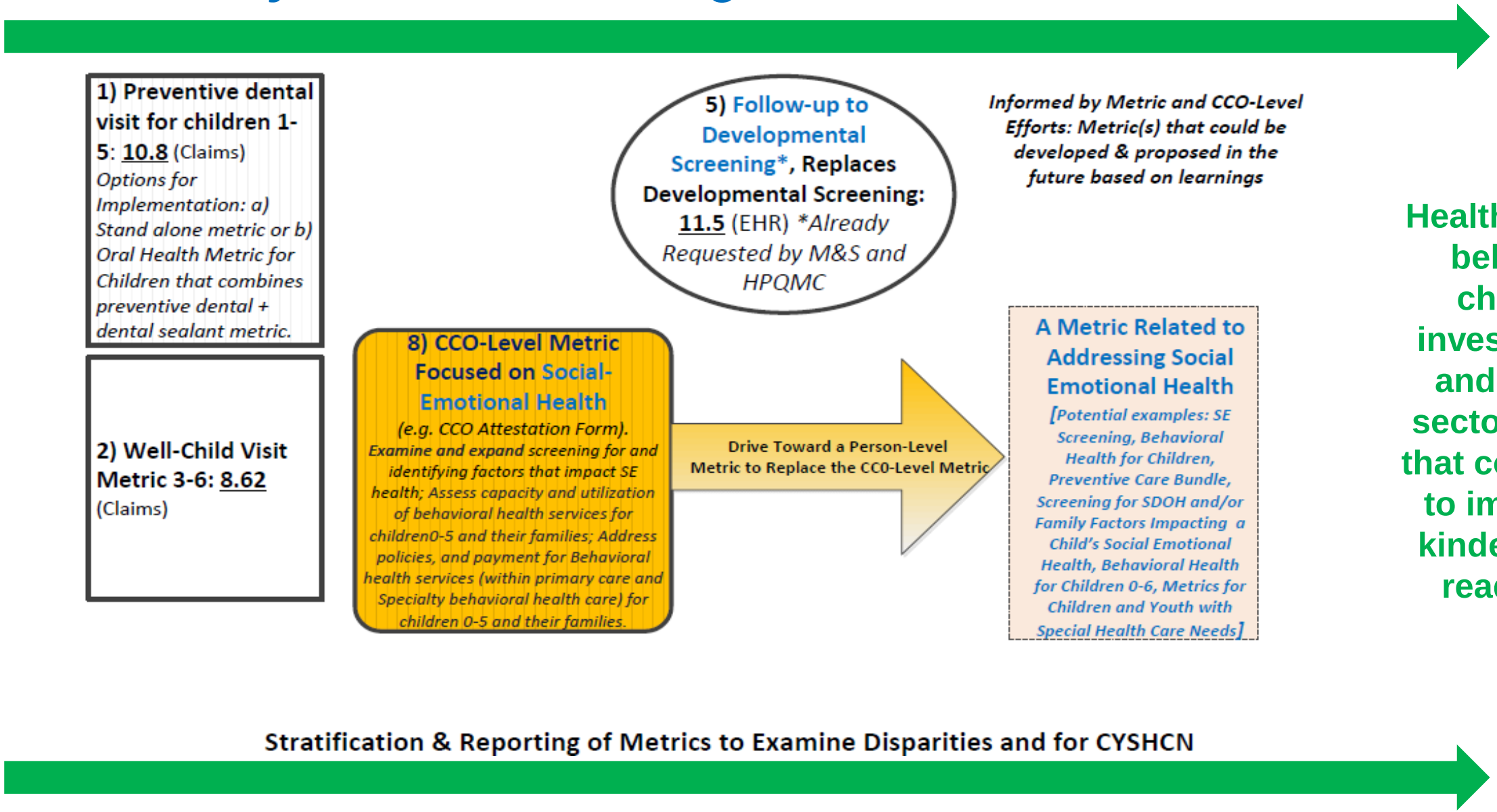
The workgroup proposes a multi-year measurement strategy that aims to drive health system behavior change and investments that contribute to improved kindergarten readiness and cross-sector collaboration.

- Kindergarten readiness is complex and the domains are interrelated. There is no one measure that captures all of the health aspects of kindergarten readiness.
- The proposal builds on the existing CCO incentive metrics focused on children prenatal through age five.
- The proposal balances the workgroup's long-term vision for transformative work on kindergarten readiness with current momentum and sense of urgency.
- It includes metrics that are feasible to implement within the next few years, and drives toward the development of future metrics necessary for progress toward kindergarten readiness.

Health Aspects of Kindergarten Readiness Measurement Strategy, Endorsed by Metrics & Scoring Committee



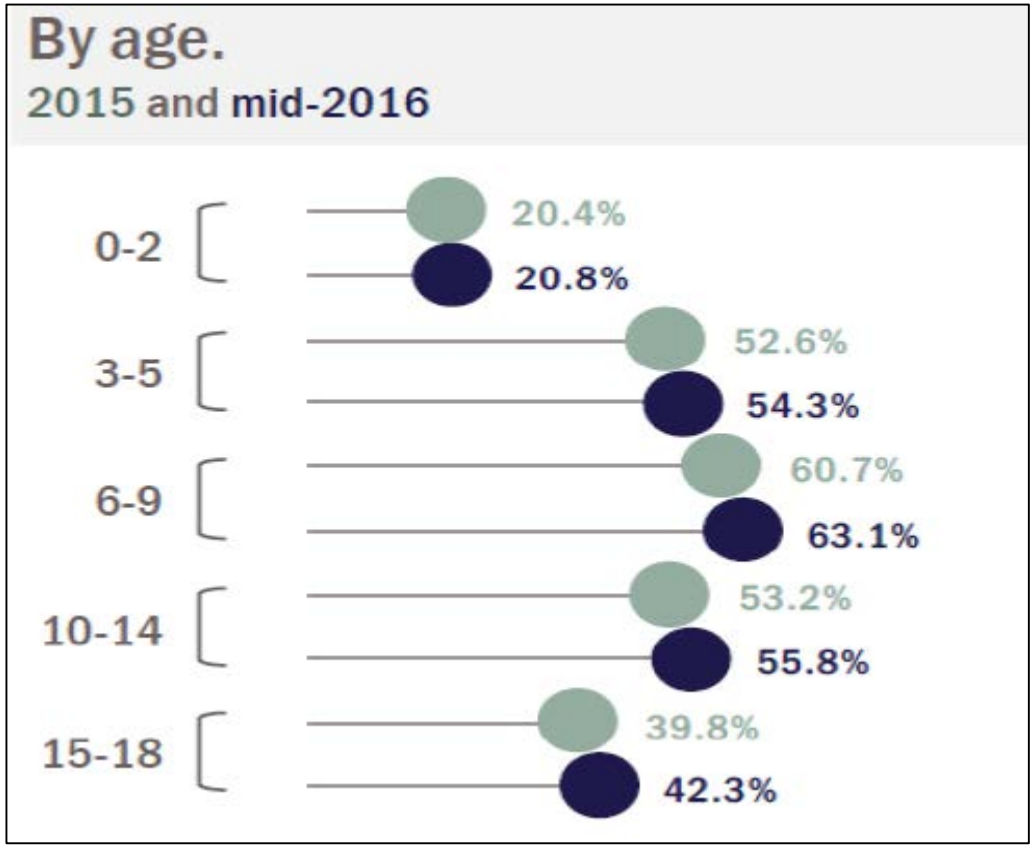
Health Aspects of Kindergarten Readiness Measurement Strategy, Endorsed by Metrics & Scoring Committee



Health system behavior change, investments, and cross-sector efforts that contribute to improved kindergarten readiness

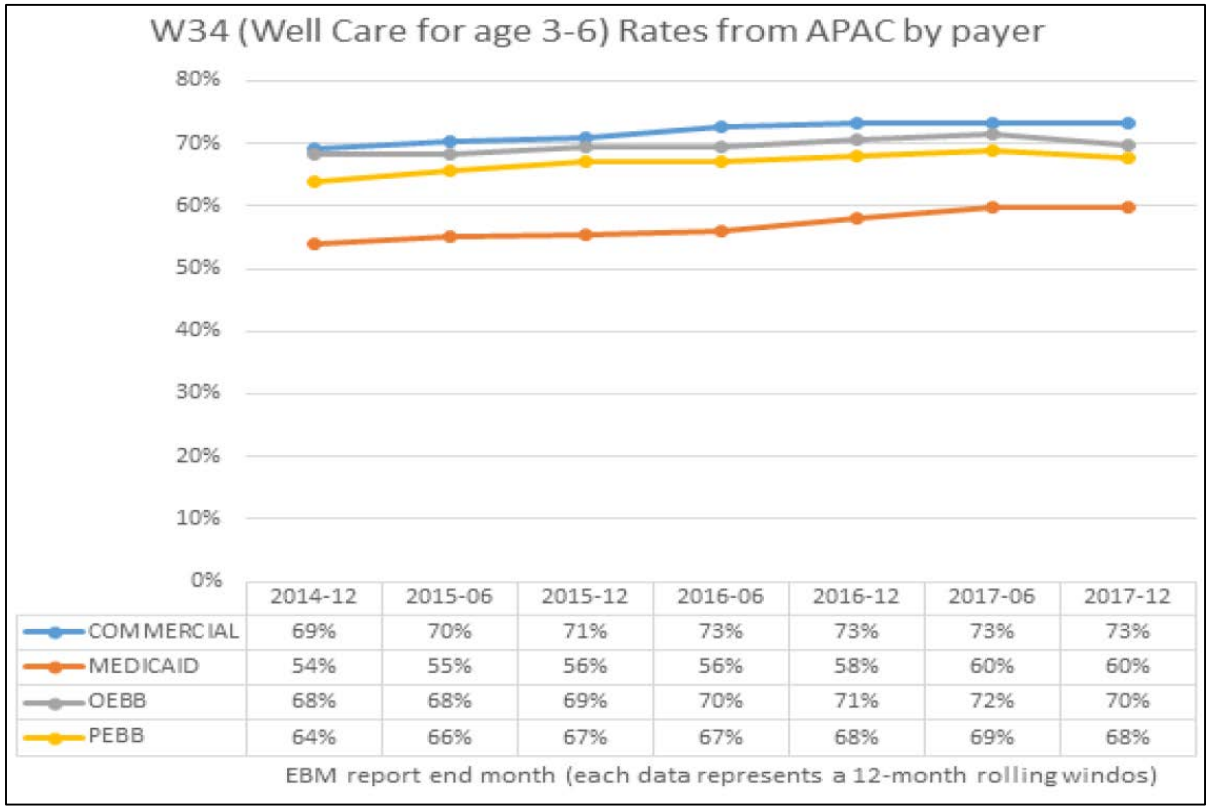
Preventive dental visits for children 1-5 years old

- **Description:** Percentage of children ages 1-5 on Medicaid who received preventive dental services from a dental provider in the measurement year.
- **Measure Developer:** CMS EPSDT – Form 416, Modified by OHA
- **Data Source:** Medicaid claims
- **Mean Score on HAKR Measure Criteria When Assessed by Workgroup Members:** 10.8 (out of 13)



Well-child visits for children 3-6 years old

- **Description:** Percentage of children ages 3-6 that had one or more well-child visits with a primary care provider in the measurement year.
- **Measure Developer**: National Committee for Quality Assurance (NCQA)
- **Data Source:** Medicaid claims
- **Mean Score on HAKR Measure Criteria When Assessed by Workgroup Members:** 8.62 (out of 13)



	2014-12	2015-06	2015-12	2016-06	2016-12	2017-06	2017-12
COMMERCIAL	69%	70%	71%	73%	73%	73%	73%
MEDICAID	54%	55%	56%	56%	58%	60%	60%
OEBB	68%	68%	69%	70%	71%	72%	70%
PEBB	64%	66%	67%	67%	68%	69%	68%

CCO-level attestation metric focused on social-emotional health

- **Purpose:** Drive CCOs to address complex system-level factors that impact the services that kids and families receive and how they receive them, and for which there may be payment or policy barriers that need to be addressed.
- **Activities:** Build capacity within CCOs for enhanced services, integration of services, cross-sector collaboration, and future measurement opportunities.
- **Focus:** Social-emotional health
- **Components of a CCO-level attestation metric:**
  1) Examine and expand screening for and identifying factors that impact SE health (including SDOH).
  2) Assess capacity and utilization of behavioral health services for children 0-5 and their families.
  3) Address policies and payment for behavioral health services (within primary care and specialty behavioral health care) for children 0-5 and their families.

Components of a CCO-level attestation metric and example activities:

1) Examine and expand screening for and identifying factors that impact SE health (including SDOH).
   a. Conduct cross-sector training on identifying SE delays and follow-up pathways.
   b. Develop and implement specific pilots to address access of SE health services
      - Pilot enhanced assessment of a child's social emotional health and/or family factors
      - Evaluate whether enhanced assessments result in increased access of behavioral health services, and the impact of services on child and family well-being
2) Assess capacity and utilization of behavioral health services for children 0-5 and their families.
   a. Assess the specific number of trained providers and their capacity to provide behavioral health services for children 0-5, including mapping capacity by geography, language, and race/ethnicity.
   b. Examine claims data on utilization of behavioral health services for children 0-5 and assess for disparities.
3) Address policies and payment for behavioral health services (within primary care and specialty behavioral health care) for children 0-5 and their families.
   a. Address payment policies that limit access to services, such as:
      - Prior-authorization requirements for behavioral health services, including those provided in an integrated primary care clinic.
      - Requirements for specific diagnostic codes to be provided for behavioral health services based on where the services is provided.

Follow-up to developmental screening

- **Description:** Percentage of children screened with a standardized developmental screening tool and identified at-risk for developmental, behavioral and social delays who received follow-up steps to address delays identified. Three versions of the metric are available that vary by what follow-up counts.
- **Measure Developer:** Oregon Pediatric Improvement Partnership
- **Data Source for Version Presented:** Medicaid charts, Electronic Health Record reported metric
- **Mean Score on HAKR Measure Criteria When Assessed by Workgroup Members:** 11.5 (out of 13)
- **Relevant Data:**
  - Medicaid Performance Improvement Project within eight Medicaid MCOs in Oregon: Overall, only **40%** of children identified at-risk received follow-up; large variation in rates by MCO: **0-63%**.
  - Medical chart reviews as part of quality improvement projects in seven practices (*currently in process with five more*): Baseline ranges: **30-68%** received follow-up. For a majority of the practices, the rates of follow-up were between **29-40%**.

Follow-Up to Developmental Screening: Versions of Metric

- Version 1: Follow-Up: Referrals to Early Intervention (EI) and/or Referral to Developmental and Behavioral Pediatrician (DB Peds) for an Evaluation.
- Version 2: Version 1 + Medical Therapy Services (Occupational Therapy, Speech Therapy).
- Version 3: Follow-Up Tailored to Risk Levels Identified
  - Builds off Version 2 to expand follow-up, based on risk level to include other services:
    - » Early Intervention (EI)
    - » Developmental and Behavioral Pediatrician
    - » Medical Therapy Services (Occupational Therapy, Speech Therapy)
    - » Developmental promotion and rescreen in 3 months (lower risk levels)
    - » Parenting classes and parenting supports (lower risk levels)
    - » Internal behavioral health
    - » External infant and specialty mental health (Child psychotherapy and Parent Child Interaction Therapy)
    - » Applicable and available home visiting services
    - » Applicable promotion and engagement of services (lower risk levels)

Work Needed to Develop a CCO-Level Metric

Technical properties that need to be addressed:

- Develop sampling specifications and an application appropriate for:
  - CCO-unit of analysis, to be applied as an incentive metric
  - Takes into account that approximately 20% of those screened identified at-risk (denominator for the metric)
- Develop standardized specifications for what counts as follow-up (numerator for the metric, building off Version 3)
- Develop specifications for other developmental screenings tools that are not the ASQ (e.g. Parent Evaluation of Developmental Status)
- Develop medical chart review specifications that can be used by a CCO, which contracts with various practices

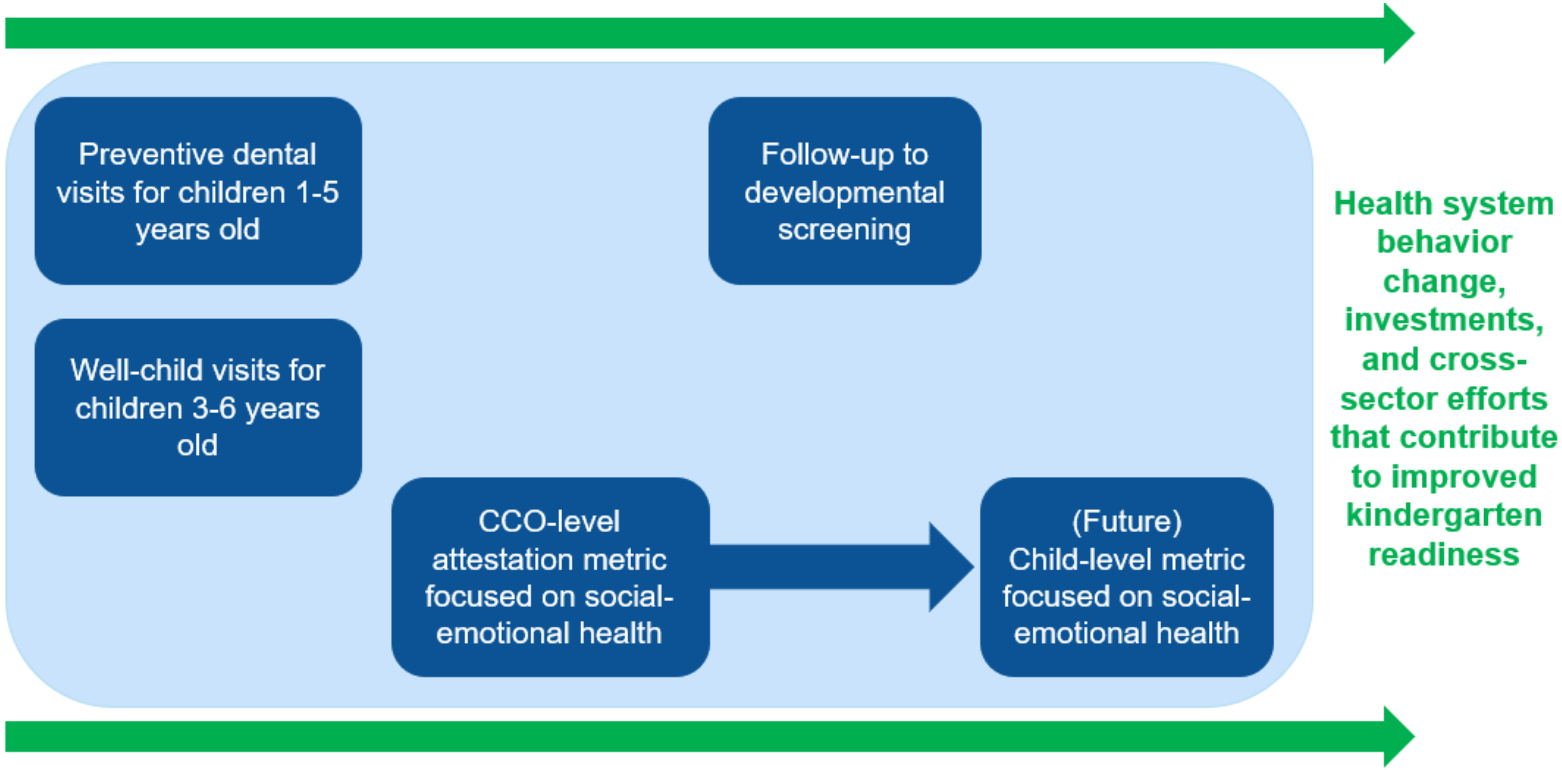
Feasibility of collecting the metric:

- CCOs will need to work with practices on documentation in their medical charts about the screen result (used to identify the denominator) AND the follow-up (numerator)
- Practice-level outreach and training on follow-up aligned with the metric.

Degree to which the **policies and payments** are aligned with the metric:

- Bright Futures recommendations only clearly specify referrals to Early Intervention and to a Developmental Behavioral Pediatrician for evaluation.
  - Current work with Oregon Department of Education to clarify EI referrals relative to ASQ
- Variation in availability and capacity of services included in the follow-up metric.

OPIP



The workgroup believes that this proposal will galvanize significant progress on kindergarten readiness:

- Catalyze health system integration and care coordination for children across physical, behavioral, and oral health.
- Address multiple interrelated domains of child development, thereby maximizing the potential to improve the overall outcome of kindergarten readiness.
- Advance the provision of essential preventive services for all children as well as targeted services for children and families with additional needs.
- Create a clear focus on social-emotional health, an area of great need articulated by families, health care providers, and early learning and K-12 education stakeholders.

Next Steps

Implementation Recommendations

Below are the implementation steps for the next few years recommended by the workgroup and endorsed by the CCO Metrics & Scoring* and Health Plan Quality Metrics Committees:

1) Adopt two metrics now for the 2020 CCO incentive measure set:
   - Well-child visits for children 3-6 years old
   - Preventive dental visits for children 1-5 years old
2) Adopt a CCO-level attestation metric focused on children's social-emotional health once specifications are finalized (i.e., for the 2021 or 2022 CCO incentive measure set).
3) Replace the existing developmental screening metric with a new follow-up to developmental screening metric in 2022 or 2023.

In order to achieve its intended impact and realize its transformative potential, the workgroup strongly believes that **this proposal must be implemented as a package**.

Next Steps

- Final decisions about the 2020 CCO incentive measure set will be made in summer 2019
- Development work on CCO/health plan-level attestation metric on social-emotional health has just begun
- Development work on follow-up to developmental screening metric will need to move forward

Additional Next Steps to Ensure Impact – Measure Alignment with EL System

- When appropriate, align measurement efforts for Oregon's early learning system, including the **Measuring Success Committee and Hub Indicator Workgroups**, with the Health Aspects of Kindergarten Readiness conceptual framework.
- Utilize the child and family domains in the framework and adapt the columns to align with the services and experiences provided by the early learning sector.
- Consider adding the ready metrics identified by the workgroup to the ELD and ELC dashboard and monitoring.

Additional Next Steps to Ensure Impact

- Address other priorities that emerged and barriers identified by the workgroup.
  - E.g. desired future measures, needed policy and funding to ensure capacity of services, alignment with CCO 2.0 and Early Learning Council Strategic Plan, etc.
- Communicate about the workgroup and share lessons learned to inform other states and advance efforts nationally.

Questions and Comments Welcome

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