Connecticut Health Care Survey

AETNA FOUNDATION
CHILDREN'S FUND OF CONNECTICUT
CONNECTICUT HEALTH FOUNDATION
DONAGHUE MEDICAL RESEARCH FOUNDATION
FOUNDATION FOR COMMUNITY HEALTH
UNIVERSAL HEALTH CARE FOUNDATION OF CONNECTICUT

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Medical Home story:
Jared is seven years old. Jared has asthma and some developmental delays that were detected through screening at his medical home when he was an infant. As a result Jared sees a pediatric pulmonologist and an allergist. He also receives speech services and occupational therapy services from his local school district. Managing all these services would be a challenge for any family, but Jared's family has the support of a primary care medical home that coordinates the many services that Jared receives. His parents have periodic telephone calls with a nurse care coordinator in his medical home to discuss breathing and peak flow readings. She enters this information into the medical record, ensuring that the physician can be up to date on how Jared is doing. When the primary care physician receives reports from sub-specialists and the school, the coordinator ensures that recommendations, modifications in care, and updates are reflected in Jared's care plan, and informs the child's parents of any changes. The coordinator also maintains contact with the school system therapists to ensure that all services are in place for Jared.

Top Findings:

- Parents and caregivers in Connecticut report that their children have access to health and dental services.
- Reported rates of family-centered care show that primary care and specialist communication is often lacking as is provider understanding of parents' barriers to keeping their children healthy.
- Parents do not uniformly report receiving counseling in areas related to nutrition, exercise and screen time, yet 34% of children are reported to be overweight or obese.

Children's Experiences with Health Services: Results from the Connecticut Health Care Survey

Introduction

The Affordable Care Act, managed care initiatives and new health care delivery systems for people with complex medical needs have recognized the value of medical home—care that is accessible, comprehensive, coordinated, patient-centered, culturally competent, compassionate and provided with continuity[1] — as a promising approach to addressing patient needs, quality of care and cost concerns. The American Academy of Pediatrics (AAP) coined the term and originally conceived of the medical home model as a strategy for caring for children with special health care needs. However, the model has been recognized for its value in describing optimal care for all children and has been adopted in adult medicine also. Despite recent analyses that suggest that medical homes may not address the goals of the ACA,[2] studies of the medical home model in pediatrics have documented its efficacy in improving developmental outcomes for children who are born at a low birth weight. Pediatric studies have also shown decreases in emergency department utilization and hospitalizations for children who have asthma and receive care through a medical home.[3] The analysis that follows explores Connecticut parents' reports of care that is consistent with the medical home model.

In January of 2011, Connecticut's Medicaid program moved from a managed care program to a Person-Centered Medical Home (PCMH) fee for service system that paid higher rates to providers that attained medical home recognition from the National Committee on Quality Assurance (NCQA). Commercial insurers in Connecticut, too, began rewarding primary care sites that achieve NCQA medical home recognition. In December 2013, the Connecticut Department of Social Services (DSS) reported that 221 pediatric primary care providers were delivering services in a NCQA recognized medical home,[4] serving more than 100,000 children insured by the state's Medicaid program. Analyses of Medicaid claims from PCMH versus non-PCMH child health sites have shown higher rates of well-child visits for children of all ages.[5] Patient responses to questions posed as part of the PCMH Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey show improved access to care and better communication between parents and children's providers following implementation of PCMH components.[5]

One ongoing question about this transition to medical home fueled by the Medicaid program, is the extent to which, on a population level across all health insurers, end users of health care experience the essential benefits of medical home: accessible, coordinated, comprehensive and patient-centered care. Results of the DSS Data collected through the CAHPS survey are for families receiving services from PCMH practices only. The Connecticut Health Care Survey (CTHCS) allowed a preliminary look at a broader sample of children's access to medical home services as reported by their parents.

How the Survey Was Conducted

The Connecticut Health Care Survey (CTHCS) was sponsored by six health foundations based in Connecticut: the Aetna Foundation, Children's Fund of Connecticut, Connecticut Health Foundation, The Patrick and Catherine Weldon Donaghue Medical Research Foundation, Foundation for Community Health, and Universal Health Care Foundation of Connecticut. The overarching goal of this project was to gather information from Connecticut residents relating to their experiences and perspective

on their health and the health care system. The survey collected information by telephone using both landlines and cell phones from a sample of households across the state between June 2012 and February 2013. Adult residents of all ages were included in the survey, and some adults were asked to report information on the children in their household. In all, 4,608 surveys regarding adults and 839 surveys regarding children were completed. The Center for Health Policy and Research at the University of Massachusetts Medical School designed the survey, conducted the data collection, and did the initial analysis.

Survey Results

TABLE 1: THE CTHCS CHILD SAMPLE

	Survey Count	Weighted Count[1]
TOTAL	831	796,748
Gender		
Male	444	400,636
Female	387	396,112
Age		
0 to 4	204	193,671
5 to 9	187	215,946
10 to 14	252	235,725
15 to 17	188	151,406
Race/Ethnicity		
Hispanic or Latino	155	159,238
White, Non-Hispanic	507	476,866
Black, Non-Hispanic	107	89,103
Non-Hispanic Asians, Multi-racial, or Other	52	65,737

[1] **Sample Count** represents the actual number of respondents for the survey. **Weighted Count** is the estimated number of Connecticut residents in each demographic category. **Weighted Percentage Estimates** used throughout this report represent the estimated percent of Connecticut residents with the respective response to the survey question.

Table 1 provides demographic characteristics of children included in the sample and the corresponding count for the Connecticut population. For all analyses the survey sample was deliberately weighted to reflect Connecticut's child population. Despite the weighting, subgroup comparisons were not possible due to large confidence intervals for subgroup analyses.

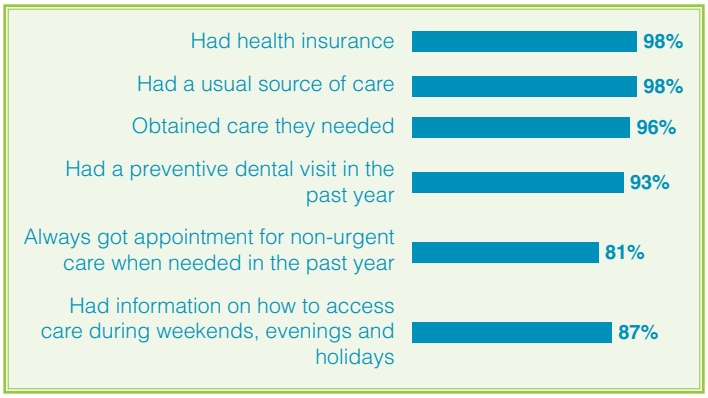
Survey Results

As a whole, Connecticut's parents claim that their children are healthy. Parents/caregivers of only an estimated 2% of children rated their children's health as poor or fair. Parents/caregivers of children of Hispanic ethnicity, however, were four times more likely than the population as a whole to say that their child's health is poor or fair (8%). Reported child health problems included asthma (13%), attention disorders (8%), depression or other emotional problems (4%), developmental problems (3%) and other health problems (11%). Just over half (58%) of parents/caregivers reported that their child's weight is in the normal range, and an estimated 8% were underweight. The remaining children were overweight (18%) or obese (16%). These responses confirm recent concerns about the alarming rate of obesity in children.

In addition to demographic and health status information, the CTHCS also gathered information about families' experience with care, including important elements of medical home. This report provides population estimates of Connecticut residents' reports of access to care, coordination of care, family-centered services, and comprehensive care. The analysis informs policy opportunities to strengthen the medical home model in Connecticut.

Access to Care: ease of receiving care when needed

ACCESS TO CARE
Estimated Percent of Child Health Population Reported to Have:



Most parents reported that their children experienced high access to health and dental services. More than 95% were reported to have had health insurance, a usual source of care and could obtain care when they needed it. An estimated lower percentage, but still a large proportion said that their children always got an appointment when they needed it and that they received information from their child's health care provider on how to access care when the office or clinic was not open.

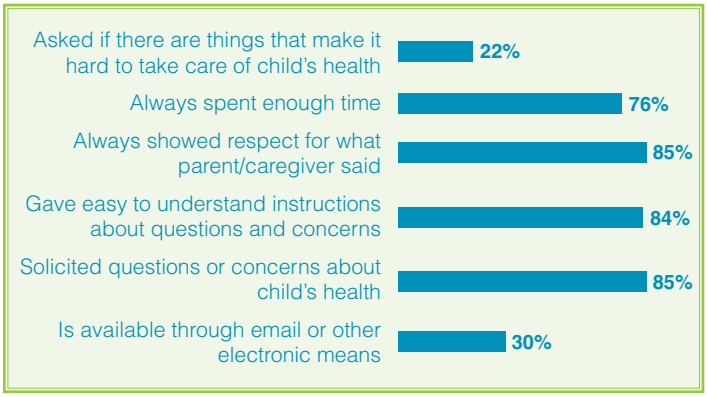
Several initiatives in Connecticut have supported the expansion of pediatric preventive dental services. The Medicaid program raised reimbursement rates for dentists in 2008 and also authorized payment to child health providers for preventive dental services for children younger than three. In 2008 the Department of Public Health embarked on a comprehensive campaign to encourage children's utilization of preventive dental care, including dental and pediatric health provider education and collaboration with Head Start and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Connecticut's reform efforts appear to have improved and sustained access to preventive dental care, with rates of preventive dental visits for children well below 50% in 2005 and improving to 93% according to parent reported care on the 2012 CTHCS.

Coordinated Care: linkage to services with all providers aware of services children are receiving

Only an estimated 28% of Connecticut's children were reported to have seen a specialist in the past year. Survey responses suggest that for slightly more than 40% of them, care from the specialists was not always communicated to their usual source of care provider. Responses from the whole estimated population also show that about a quarter of providers do not review medications at each visit.

Family-centered Care: service delivery in partnership with families

FAMILY-CENTERED CARE
Estimated Percent Reporting that Provider:



For the most part, Connecticut child health providers are perceived to be delivering care that meets families' needs. They are not, however, using technology to connect with patients or soliciting information about families' barriers to keeping their children healthy. The latter is critical to maximizing the contribution of health services to overall well-being and to bridging health and other services that families need to care for their children (e.g. housing, food, mental health).

Comprehensive: care that spans a variety of health related areas, all of which impact health

COMPREHENSIVE CARE
Estimated Percent Reporting that Provider Discussed:

With the exception of nutrition counseling, it appears that Connecticut pediatric providers are only reaching about half to three fourths of families with information about screen time, injury prevention, exercise and overall goals for child health. Incorporation of these topics into primary care can yield short and long term health benefits.

Policy considerations

Based on findings from the CTHCS, the following policy recommendations would strengthen medical homes for children in Connecticut.

(1) It will be increasingly important to monitor patients' health care experiences at the population level. As public and private insurers move towards rewarding medical home sites and collaborating on all-payer delivery systems, as proposed in Connecticut's State Innovation Model proposal, patient experience data will be critical. The state can support periodic updates to the CTHCS for monitoring medical home implementation.

(2) Medicaid and commercial insurers should consider providing incentives to practices to implement medical home components beyond access. Specifically practices can extend their use of technology to patients as a cost-effective way to communicate between visits. Practices can also expand their provision of counseling to address areas of prevention that begin in childhood but have implications for lifelong health, such as obesity.

(3) Practices need help in coordinating care. Connecticut is working with several innovative approaches to care coordination, including care management through the Medicaid Administrative Services Organization, establishment of community hubs to support PCMHs and embedding care coordination within PCMH practices. These need to be evaluated to determine how best to ensure that primary care services are integrated with specialty care and community-based services.

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This policy brief was supported by the Children's Fund of CT and the Child Health and Development Institute using data from the Connecticut Health Care Survey.

The Connecticut Health Care Survey is a population-based assessment of the health and health care of Connecticut residents with a focus on patient perceptions. Funding for the Survey was provided by the Aetna Foundation, Children's Fund of Connecticut, Connecticut Health Foundation, Foundation for Community Health, The Patrick and Catherine Weldon Donaghue Medical Research Foundation, and Universal Health Care Foundation of Connecticut. The survey was developed and conducted by the University of Massachusetts Medical School Center for Health Policy and Research. The views expressed in this brief are those of the author and supporting foundation and do not necessarily reflect those of all the funding partners For more information about the material presented in this brief, please contact Lisa Honigfeld at the Child Health and Development Institute.

[1] Sia C, Tonniges TF, Osterhus E, Taba S. (2004) History of the medical home concept. Pediatrics.114:1473-1477.
[2] Freidberg MW, Schneider EC, Rosenthal MB, Volpp KG, Werner RM. (2014) Association between participation in a multipayer medical home intervention and changes in quality, utilization, and costs of care. JAMA. doi:10.1001/jama.2014.353.
[3] Cooley WC, McAllister JW, Sherrieb K, Kuhlthau K, (2009) Improved outcomes associated with medical home implementation in pediatric primary care. Pediatrics, 124, 358–364.
[4] DSS Report to the Care Management PCMH Committee, December 11, 2013.
[5] DSS Report to the Medical Administration Provider Advisory Council, January 10, 2014.
[6] Oral Health in Connecticut. Connecticut Department of Public Health. 2007.

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