

WV Health Innovation Collaborative
Better Care Workgroup
Meeting Notes
August 26, 2014

People Participating: Nancy Sullivan, Barbara Wessels, Jean Kranz, Dana Singer, Linnet McCann, Jim Kranz, Ted Cheatham, Phil Shimer, Jeff Wiseman, Sara Murray, Richard Wittberg, Christina Mullins, Anne Williams, Debbie Waller

Participating by Conference Call: Mary Goessler, Co-chair, Arnie Hassen, Co-chair, Karen Fitzpatrick, Amanda McCarty, Dan Mace, Alan Ducatman, Crystal Welch, Georgia Narsavage, Dana King

Nancy Sullivan opened the meeting and introductions were made. Ms. Sullivan introduced Christina Mullins, Director of the Office of Maternal, Child and Family Health.

Presentation

Fostering Healthy Kids – Public Health in Foster Care

- A partnership with the Bureau for Public Health and the Bureau for Children and Families formalized in the mid-1990s as part of the “Sanders Decree”.
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services were not being offered in the manner that children are entitled to. To correct this problem, the Office of Maternal, Child and Family Health established Outreach Workers specifically responsible for children in foster care creating the Fostering Healthy Kids Project.
- The goal of the Fostering Healthy Kids Pilot Project is to ensure that all children placed in foster care receive screening, diagnosis and treatment of health problems before they become more complex. A data system was added to track timely services. The project provides care coordination services for children in relative/kinship care and DHHR homes in Kanawha, Roane, and Clay Counties.
- There have been significant improvements in EPSDT. The number of children in foster care with a documented medical provider has improved from 30% in 2009 to greater than 95% in 2014 and the number of children who have a documented medical exam within 30 days of placement has increased from 40% to above 90% in 2014.
- 334 children have qualified for the Pilot Project.
 - ☞ 223 healthy (healthy meaning physically healthy)
 - ☞ 4 acute
 - ☞ 57 chronic (referred to the Children with Special Health Care Needs Program for care coordination and medical services)

☞ 50 were removed from foster care or changed placement and were not classified.

Addition of the 3 branch initiative - Legislative, Executive, Judicial

- Some of the goals:
 - ☞ 100 percent of children entering foster care will be seen by an appropriate primary care provider within 72 hours.
 - ☞ 100 percent of children entering foster care will be screened for medical and behavioral health needs and trauma through EPSDT.
 - ☞ Validate the appropriate use of psychotropic medications for children in congregate care and foster care.
- There has not been a notable improvement in the total percentage of foster children who are scheduled for an exam, It appears that these children are being scheduled for their exams quickly.
- Will continue to work on timeliness in getting kids entered within the first 72 hours.
- A chart was shared with the group on timeliness of initial health check exams for foster children.

Trauma Screening

- The WV Initiative for Foster Care Improvement began as an AAP grant to improve health care of foster children, and has merged efforts with DHHR on trauma screening. No specific trauma screening tool has been identified as of yet. Working on an implementation plan to do a pilot project with 6-7 pediatricians. At some point it will be implemented statewide.

Psychotropic Medication

- Published studies reveal higher rates of use for children involved in child welfare than in the general population with usage rates between 13 and 52 percent.
- Children in foster care are more likely to be prescribed psychotropic medications as they grow older
- Currently there is a requirement for prior authorization for certain psychotropic medications for children up to 6 years of age. No requirements over that age.
- Appropriately 227 children in foster care are prescribed psychotropic medicines.
- 30% of children received medications from two or more prescribing physicians.
- The most common diagnosed categories are ADHD and mood disorders.
- Workgroup participants have reviewed national surveys and BMS claims data. The data does not provide enough detailed information so the group has determined that a review of cases would be very beneficial.
- The case study tool is complete and reviews are underway.
- It is clear that continuing education for professionals interacting with children in foster care will be necessary.

A question and answer period followed. Mary Goessler expressed kudos to Ms. Mullins for awesome work with great progress during the time of the project.

Discussion of Quality Measures (Co-Chairs)

- The group has been learning about the various projects/programs going on around the state. Where we see this committee going and what we want to do. Drive what quality measures we want to focus on.
- After much discussion, the three concrete informational items to follow through with and bring back to the group are:
 - ☞ Regional map of categorized projects from our Inventory List with costs and participation rates if available.
 - ☞ Top costs (from utilizers) from major payers.
 - ☞ List of bottom 10 health rankings
- Quality indicators could be based upon greatest need for targeted improvement.

Next Meeting

It was shared that a request had been brought up in the Better Health Workgroup for the two workgroups to meet on the same day. Ms. Sullivan suggested the third Tuesday of every month through the end of the year. Those dates are:

September 16
October 21
November 18
December 16

An email will be send to both the Better Health and the Better Care Workgroup to get their input.