Pediatric Community Forum

“Pediatric Policy Briefing”

Presenters:
- Susan Kressly, MD, FAAP; Pediatrician, Kressly Pediatrics
- Steven Mentzer; PA State Representative for the 97th District
- Brittany Massare, MD, FAAP; Pediatrician, Penn State Health
- Steve Doster; State Director, Pennsylvania, Council for a Strong America
- Kari King; President and CEO, Pennsylvania Partnerships for Children
- Priscilla Mpasi, MD, FAAP; Physician, Children’s Hospital of Philadelphia
- Becky Ludwick; VP of Public Policy, Pennsylvania Partnerships for Children

Session Learning Objectives:

As a result of participation in this activity, participants will be able to understand:

- The key issues impacting pediatric practice and children’s health in Pennsylvania.
- The policy and advocacy landscape for reform of prior authorization practices, investment in early childhood education, and Medicaid redeterminations.
- How to leverage the pediatrician voice to affect policy change.

This webinar will begin at 8:00 PM EST

CME/CEU is available for the live webinar. Information on how to obtain credit will be emailed to all participants following the webinar.
Pediatrics and Prior Authorization

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Prior Authorization Background

• Since the 1980s, US health insurers have used prior authorization (PA) to determine whether a health care service or treatment is medically necessary before covering its cost.
  • Intent: to mitigate overuse of expensive health services and treatments that patients may not need
  • Intended impacts: containing health care costs and promoting evidence-based care.

• PA originated largely from overuse of health services and treatments among elderly Medicare beneficiaries.

• Widespread use of PA among public and private insurers for adult patients, there is little information available on its application to the pediatric population.
Prior Authorization (PA)

• Administrative burden
  • US physicians report up to 16 hours weekly on PA tasks (no pediatric specific data)
  • 40% of physicians hire office staff dedicated to PA
  • Labor costs for PA processing exceed $500 million annually
  • Without clear benefit to children

• Multiple initiatives to reform and standardize PA process (state and national level, including AMA)
  • Optimize efficiency (some attempts at electronic prior authorization or ePA for medications)
  • Add transparency
  • Address variation across insurers
How Do Payers Implement PA?

• Payer Payment Policies

• Often don’t have unique pediatric input

• Please bring concerns to attention of Payer Advocacy Advisory Committee (PAAC) via the Hassle Factor Form

• PAAC has had success carving out age restrictions on PA requirements
What Kinds of Care Require PA?

- Medications
  - High cost drugs with lower cost alternatives
  - May have “step therapy” requirements
  - Biologics currently hot area

- Diagnostic Testing at “Non-preferred” facilities: Location Specific PA
  - Xrays, CTs, MRIs at free-standing facilities (not associated with hospitals to avoid facility fees)
  - Lab testing

- Home Health Services

- Medical Equipment
Negative Consequences of PA

- Delay care
- Interrupt care
  - When children change insurance plans
  - When insurance companies renegotiate their pharmacy benefits and change formularies
- Divert resources from patient care
- Complicate medical decision-making
- Can worsen healthcare disparities
Resources

• AAP Journals Blog: Prior Authorization


• AMA Prior Authorization Reform Principles

PA State Representative Steven Mentzer
97th Legislative District

• Legislative landscape of prior authorization
• Prior authorization reform efforts
Benefits of Quality Early Childhood Education

In what ways does early childhood education help maximize the health, well-being and educational potential of children?

• Children’s brains grow to 90% of their adult volume by 6 years of age
• Quality early childhood education has been associated with improved cognitive development, emotional development, self-regulation, and academic achievement
• Children often spend many hours in ECE centers, increasing the effects of centers on their health and development
Tenants of Quality Early Childhood Education

What does quality early childhood education look like in practice?

• Consistent, adequately trained caregivers
• Clean, safe environment
• Developmentally appropriate structured and unstructured activities
• Inclusion of children with special health needs
• Strict protocols for emergency preparedness
Barriers to Early Childhood Education

What are the largest barriers for families to send their children to high quality early childhood education centers?

- Inadequate funding
- Insufficient staff education
- Variable enforcement of regulations
- Limited availability of childcare health consultation
Benefits of Postpartum Support on Child Health Outcomes

How does comprehensive postpartum care impact health outcomes of children?

• A supported mother can sooner meet the physical, mental, and financial needs of the family and child

• Maternal depression can negatively impact infant feeding, sleep, growth, and socioemotional and motor development- these effects can be seen through preschool years
Benefits of Evidence-Based Home Visiting

• Improve family relationships
• Advance school readiness
• Reduce child maltreatment
• Improve maternal-infant health outcomes
• Increase family economic self-sufficiency
Early Intervention

- Targets children who show a delay in cognitive, social or communications skills
- Children may also have a delay in physical or motor abilities or self-care skills
Sources


• AAP Policy Statement: Early Childhood Home Visiting

• AAP Policy Statement: Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening
PA State Budget Update

Early Learning PA

ALL CHILDREN READY TO SUCCEED
Total proposed increase of $70 million.
  $60 million in additional funding for the Pre-K Counts program.
  - Will serve an additional 2,300 children.
  - Also includes a rate increase to $10,000 for full-time slots and $5,000 for part-time slots.
  $10 million in additional funding for the Head Start Supplemental Assistance Program.
$15 million in additional funding for the Community-Based Family Center line item that will provide an additional 3,800 pregnant women, young children and their families with evidence-based home visiting services.

$1.2 million increase in the Nurse-Family Partnership line item to serve 200 more families in the commonwealth.

Gov. Wolf noted $8 million in one-time funds for home visiting from remaining American Rescue Plan dollars - will need to be back-filled in out-years in order to not lose slots.
- $8 million increase to expand the postpartum coverage period in Medicaid from 60 days to 12 months.
  - This funding will ensure individuals have access to insurance before, during and after their baby’s birth and can have lasting impacts on health outcomes.
- $11.5 million increase to serve more infants and toddlers in the Early Intervention Part C program through the Department of Human Services, which includes $1.2 million allocated for children eligible for tracking when their mothers have a positive screen for or diagnosed with postpartum depression or anxiety.
22-23 State Budget Proposal - Child Care

- Level funding for the state Child Care Assistance and Child Care Services line items.
- $30 million in state funding to provide state employees with increased access to and affordability of child care through the Department of General Services.
- Notes initiatives implemented in January 2022 using $128 million in federal ARPA funding
  - to increase child care subsidy base rates.
  - to reduce out-of-pocket family co-payments.
  - to provide incentives for providing non-traditional hour care.
Pennsylvania's Child Care Crisis
March 2022 Survey Results

994 Programs Responded

91% indicated they have a staffing shortage.

Low wages and lack of benefits have resulted in 6,983 open staff positions.

Impacts

32,454 children currently on waiting lists

1,603 classrooms are closed.

Programs reported 30,243 additional children could be served if fully staffed.

Our economy can't recover if child care is not available to support the workforce.

PA state and federal elected officials must act now to #RaiseChildCare.
Programs are unable to compete with rising wages and benefits offered by companies requiring less specialized skills.

The average child care teacher makes less than $11.00 an hour.

Child care teachers with degrees can find higher pay and benefits working in the K-12 school system.

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Inadequate compensation is fueling the crisis.
$115 million (state and federal funding)

- Provide a wage supplement for teachers and staff.
- $2 increase per hour for child care professionals to retain the current workforce.
- https://startstrongpa.org/raise-child-care
Updated Campaign Fact Sheets: Child Care/Pre-K

**Snapshot for Northampton County**

**HIGH-QUALITY, PUBLICLY FUNDED PRE-K**

68% of eligible children DO NOT have access

3,490 eligible* children ages 3-4 live in this county

2,388 eligible children DO NOT have access

In this county: 57 pre-k locations are eligible** to participate, 47 high-quality providers participate, and 19 additional pre-k classrooms are needed.

* The eligible child count does not reflect the full impact of the COVID-19 pandemic and resulting economic downturn due to the delay in 2020 5-year American Community Survey (ACS) data.

**Eligible, high-quality providers include Head Start, Keystone START3 and 4 center and group child care, PDE-licensed nursery schools and school districts. Children served data includes those enrolled in high-quality providers using public funds to support their pre-k education.

**FACTS ABOUT CHILD CARE**

**Child Care Works (CCW) - Unserved, Eligible Families**

<table>
<thead>
<tr>
<th></th>
<th>Under 5 years</th>
<th>Infants and toddlers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible children*</td>
<td>4,020</td>
<td>2,320</td>
</tr>
<tr>
<td>Eligible children</td>
<td>800</td>
<td>350</td>
</tr>
<tr>
<td>Unserved, eligible</td>
<td>3,220</td>
<td>1,970</td>
</tr>
</tbody>
</table>

Percent unserved in Oct 2019:
- 76% unserved
- 79% unserved

**ONLY 45% of Child Care Works (CCW) children under five years are in high-quality programs**

...and ONLY 41% of CCW infants and toddlers are in high-quality programs

Only 39% of child care capacity in this district currently meets high-quality standards

**BENEFITS OF HIGH-QUALITY CHILD CARE**

- Increased employment and tax revenue
- Higher earnings potential for parents
- Improved math and language ability
- Reduced special ed placements
- Stronger economy
- Reduced crime and incarceration
- Taxpayer dollars preserved
- Increased graduation rates
- Reduced grade repetition

* The eligible child counts do not reflect the full impact of the COVID-19 pandemic and resulting economic downturn due to the delay in 2020 5-year American Community Survey (ACS) data.

**VISIT PARTNERSHIP FOR MAPPING TOOLS FOR MORE INFORMATION ABOUT HIGH-QUALITY, PUBLICLY FUNDED PRE-K AND PROVIDERS IN THIS DISTRICT**
Online Mapping Tools for Child Care/Pre-K

- Available at: https://www.papartnerships.org/resources-publications/mapping-tools/
- Information about provider locations, provider data, unmet need heat map and access fact sheets across geographic levels.
Home Visiting Fact Sheets

Available at:

www.childhoodbeginsathome.org/resources
When the Public Health Emergency Ends
A New Emergency Will Begin:
“Let’s Talk” Medicaid Redeterminations

Priscilla Mpasi, M.D.
Henrietta Johnson Medical Center
Pediatrician & Director of Public Health Initiatives

Vice-Chair, Diversity, Equity & Inclusion Committee
PA Chapter, American Academy of Pediatrics
Medicaid Overview

- State-funded health insurance plan with federal allotment
- Eligible for families who are low-income
- Eligible for persons with disabilities, visual-impairments
- Serves diverse populations
- Covers broad range of health and long-term services
- Currently 1 in 5 Americans are covered by Medicaid
- **Children represent more than 4 out of 10 Medicaid enrollees**
EPSDT Services

- Comprehensive Physical Exam
- Health & Social History
- Developmental Screening
- Immunizations
- Laboratory Tests
- Health Education
EPSDT Services

• Vision Services
• Dental Services
• Hearing Services
• Mental Health Services
• Hospital Admissions
• Home Health Management
The INTENDED Outcome

- Loss of health care coverage
- Caregivers bear increased cost
- Poor or no access to pediatricians
- Missed well-child visits
- Delayed vaccinations
- Limited or no dental care
- Time-gap in therapeutic services
The UNINTENDED Consequences

CHILDHOOD OBESITY

Protecting Your Child's Mental Health

Pennsylvania Chapter
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
ADVOCATE FOR MEDICAID TODAY!
Planning for the End of the Public Health Emergency (PHE)

May 18, 2022
PA Children at Risk of Health Coverage Loss

- 1.4 million *children* enrolled in Medicaid
- Estimated 346,000+ kids at risk of Medicaid termination when PHE ends
  - Represents 1 out of 4 kids enrolled
- Problem of “churn” pre-pandemic; vast majority of terminations still eligible and had to be reconnected to Medicaid
Advocacy Efforts

- Coalition of health law and policy advocates
- Outreach to MCOs
- Meetings with PA Department of Human Services (DHS) and Governor’s office
- Newly launched PHE Stakeholders Committee within DHS
Recommendations for PA’s Unwinding Plan

- **Timing**: Increase from 6 months to full year
- **Staffing**: Increase capacity and/or OT
- **Communications**: Texting & updating mailing addresses
- **Policies**: Use of SNAP data; enhance ex-parte process; continue flexibilities

*PA-specific considerations*: new Medicaid MCO contracts; impending transition of CHIP eligibility system; new Administration in 2023
Next Steps: What Can You Do?

- Educate legislators about importance of Medicaid for kids’ coverage
- Submit op-eds to your local newspapers (PPC can help!)
- Talk to families about updating contact information with DHS
- Inform families about other coverage options – CHIP and Pennie™
Contact Information

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Thank you!
Please submit your questions through the chat box!
Thank You!

• Instructions on how to claim credit for your participation in today’s Let’s Talk webinar “Pediatric Policy Briefing” will be emailed to all of today’s participants, along with a recording of the session.

• If you have any additional questions or issues, please email info@paaap.org.

• A link to register for PA AAP’s Advocacy Day on June 8th will be sent along with your post-webinar follow-up email.