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## **Focus Area #2: Consumer-Directed Care & Market-Based Innovation Models**

Nemours recognizes the importance of placing individual consumers and patients at the center of health care models. We are especially interested in ensuring that parents of children, particularly young

needs and treatments. There is a significant need to make the health care system more navigable and transparent, as CMS suggests, for these parents in particular and consumers in general. Therefore, we would suggest that testing new models of payment for care that meets consumer demand is equally important. Not only can consumer-driven care models improve patient satisfaction, but Nemours also believes there is significant opportunity to improve outcomes and reduce health care costs.

Models of care for pediatric patients are not often considered as options for increased savings, with the exception of children with complex medical needs. Therefore, more should be done to ensure that parents

in addition, investing in health and wellbeing before a child becomes ill could avert future costs associated with acute or chronic illness. This is especially true for Medicaid and CHIP, wherein pediatric patients may be beneficiaries for multiple years, thereby creating the potential for these programs to realize a return on investment in prevention and early intervention.

Meeting the needs of consumers means that we need to provide high quality care in the places where children and families live, learn and play, not just within the four walls of the health care system. For children enrolled in Medicaid and CHIP, CMS should test models in which access to services is expanded to those places – schools, child care sites, at home and in the community – through the use of 21<sup>st</sup> century

increased transparency and enhance the consumer experience, we recommend packaging digital health tools in a single model to make health care more navigable.

At Nemours, we are working to build access points and service lines that meet our patients and families where they are. For example, we are developing tools and processes to help schools and childcare facilities provide health resources for educators, parents, and students. A pilot project between Head Start, Early Head Start, a Federally Qualified Health Center (FQHC), and Nemours is underway to streamline communication, enhance health care and health information ac

# Neuroanatomisches Grundwissen





socioeconomic status, education, housing, transportation, access to food, etc.)<sup>6</sup> have a powerful impact on health, especially in childhood.<sup>7</sup> It is estimated that medical care is only responsible for 10 to 15 percent of preventable mortality in the United States.<sup>8</sup>

Additionally, research has shown that the foundations of good health take root in the earliest years<sup>9</sup> and that children with health problems in early childhood have poorer long-run health, a higher likelihood of being on social assistance, and lower educational outcomes.<sup>10</sup>

and family problems in childhood can have both lifelong and intergenerational effects. Identifying and addressing these concerns early in life are essential for a healthier population and a more productive

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Given what we know about the importance of the early years and social determinants to lifelong health, *Nemours recommends that the Innovation Center test models that incentivize states and localities to address the health needs of children and families by connecting health care with other providers in the community to address the social needs impacting health. With advances in remote patient monitoring and telehealth (as described below), partners across the community from schools to early care and education to community-based organizations can work with health care providers to empower families to become more active participants in their health and the health of their children.* CMS can play a powerful role in catalyzing these partnerships. Additionally, in testing these models, we recommend that CMS simplify reporting and data collection requirements for awardees so that they are not discouraged from applying due to overly burdensome (and therefore costly) requirements.

As noted above, Nemours recommends that the Innovation Center provide flexibility to states and communities to test value-based models that focus on Medicaid and CHIP beneficiaries, particularly the pediatric population, based on local needs. In particular, we recommend testing the following three (3) model designs. (Numbers 1 and 2 are described in more detail in the next section).

- 1. Telehealth** The use of technology is growing in healthcare as the opportunities for cost reduction and better outcomes are demonstrated. However, Medicaid and CHIP lack policies and guidance needed to facilitate the use of technology and instead, restrict the ability of providers to utilize these tools despite the growing demand among consumers. Among these new tools are telehealth and remote patient monitoring in the pediatric space. The Innovation Center should consider testing a pediatric telehealth model for Medicaid enrollees.

is consistent with the overarching goals of improving care while reducing costs and meeting consumer needs. In 2014, Nemours launched a pediatric

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# Neurosurgeons' Community eAntennas system

telehealth program and now provides telehealth services across six states in over 29 specialties, including a 24/7 on-

through comprehensive and coordinated strategies.<sup>13</sup> An ACH for Children and Families (ACHCF) seeks to optimize health trajectories of children and their primary caregivers in a geographic area (in this case Medicaid and CHIP beneficiaries) while reducing the total cost of care for that population over time.<sup>14</sup> ACHCF models (especially models enhanced by telehealth and other consumer digital tools) have the potential to help health care and social services providers *connect* families with the services they need (e.g. food, housing, transportation, job placement, child care placement, etc.) at the right time and at the right place in the home or in the community in order to improve outcomes for children and families.

*Model Design & Structure*

*1. Telehealth*







- Provide incentives to awardees that have high levels of engagement and satisfaction from community residents who are CMS beneficiaries.

### **Focus Area #7: Mental and Behavioral Health Models**

Nemours strongly supports and encourages the Innovation Center to focus on demonstration programs related to mental and behavioral health. *We would also suggest specific inclusion of Medicaid/CHIP models that address the needs of the pediatric population within this focus area.*

Research has shown that the foundations of health take root in the earliest years. Adverse childhood experiences occurring in early childhood can have lifelong consequences, impacting physical and mental well-being and leading to high-cost behavioral health and related conditions. For example, traumatic experiences such as abuse or persistent poverty can disturb neurobiological systems that guide physiological and behavioral responses to stress and permanently increase the risks of disease.<sup>16</sup> Toward that end, in general, we suggest that the Innovation Center test models to build resilience within families and communities, starting in the early years.

*Additionally, we are supportive of believe that an area of particular focus should include Neonatal Abstinence Syndrome (NAS).*

NAS is a drug-withdrawal condition in newborns caused by prenatal exposure to addictive illegal or prescription drugs.<sup>17</sup> NAS babies exhibit a wide range of symptoms within the first few days of life, including irritability, gastrointestinal dysfunction, feeding difficulties, respiratory distress, neurologic problems, high-pitched and excessive crying, tremors, and temperature instability.<sup>18, 19, 20, 21, 22</sup> Affected babies require extended time in the hospital and more complex treatment options than babies born without





**3) Follow-up parenting supports in the home** - There is growing body of evidence-based research suggesting that improving parenting skills and competencies can help support a <sup>31</sup> One example of an evidence-based parenting program is the Nurse-Family Partnership (NFP). The program trains nurses to conduct regular home-visits to first-time, low-income mothers starting at pregnancy and continuing through the



our recommendations in more detail. Please do not hesitate to have your team reach out to Daniella Gratale, Director, Office of Child Health Policy and Advocacy at [Daniella.Gratale@nemours.org](mailto:Daniella.Gratale@nemours.org) or Katie Boyer, Manager of Policy & Advocacy at [Katie.Boyer@nemours.org](mailto:Katie.Boyer@nemours.org) with any questions or requests for additional information.

Sincerely,

A handwritten signature in green ink that reads "Daniella Gratale".

Daniella Gratale, MA  
Director, Office of Child Health Policy & Advocacy