

Pediatric Practice Enhancement Project (PPEP) ★

Location: Rhode Island
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 Category: **Promising Practice**

BACKGROUND

The 2001 National Survey of Children with Special Health Care Needs (NS-CSHCN) demonstrated that efforts in Rhode Island to provide quality health care services within a “medical home” had made considerable progress with parents of Children and Youth with Special Healthcare Needs (CYSHCN) reporting a usual source of care (91%), receipt of needed preventative services (98%), and access to specialist services (96%). However, the survey also revealed only 66% of the parents felt that their CYSHCN’s doctor’s communication with each other was excellent, or very good, and only 57% rated doctor communication with other health care providers as excellent or very good. This data indicated that Rhode Island needed to go further to strengthen and redefine the “medical home” infrastructure for CYSHCN in the state in order to develop and achieve a statewide integrated community system of care.

The 2001 NS-CSHCN also found that there was a need for Rhode Island to focus particular attention on systems integration through the “medical home” model and a need for stronger family and professional partnerships when addressing the complex needs of CYSHCN and their families. The Rhode Island Chapter of the American Academy of Pediatrics (RIAAP), as part of the Department of Health’s (HEALTH) MCH CYSHCN needs assessment process, reported isolation from community resources and difficulty meeting the time commitment required to access resources, equipment, and specialty evaluations for their CYSHCN patients.

Rhode Island responded by providing a cost effective model utilizing parents on-site in pediatric primary and specialty care practices to work directly with families identified by the physician as needing assistance with system navigation, resource identification, peer support and education.

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
#11: Percent of children with and without special health care needs having a medical home
#12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care.
#15: Percent of children 0 through 17 years who are adequately insured

PROGRAM OBJECTIVES

The overall goal of the Pediatric Practice Enhancement Project (PPEP) is to improve short and long-term health outcomes of CYSHCN and the key objectives include:

Objective 1:

To reduce the proportion of people with disabilities (i.e. families with CYSHCN) reporting system barriers. Systems barriers include those found in health care systems for CYSHCN including access to quality, comprehensive, coordinated community-based systems of services that are family-centered, community-based and culturally competent.

Objective 2:

Implementation of a system of care that provides all CYSHCN with access to a “Medical Home” by 2010.

Objective 3:

To improve health outcomes by creating a system of quality services for CYSHCN that is accessible and navigatable for families.

TARGET POPULATION SERVED

This is a statewide project that is located in private and specialty medical practices, community health centers, and hospital based clinics. The target population is CYSHCN and their families.

PROGRAM ACTIVITIES

The PPEP was developed in 2003 to assist and support pediatric primary and specialty care practices in providing improved short and long-term health outcomes for CYSHCN and their families within a medical home. The project places

and supports trained Parent Consultants in clinical settings to link families with community resources, assist physicians and families in accessing specialty services, and identify systems barriers to coordinated care. The primary role of the Parent Consultant is to create linkages between the family, pediatric practice, and the community as a whole.

The PPEP model demonstrates that utilizing a paraprofessional to reinforce healthcare messages, perform care coordination, and provide patient education is more cost effective than utilizing a nurse or social worker. Furthermore, a paraprofessional matched culturally and linguistically is found more effective in improving health outcomes.

PROGRAM OUTCOMES/EVALUATION DATA

In 2009, HEALTH's Senior Epidemiologist in the Center for Health, Data and Analysis performed a Cost Benefit Comparative Evaluation of the PPEP with cooperation from Neighborhood Health Plan of Rhode Island (RI-NHP). The evaluation compared utilization and costs between PPEP participants and CYSHCN who did not receive peer-to-peer system navigation through the PPEP from 2004-2007. The preliminary analysis found that PPEP participants received more primary/preventive care and outpatient services, and fewer emergency department visits and inpatient admission, contributing to overall lower healthcare costs. Highlights of the findings include the following:

- The average annual payment for all claim types was 15% lower (\$98 vs. \$115) in the PPEP model; over the four years the average claim payment was \$71 lower (\$391 vs. \$462) for PPEP participants compared to those not participating.
- 98% of the savings in the PPEP model were attained through lower inpatient encounters and volume/type of services.

Applying PPEP costs to the number of claims by non-PPEP participants results in an estimated \$5.4 million in savings that would have been achieved over the four years had the PPEP model been used for all CYSHCN among NHP enrollees.

Utilizing the same data, an evaluation of patient problem resolution, care coordination, inpatient utilization and annual healthcare costs revealed the impacts of program enrollment. The PPEP participants had 81% of their problems resolved and when care was coordinated through the project had fewer healthcare encounters than before care coordination occurred. Inpatient utilization was 24% lower for PPEP participants compared to pre-PPEP and 34% lower compared to CSHCN in standard care. Annual healthcare costs were 39% lower for PPEP participants compared to pre-PPEP and 27% lower compared to CSHCN in standard care.

PROGRAM COST

The PPEP has 1 program manager, 1 data manager and 24 parent partners who were hired, trained and supervised through the Rhode Island Department of Health's subcontractor; the Rhode Island Parent Information Network. The PPEP annual operating budget was approximately \$835,000, consisting primarily of the salaries of the parent partners.

The PPEP is funded primarily by the Rhode Island Department of Health through a three-year grant from the New Freedom Initiative, which ran from May 2006 to April 2009. Other funding sources included the Title V Block Grant, State Medicaid Agency, and a grant from RI-NHP (a private, nonprofit health plan), and participating sites.

ASSETS & CHALLENGES

Assets

The impetus for the PPEP resulted from the State's Title V Needs Assessment findings, which revealed the many challenges that physicians were facing in providing care to CYSHCN.

Challenges:

The sustainability of the project was the most significant challenge as the PPEP was funded through grant dollars.

Overcoming Challenges:

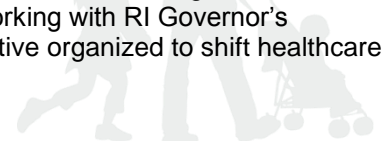
HEALTH has utilized the leadership and influence of PPEP partners including sister state agencies, medical guides and family advocacy organizations to address reimbursement issues. As a result, all participating sites have agreed to continue to fund the project to varying degrees to suit their individual site needs at completion of the grant funding cycle.

LESSONS LEARNED

HEALTH has had the most success working with RI's largest Medicaid Managed Care Insurer to conduct chart reviews and perform cost analysis that have resulted in positive outcomes in support of the project.

FUTURE STEPS

HEALTH has been and continues to work with the state's three largest health plans regarding financing of peer partners to provide a "medical home" in pediatric primary and specialty care practices in Rhode Island. Project sustainability from participating practices has resulted in positive outcomes with all participating sites continuing to fund the project at completion of the grant funding to varying degrees to suit their individual site needs. Project administration has met with the RIAAP and the state's insurers through the Pediatric Council to address funding for the PPEP through developmental screening reimbursement. The Department is also working with RI Governor's Balanced Healthcare Initiative organized to shift healthcare



costs from high-end institutional level care. It is anticipated that the PPEP will be an instrumental component of healthcare reform.

The success of the PPEP model resulted in Rhode Island's development of a similar model for adults with disabilities and special health care needs in 2009. The model utilizes specially trained Peer Navigators in medical sites, including internal medicine practices and health center to assist peers in navigating the adult health care system. During June 2010, the project achieved significant success when the State's Medicaid Agency incorporated the model into their Request for Proposal (RFP) requirement guidelines for the State's Managed Care Health Plans. Currently, the health plans have contracts in place to employ the model to address emergency room utilization with frequent use clients.

COLLABORATIONS

From its inception, the PPEP has been a partnership that included the Rhode Island Department of Human Services, American Academy of Pediatrics, NHP (the state's largest Medicaid Managed Care Insurer), Family Voices and the Rhode Island Parent Information Network. Other project partners including state and local community leaders have collaborated on the project through participation in the Family Voices Leadership Team which functions as the steering committee for the PPEP.

PEER REVIEW & REPLICATION

The 2009 PPEP Cost Benefit Comparative Evaluation designed by HEALTH's Senior Epidemiologist in the Center for Health, Data, and Analysis was reviewed by the Internal Review Board (IRB) prior to the evaluation process. Rhode Island has been approached by several states to request technical assistance regarding the PPEP including Washington DC, Nebraska and Kansas. The PPEP model has been replicated in Washington, DC. In Rhode Island, the PPEP model was replicated in 2009 with the implementation of the adult version of the PPEP entitled the Peer Assisted Health Initiative (PAHI).

Rhode Island's PPEP was highlighted at the Title V 75th Anniversary in 2010, was recognized in 2011 by the Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government, Harvard University as a Bright Ideas recipient, and was selected for a poster presentation at the 2011 AAP Conference in Chicago, IL.

RESOURCES PROVIDED

For more information about PPEP, visit:

<http://www.health.ri.gov/programs/pediatricpracticeenhancementproject/index.php>

Key words: Access to Health Care, Autism, Birth Outcomes, Chronic Disease, Data, Assessment & Evaluation, Emergency Preparedness, Family/Consumer Involvement, Financing & Insurance, Health Inequity/Disparities, Health Promotion, Service Coordination & Integration, Specialized Care

★ This program was recognized at AMCHP's 2010 Annual Conference with a Promising Practice award.

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