HELP ME GROW: BUILDING AN IT INFRASTRUCTURE

Kimberly Martini-Carvell
Executive Director, Help Me Grow National Center
June 29, 2016

**Advancing Developmental Promotion,
Early Detection, & Linkage to Services**

Help Me Grow®
National Center

What is *Help Me Grow*?

Core Components

Centralized telephone access point for connecting children and their families to services and care coordination

Child health provider outreach to support developmental promotion, early detection and intervention

Family & Community outreach to promote use of *HMG* and bolster healthy development through families

Data collection to understand all aspects of the *HMG* system, including gaps in and barriers to services

Structural Requirements

Organizing Entity

Plan for Statewide Expansion

Continuous Quality Improvement

What is *Help Me Grow*?

A comprehensive, statewide, coordinated system for advancing developmental promotion, early detection and linkage to services for vulnerable children and their families so to ensure optimal child development.

The ***HMG*** system model is designed to:

- Support ALL child providers and families in developmental promotion, effective developmental surveillance and screening
- Provide a centralized call center/central utility and access point to assist families and professionals in connecting children to appropriate community-based programs and services
- Develop and support an infrastructure that facilitates greater access to and collaboration among professionals, nonprofit organizations, and government agencies

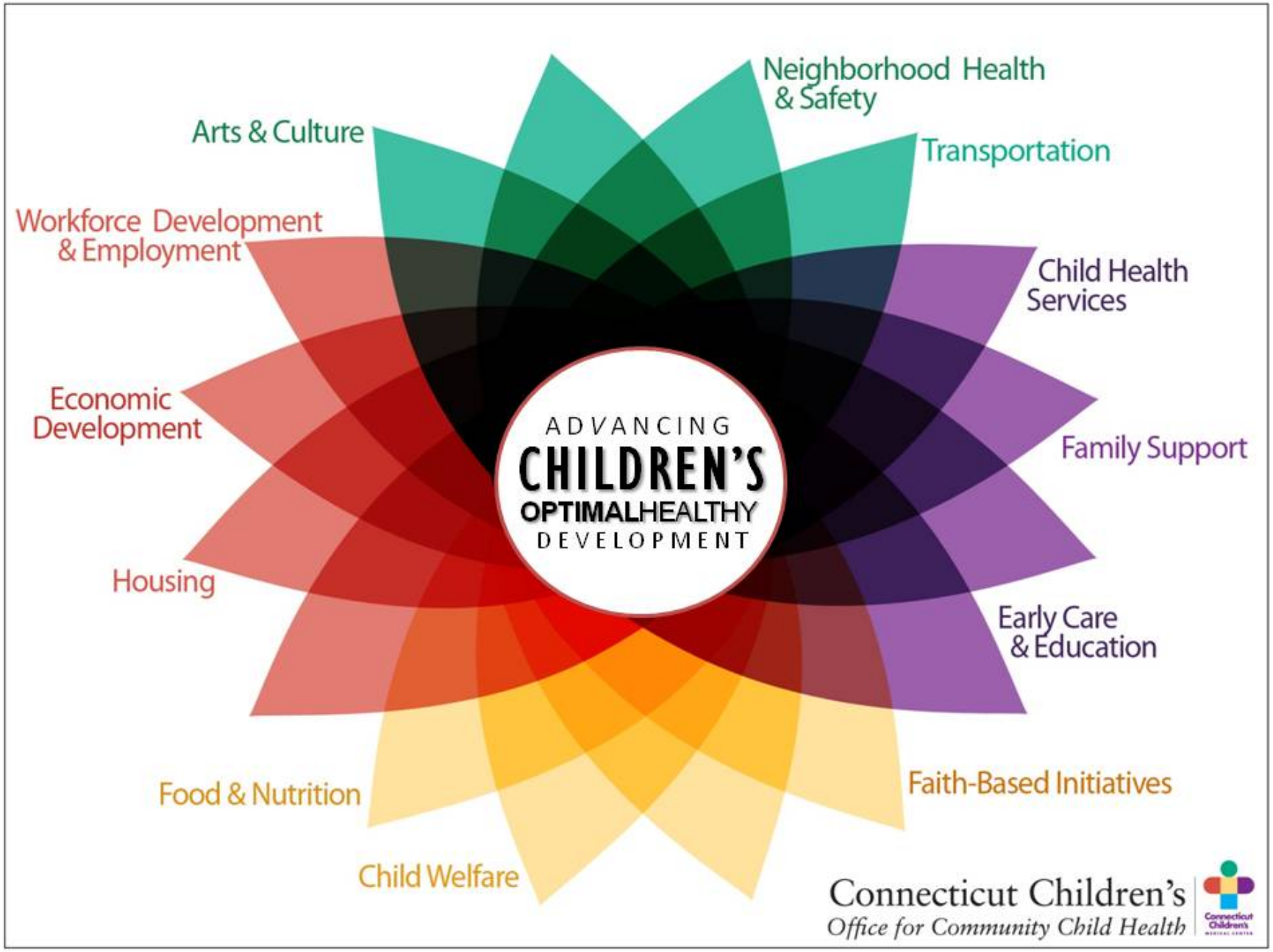
What *Help Me Grow* Values

- Early detection of developmental and behavioral concerns is via surveillance and screening, not screening alone
- Screening for any condition in isolation, without the capacity to ensure referral and linkage to appropriate treatment, is ineffective and, arguably, unethical.
- Alignment between clinical and community services is vital. System building is beyond the purview of most individual practices and practitioners, but all should be aware of community system building efforts and take full advantage of cross sector collaboration and evolving mechanisms to link children and their families to a wide array of services and sectors necessary to promote health and well being.
- Strengthening family-level protective factors while addressing social determinants of health is especially important for promoting the optimal healthy development of vulnerable children and their families.

All Sectors In

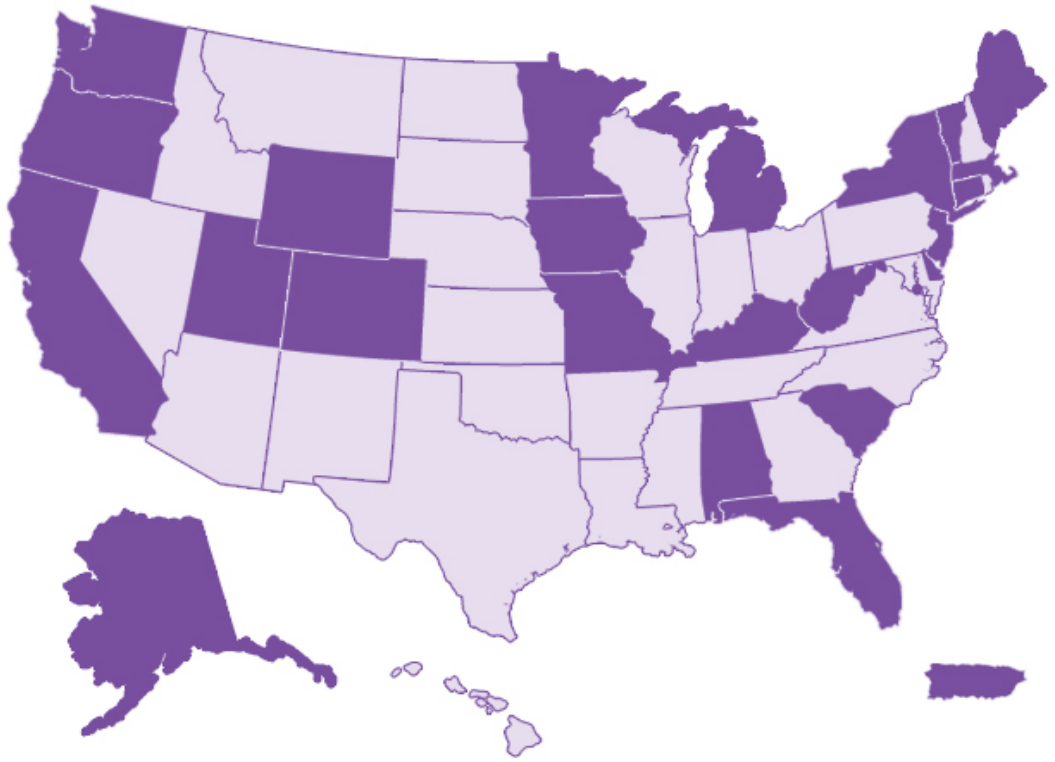
AND

Cross Sector Collaboration



The *Help Me Grow* National Network

24 States and Growing!



Alabama
Alaska
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Iowa
Kentucky
Maine
Michigan
Minnesota
Mississippi
Missouri
New Jersey
New York
Oregon
Puerto Rico
South Carolina
Utah
Vermont
Washington
West Virginia
Wyoming

Help Me Grow: Evolution of IT Infrastructure

System for Tracking Access to Referrals (STAR) is a web-based application implemented in September 2009 and has been utilized continuously by the entire Orange County *Help Me Grow* team.

STAR is a multi-user application that enables simultaneous users to work on different cases from multiple locations.

For more information: Rebecca Hernandez, Help Me Grow Program Manager Rhernan2@uci.edu

Help Me Grow: Evolution of IT Infrastructure

Help Me Grow Utah Family Database

Database Navigation includes the following:

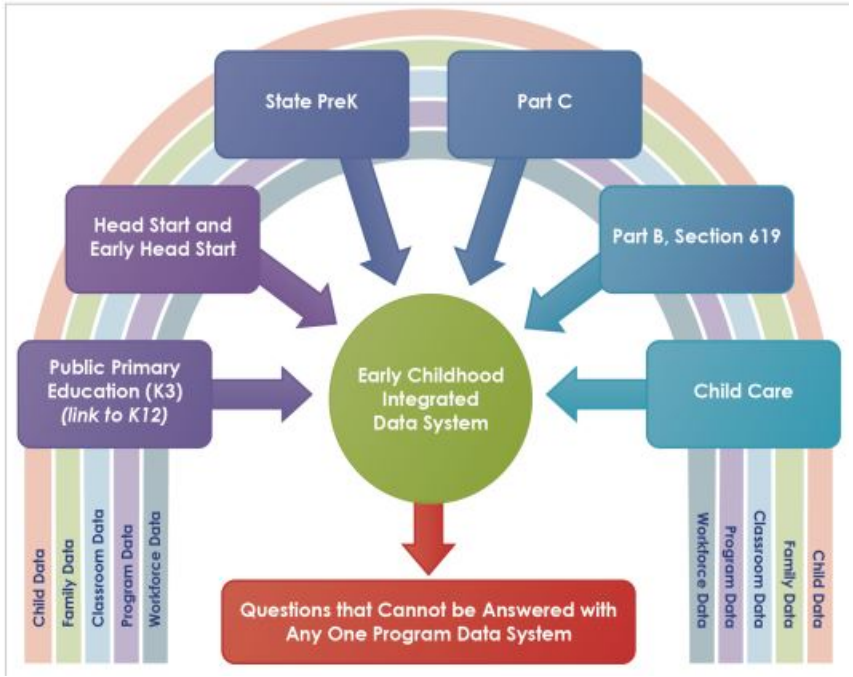
- **Follow-up**
- **Family Record:** contains information surrounding each family including: general notes, information about their situation, contact information, and data that is critical to evaluating the effectiveness of the HMG Utah program
- **Child Record:** Contains detailed information about referrals and informational resources sent to the family for that child, developmental screening results, and resources and programs that the child has been connected to.
- **Providers:** information in this section allows care coordinators to quickly and effectively keep the provider informed about the status of their families who are enrolled in Help Me Grow.
- **Referrals**
- **Reports and Counts**
  - **Reports:** pull specific information and reports on all data entered into the database
  - **Counts:** used to show real time data collected in the database with a wide variety of filtering options
- **Security Levels**

For more information contact Barbara Leavitt @

Federal Perspective

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

ADMINISTRATION FOR CHILDREN & FAMILIES



NCQA
Measuring quality. Improving health care.

HEDIS 2016

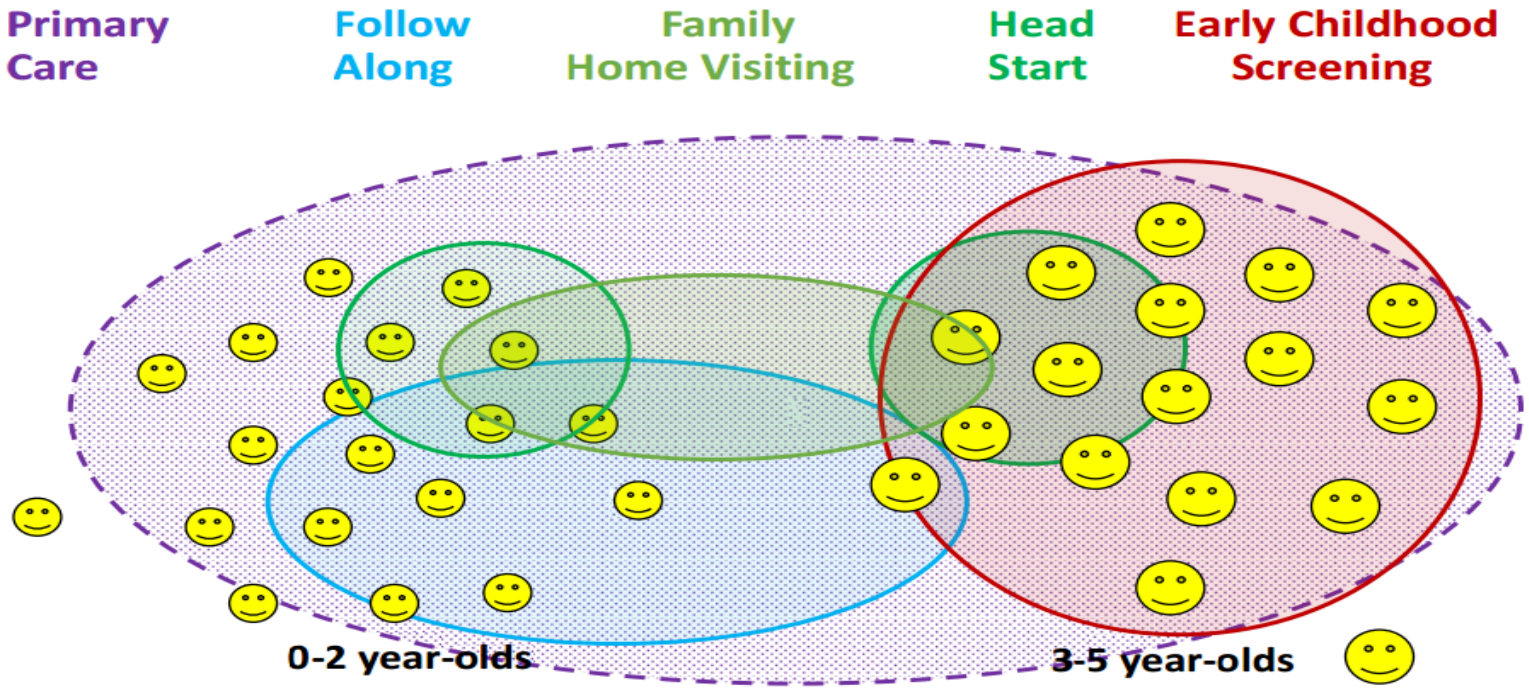
HealthIT.gov

Health IT Data Summaries

State Specific Perspective: *Minnesota*

HMG Minnesota/ Minnesota Department of Health is focusing their efforts on building capacity for electronic screening and electronic exchange of results

Developmental & Social-Emotional Screening Programs in MN
(oversimplified, not all-inclusive, and not drawn to scale)



State Specific Perspective: *Minnesota*

Developmental & social-emotional screening in MN

Primary Care	• 0-5 years • "Universal", but inconsistent (especially SE)
Head Start	• 0-3 and/or 3-5 years • Consistent, only for enrollees (high risk)
Early Childhood (Preschool) Screening	• 3-5 years • Consistent, universal (missing some)
Follow Along Program	• 0-3 (up to 5) years • High risk or universal (depends on locality)
Family Home Visiting	• Prenatal, 0-3, up to 5 years • High risk only
Other	• Child welfare • Child care, adult mental health, other

State Specific Perspective: *Minnesota*

Why electronic screening?

- Many of “todays” families WANT it
- Decrease administrative costs and potential errors:
  - postage and copying costs
  - electronic interval selection & scoring
- Coordinate screening among agencies serving the same families
- Broaden reach of who is screened and identify gaps
- Track referral connections/outcomes
- Real-time, child level developmental screening status

State Specific Perspective: *Minnesota*

Race to the Top – Early Learning Challenge Grant

Early Childhood Comprehensive Systems

Electronic Screening Initiative

- **Improve access to developmental and social-emotional screening** for families and for screening professionals
- **Increase the number of children screened**, specifically focusing on populations that are currently hard to reach (i.e. homeless, highly mobile, and non-English speaking children and families)
- **Support community collaboration** across sectors and the **coordination of care** for young children

State Specific Perspective: *Minnesota*

Priority components of an electronic screening system: vendor selection

- Electronic Access to screening instruments
  - ASQ and ASQ:SE access
  - Electronic selection for age, scoring, and data management
  - Reaching families/children at highest risk; audio versions available in Hmong, Somali, Spanish and English
  - App-based system (mobile device, smartphone, tablet, and PC)
- Can use in multiple screening environments
- Integration of an electronic screening data system with other existing data systems
- Coordination across screening programs and with community partners

State Specific Perspective: *Minnesota*

Patient Tools, Inc.

- Automatic age selection, scoring, and data management capabilities
- App-based system can be used on mobile devices and desktop or laptop computers
- Could conduct screenings in a home without wireless
- Families can complete questionnaire(s) before an appointment
- Additional screening instruments available
- Access to audio versions of the ASQ-3 and ASQ:SE in multiple languages (English, Spanish, Somali & Hmong)
- System capacity to share screening data across systems and/or providers with parent consent

State Specific Perspective: *Minnesota*

Project Goals

1) 95% or more of target populations (children birth through 5, birth to 3, or 3 through 5) are screened based on the site screening protocol.
2) 80% or more are screened electronically.
3) 75% or more families give high ratings for ease of use with the electronic screening process
4) 90% or more of the screening staff express satisfaction with the electronic screening process
5) 95% or more of those coordinating services across different organizations within a community would agree that the app system makes it easier to communicate with other screening programs and/or service providers when necessary.

State Specific Perspective: *Minnesota*

Priority components of an electronic screening system: vendor selection

- Electronic Access to screening instruments
  - ASQ and ASQ:SE access
  - Electronic selection for age, scoring, and data management
  - Reaching families/children at highest risk; audio versions available in Hmong, Somali, Spanish and English
  - App-based system (mobile device, smartphone, tablet, and PC)
- Can use in multiple screening environments
- Integration of an electronic screening data system with other existing data systems
- Coordination across screening programs and with community partners

State Specific Perspective: *Oregon*

Impetus for HIE

- CMS Meaningful Use (2011-2016)
- Electronic Medical Records
- Accountable Care Organizations
- Patient-Centered Medical Homes
- Triple Aim
- Care Coordination/ecosystem approach to health
- Developmental screening in early learning settings

State Specific Perspective: *Oregon*

EMR to HIE

- American Recovery & Reinvestment Act (ARRA) 2009
  - "stimulus money"
  - Health Information Technology for Economic & Clinical Health (HITECH) Act (CMS)
  - Incentivized use of EMR "Meaningful Use"
  - Spurred proliferation of EMRs and HIEs
  - 2008-2010 HIE development increased 40%

State Specific Perspective: *Oregon*

EMR to HIE

- Patient Protection & Accountable Care Act (2010)
  - Shift to Triple Aim
  - Team-based, systems approach toward care coordination
  - Broader data sets across the care continuum
  - Creation of a value-based network of care (ACOs)
  - Incentivizes and compensates providers based on a balanced measurement of quality of care delivered and cost containment achievement

State Specific Perspective: *Oregon*

EMR to HIE

Movement from fee-for-service
toward value-based population health management

↓

Broadened view of service array to improve outcomes

↓

Demand for care coordination and partnerships

↓

Shift toward prevention and wellness

↓

Improved outcomes at reduced cost

State Specific Perspective: *Oregon*

HIE

HIE: interoperability of data repository from multiple disparate settings

↓

Comprehensive 'team' informed data and analysis

↓

Continuous monitoring and learning health outcomes across settings of care

↓

Inform treatment plan

↓

Connects treatment plan to outcomes

↓

Documents improved outcomes at reduced cost

"Learning Healthcare System" (IOM 2007)

State Specific Perspective: *Oregon*

Benefits of HIE

- Patient-Centered/Family Focused
  - Team care
  - Management of chronic conditions
  - Multiple providers
  - Care coordination across disparate settings
  - Efficiency in array & delivery of services
- Population Health
  - Identification of at-risk population
  - Identification of service gaps
  - Detection of adverse health patterns
    - Zika virus
    - Pb exposure

State Specific Perspective: *Oregon*

Summary

- Multiple federally legislated policies have incentivized and spurred EMR implementation and development of HIE.
- Developmental screening aligns well with healthcare reform promoting better health outcomes at lower cost.
- Opportunities exist for connecting developmental screening results to medical providers via existing HIE.

State Specific Perspective: *Vermont*

Vermont use(s) HIT (Health Information Technology) dollars to support the build out of their infrastructure.

VT Department of Public Health built a universal developmental screening (UDS) registry to be added on to their shared public health exchange (SPHINX)

Similar to Rhode Islands KIDSNET, SPHINX is a person centered database that supports applications that serve multiple VT Department of Health programs.

VT UDS registry includes reporting features such as:

- Rates of Screening
- Patient level data
- Practice level data

HMG VT built out the system for tracking and referrals by customizing 2-1-1 REFER information and database software

VT is using RTT-Early Learning Challenge Grant award to connect UDS to SLDS

Community/Regional Perspective: *Orange County, CA*

Help Me Grow
ORANGE COUNTY

HMG Orange County is linking the CHOC (Children's Hospital of Orange County) primary care and hospital HER (Cerner) with the OC children's screening registry.

Registry will hold screening results for ASQ-3, ASQ SE-2, PEDS, M-Chat for children living in Orange County

VISION: All entities in Orange County who conduct developmental screening will utilize the OC Screening Registry as the repository for results and linkage to services. Help Me Grow and our client tracking system (STAR) will be linked to the OC's screening registry where the users can enter results and if warranted can automate a referral to Help Me Grow.

OC IT Infrastructure is being supported by a HRSA/Healthy Tomorrow's Partnership for Children's award (2014-19)

Community/Regional Perspective: *Wayne, Oakland & Macomb Counties in Michigan*

Help Me Grow Michigan

Michigan is piloting multiple IT infrastructures in an effort to find the most efficacious one

Majority of MI counties use Brooks enterprise for online screening (data) and STAR (data) for referral and follow up tracking

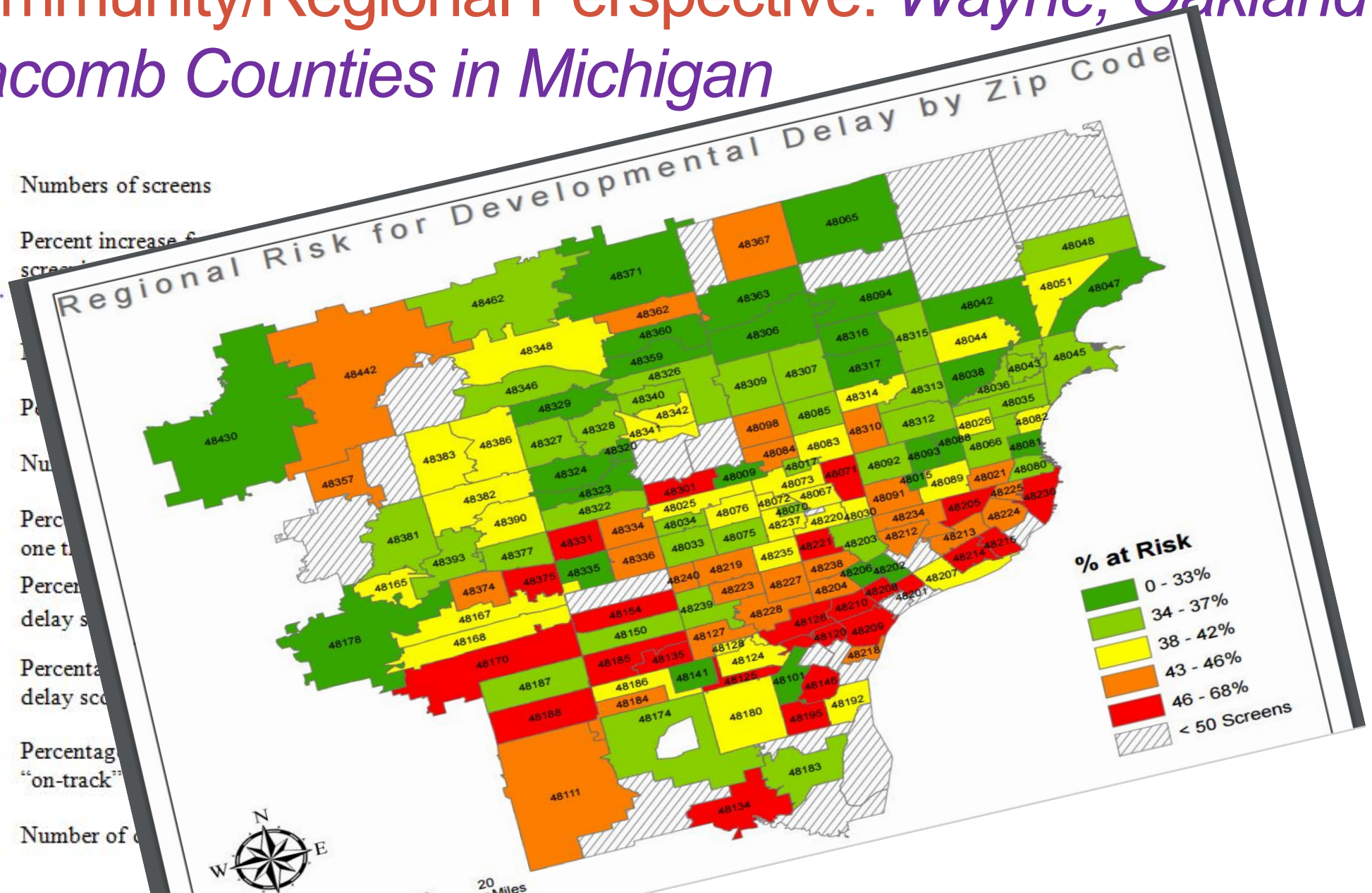
Two counties are piloting Patient Tools (like Minnesota)

MI has started discussions about building out an Early Childhood Integrated Data System (ECIDS) that is the repository for screening and referral & follow up tracking data. ECIDS links/feeds into SLDS

Michigan is using RTT-Early Learning Funds and Title V Block grant money to build out their IT infrastructure

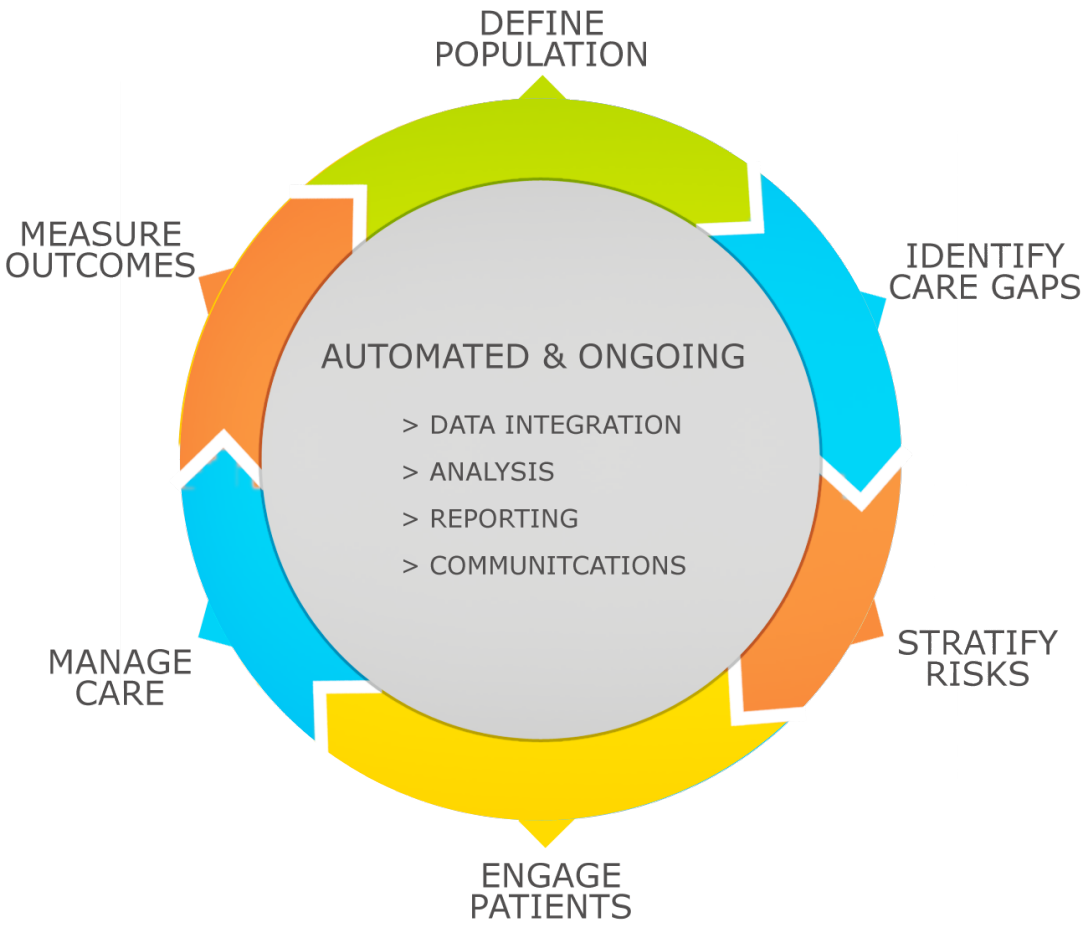
As of March 2016, over 52,000 children (3 months-5 years) were screened via online screening and their results were shared via a HIE and then HMG followed up on referrals and linkage

Community/Regional Perspective: *Wayne, Oakland & Macomb Counties in Michigan*



Population Health

ACO's
Managed Care Plans
Value Based Contracting
CMS
Pay for Performance
Incentive Payments
Performance Improvement Plans



Opportunities …