New York Medicaid Program Outlines a Vision for Enhanced Pediatric Care Model

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OCTOBER 10, 2019—Last week the New York Medicaid program released a much-anticipated report that puts forth a bold vision for strengthening children’s primary care across the state. Authored by the state’s Preventive Pediatric Care Clinical Advisory Group (PPCCAG), the report builds upon recent New York Medicaid efforts to ensure the future health, educational achievement, and economic stability of its beneficiaries by focusing on child development.

New York State has strongly supported the Patient Centered Medical Home (PCMH) model, in which a patient’s primary care physician coordinates all of his or her medical needs and services. The state’s Medicaid program has offered financial incentives to practices to qualify for PCMH recognition. Today more than 2,400 primary care practices in New York State, representing over 9,000 clinicians, are recognized as PCMHs by the National Committee for Quality Assurance—the largest number in any state. Now, the state is trying to bolster its support for primary care by ensuring that all primary care practices serving children are equipped to promote early childhood development and wellness. The report, published last week by the New York State Department of Health, called for a pediatric-specific PCMH model that integrates behavioral health, focuses on “two-generational” health, and addresses both the biomedical and social-emotional elements that affect early development.

The new model enhances the traditional PCMH model in three fundamental ways:

1. Raising the standards for comprehensive well-child care to incorporate at least one evidence-based prevention strategy aimed at promoting optimal child development, such as the Reach Out and Read program;

2. Requiring practices to demonstrate the capacity to coordinate not only clinical care but the services provided through educational and community organizations on behalf of their patients and their families;

3. Encouraging practices to integrate behavioral health interventions, including the use of screening tools (for both child and parent), counseling, referrals to
appropriate community resources, and collaboration with mental health professionals.

The PPCCAG was formed in 2018 as part of the state’s First 1,000 Days on Medicaid initiative, which seeks to improve health and developmental outcomes for the state’s children under the age of 3. The group included more than 20 stakeholders, including pediatricians, family medicine providers, behavioral health specialists, state officials, and parents. It was co-chaired by Dr. Dennis Kuo of University at Buffalo and Dr. Mary McCord of NYC Health and Hospital’s Gouverneur Health.

The PPCCAG urged the State to take several steps to move toward this transformation of children’s primary care, including:

- Review the existing New York State PCMH recognition requirements to align them with the vision for the new model;
- Foster collaboration between the New York State Department of Health and the State Education Department to improve communication and data sharing between schools and primary care practices;
- Establish performance metrics focusing on family-based outcomes, such as better kindergarten readiness scores, decreased criminal justice and child welfare system involvement, and improved maternal depression;
- Pilot the pediatric model with the goal of defining an alternative payment model that supports the group’s vision.

United Hospital Fund staff have partnered closely with the New York State Department of Health in leading both the First 1,000 Days on Medicaid initiative and the PPCCAG. Promoting the value of primary care in improving the health of all New Yorkers has been central to our work for many years. We believe a strengthened children’s primary care system—one that addresses the root causes of poor health and well-being—could significantly improve health equity. As the PPCCAG report notes, “An effective program of interventions in early childhood can have an impact on disparities throughout life, reducing both traditional defined health disparities and significant disparities in social-emotional health among children in NY State.”

Significant work is needed to reach this higher level of primary care for children, but many of the building blocks are already in place. We trust this report and its recommendations will receive the thoughtful consideration it deserves across the health community.
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