



Progress Report



**NATIONWIDE
CHILDREN'S®**

When your child needs a hospital, everything matters.

**PARTNERS
FOR KIDS®**



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Partners For Kids at a Glance

Unique children that Partners For Kids is responsible for annually:

Approximately

325,000

Unique children enrolled in Care Navigation:

3,000

Providers in the Partners For Kids Network:

2,100+

including 446 behavioral health providers

Practices Participating in Quality Improvement Programs:

33

Staff Members:

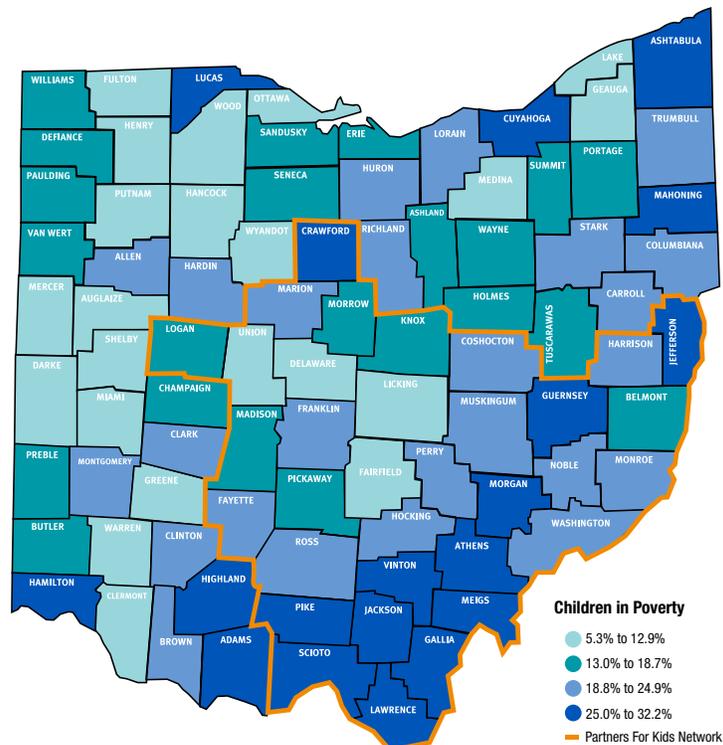
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Area of Responsibility

The Partners For Kids region comprises 34 counties, with a population that is 73% urban and 27% rural.



The Partners For Kids region is characterized by a higher rate of child poverty than other Ohio regions.





Letter From Tim Robinson, CEO, Nationwide Children's Hospital

Nationwide Children's Hospital has become a model for how an academic medical center can improve the health of an entire population. We have worked hard to move health care "upstream:" instead of just treating young people when they come through our doors, we work to keep children well. We have built or rehabilitated hundreds of homes with our collaborators, because stable housing is critical to wellbeing. We provide workforce training, because a stable income allows people to better care for themselves. We run school-based clinics to reach children who do not regularly visit a primary care doctor.

But for more than 25 years, the heart of our population health work has been Partners For Kids. In fact, Partners For Kids' success in improving the health of children in south central and southeastern Ohio has made our other population health efforts possible. At the most basic level, it changed how we thought about the mission of our hospital. We have always aspired to give the best outcomes to all children through clinical programs, research and training of future medical professionals. Partners For Kids showed Nationwide Children's that stepping outside of our walls and focusing on preventive care and population health management can also deliver best outcomes.

Partners For Kids created a sustainable business model to support other population health efforts as well. Appropriate preventive care and management of complex conditions ultimately saves money when children do not need as much care in a hospital. Partners For Kids reinvests those savings into Nationwide Children's school-based care, our work in communities and back into Partners For Kids to continue expanding program offerings.

When policymakers and health care professionals talk about "value-based care," the work exemplified by Partners For Kids is what they mean. I am proud to introduce this *Progress Report* and the incredible achievements of Partners For Kids.

A handwritten signature in black ink that reads "Timothy C. Robinson". The signature is written in a cursive, flowing style.

Tim Robinson



Letter From Dr. Sean Gleeson, President, Partners For Kids

It is my honor to introduce the Partners For Kids *Progress Report*, a demonstration of what is possible when the country's most dynamic pediatric accountable care organization collaborates with 2,100 health care providers, an elite children's hospital, Ohio policymakers and the state's Medicaid managed care plans.

As you will see in these pages, Partners For Kids has worked together with these groups to use the principles of value-based care in improving the health of an entire population of children, some 325,000 every year.

It is not easy. A population's health outcomes are dependent on a huge number of factors, including social determinants, access to care, appropriate evidence-based practices, community resources and many others.

The *Progress Report* lays out the expansive efforts Partners For Kids undertakes to address some of the most important factors and the successes we have achieved. Our doctors, nurses, pharmacists, social workers, quality improvement coaches and care coordinators engage every level of the health care system to make children healthier.

Partners For Kids' success also depends on our working alongside others to change outcomes for children – supporting providers in connecting with and serving patients more effectively in many cases, or assisting families themselves to achieve their goals in others.

Children in south central and southeastern Ohio covered by Medicaid are some of the state's most at-risk for poor health. Partners For Kids is making a difference for them and their families.

A handwritten signature in blue ink that reads "Sean P. Gleeson MD". The signature is written in a cursive, professional style.

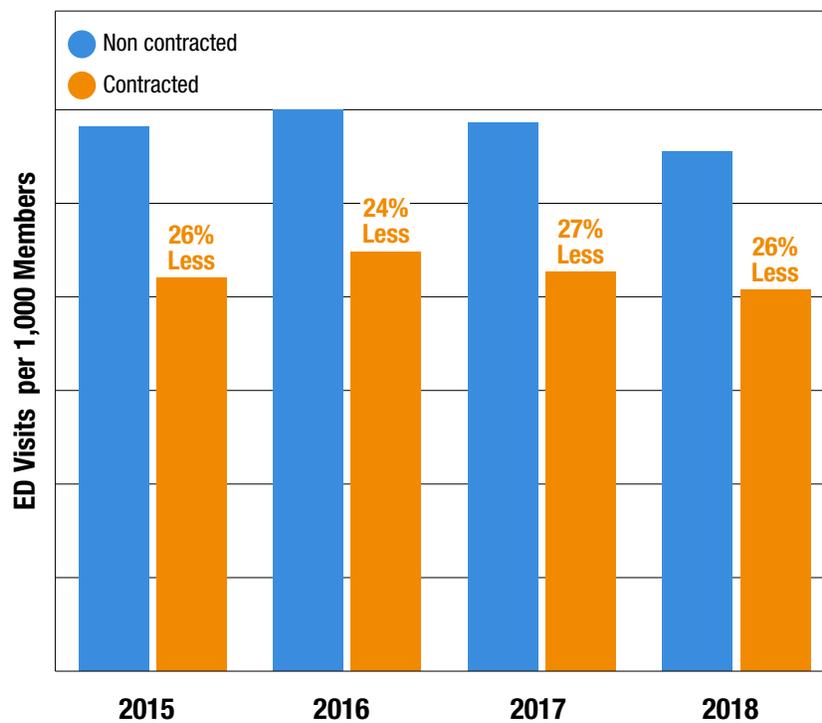
Sean Gleeson, MD

THE IMPACT

Reduction in Emergency Department Visits

Patients at Partners For Kids-contracted primary care providers consistently have fewer visits to emergency departments (ED) than children in our region who see other providers.

Average Results for 4 years (2015 to 2018) Members at Contracted Providers Averaged **26% Fewer ED Visits**

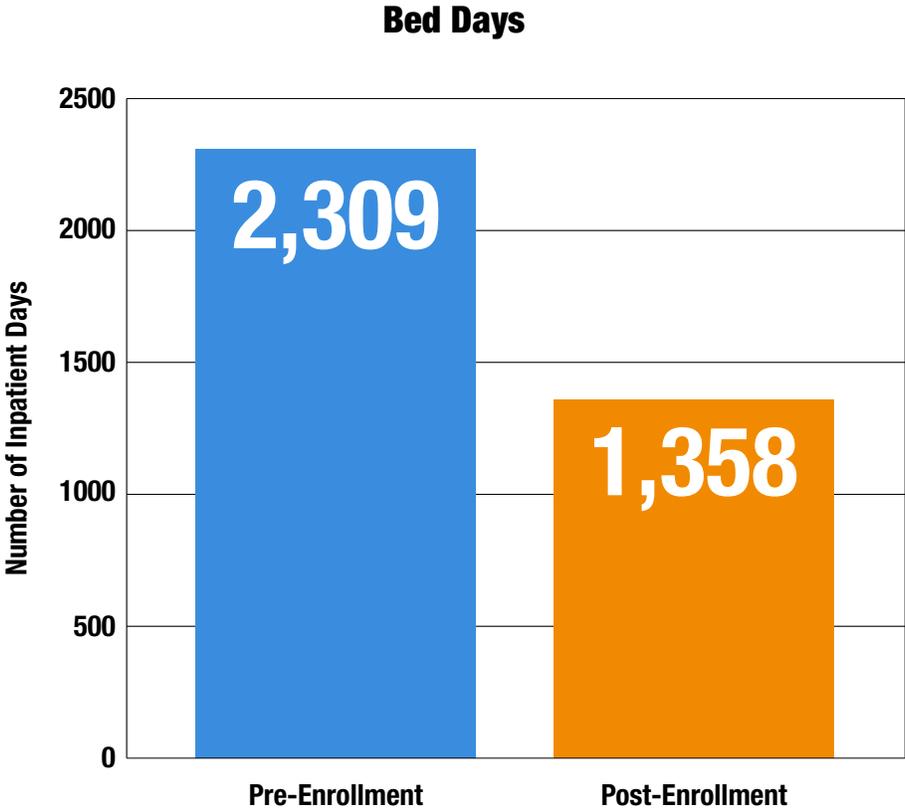


ED visits are sometimes necessary, but they should be reserved for acute conditions. They are expensive and resource-intensive. EDs themselves are often overcrowded.

Partners For Kids helps community providers reduce ED utilization by providing appropriate, high-quality preventative care and placing special emphasis on the ongoing care of chronic conditions that are common drivers of ED visits such as asthma.

Reduction in Inpatient Days

Children have significantly fewer hospital inpatient bed days after they are enrolled in Partners For Kids' Care Navigation program.



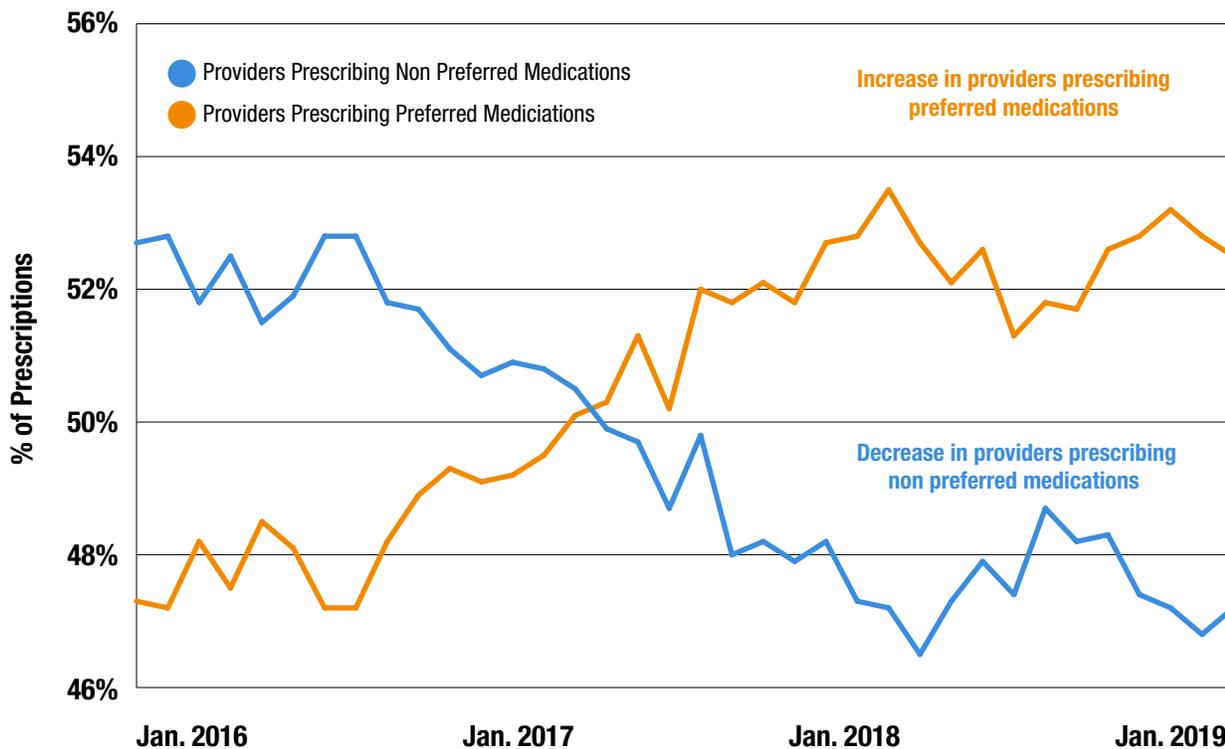
With regular pediatrician visits, vaccinations and other preventative care, most children are healthy most of the time. But a small percentage of patients covered by Partners For Kids have conditions that require more involved ongoing care: visits to multiple specialists, physical and occupational therapy, and complicated medication regimens. These children can be at higher risk for hospitalization.

Partners For Kids' Care Navigation program focuses on these children and their families. By aiding them as they navigate regular, ongoing care and connecting them to important community resources, coordinators can help reduce their need for inpatient care.

Improvement in Prescribing Medications for Attention Deficit Hyperactivity Disorder

Approximately 26,000 patients covered by Partners For Kids have been diagnosed with attention deficit hyperactivity disorder (ADHD), and approximately 20% of the total money spent on medications in the Partners For Kids system is spent on ADHD medications. Partners For Kids helps their affiliated practices make the most appropriate prescribing decisions.

Improved ADHD Prescribing for Contracted Providers



Dozens of similarly-acting medications can be prescribed for children with ADHD, and it can be difficult for providers to keep up with the differences among them. But it's critical that each child receives the medication that is most likely to be of benefit.

Partners For Kids pharmacists have developed a number of tools to help providers make the most appropriate decisions: evidence-based guidelines; alerts or reminders in electronic medical record systems before an ADHD prescription can be made; and regularly updated formularies so that physicians understand how the medications are covered by insurance. In addition, practices can participate in a quality improvement project focused on proper management of ADHD.

The improved ADHD prescribing from 2016 to 2019 was associated with a savings of more than \$1 million.

ABOUT PARTNERS FOR KIDS

What is Partners For Kids?

Partners For Kids is a crucial link between families, health care providers and Ohio's managed Medicaid system, allowing children to get the high-quality care they need, when they need it and where they need it. As one of the largest nonprofit programs of its kind in the United States, Partners For Kids has both the ability to improve children's health and to save money for the overall health care system.

Partners For Kids uses an accountable care organization model. It brings together a premier pediatric medical center – its home institution, Nationwide Children's Hospital – and more than 2,100 individual providers. Working in partnership, they can deliver coordinated services to more than 325,000 children per year in south central and southeastern Ohio, from primary care well checks to treatment for the most serious conditions.

Accountable care organizations are largely considered the province of Medicare and adult health care systems. Partners For Kids' innovation is in using accountable care and value-based principles for a geographically distinct Medicaid pediatric population. Early, high-quality well care can help prevent later disease; coordinated care of chronic and complex conditions can reduce the number of stressful, expensive hospital visits now and in the future.

And because Partners For Kids has unique access to data for hundreds of thousands of children, it has the ability to conduct population-level research to drive better health.

Partners For Kids was founded in 1994, long before the phrase "accountable care organization" had even been coined. Partners For Kids both helps define what a pediatric accountable care organization can be and continues to lead the way in value-based care.

How Does Partners For Kids Work?

The Ohio Department of Medicaid provides health care coverage for some children with disabilities, for children whose families have low incomes, for children in Ohio's foster care program and for children who otherwise qualify for this form of public health insurance. These children are some of the state's most vulnerable, and many are at risk of experiencing inconsistent health care – potentially leading to poorer overall health.

The Ohio Department of Medicaid relies on private health care insurance plans, called Medicaid managed care plans, to administer that coverage. And the Medicaid managed care plans rely on Partners For Kids to ensure that every dollar is being used wisely for children's health in south central and southeastern Ohio.

Partners For Kids receives a set amount of money for each child upfront, called a capitation fee, and takes responsibility for ensuring providers are paid when they care for those children – whether the care is medical, dental, vision, prescription or behavioral health. If a child needs relatively little care, Partners For Kids saves money and reinvests it into other programs to advance child health. If a child needs a great deal of care,

Partners For Kids pays the cost no matter how much higher than the original capitation fee it receives. Partners For Kids, then, is at full financial risk for the care of children.

Partners For Kids takes that risk because it can improve the quality and value of care being given, ultimately saving money. Its close association with Nationwide Children's Hospital, a national leader in the quality improvement field, provides Partners For Kids the expertise to drive better medication prescribing practices, better access to reproductive health care, better care coordination when a child must see many providers, and a multitude of other initiatives.

Any provider who cares for a child covered by managed Medicaid in south central and southeastern Ohio is ultimately paid for their services through Partners For Kids. But primary care providers who become contracted members of Partners For Kids receive payments above and beyond regular Medicaid reimbursement for each adjudicated claim, and they can also receive incentive payments for meeting certain quality goals.

Not only does Partners For Kids help set those goals, it gives the providers the resources to achieve them.



Provider Perspective: Partners For Kids and the Tools to Become a Better Physician

Pediatric Associates is one of the largest private pediatric practices in central Ohio, and one of the longest-standing contracted members of Partners For Kids. So Kate J. Krueck, MD, probably first heard about Partners For Kids when she joined the practice in 2002. She doesn't remember much past an initial impression:

"I thought it was just the group that helped us get paid through Medicaid," says Dr. Kreuck. "They helped distribute money. That's what I knew. And now I understand that helping me get paid is not even the best thing Partners For Kids does. I would say the most important thing is that it gives me the tools to be the best physician I can be."

That's always been a goal for Dr. Kreuck since she came out of residency and was "terrified of doing everything wrong." She realized early in her career that she would need to become proficient in treating patients with attention deficit hyperactivity disorder, and so she taught herself, then worked to train her colleagues.

That experience led to her interest in process and quality improvement (QI), which led her to QI projects through the American Academy of Pediatrics, which ultimately led back to Partners For Kids, because of its focus on QI.

Over the next several years – particularly when Dr. Kreuck became chief medical officer of Pediatric Associates and assumed more administrative duties – she came to realize Partners For Kids' potential. Yes, Partners For Kids still helps with Medicaid payments. But it's more than that:

"We have shared values," Dr. Kreuck says.

Dr. Kreuck wants children to have a yearly visit; Partners For Kids actually provides a staff member to help Pediatric Associates schedule those appointments. She wants to prescribe the medications that will be most effective and covered by insurance; Partners For Kids produces a preferred drug list and will set up educational sessions with their pharmacists. She wants patients with asthma to have better control of their conditions; Partners For Kids analyzed Pediatric Associates' managed Medicaid claims data to see how often their patients with asthma were going to an emergency department.

"I actually participated in a Partners For Kids' webinar on office management, and that's not even my gig," she says. "The point is, I practice medicine more effectively because of the resources Partners For Kids gives me."

"The point is, I practice medicine more effectively because of the resources Partners For Kids gives me."

– Kate J. Krueck, MD



Patient Perspective: Making a Complicated Situation a Little Easier

Even ignoring medical conditions, life in the Banks home can be difficult. Shalonda Banks is a single mother with four children of her own. Complicated family issues led to her being awarded custody of three other children in late 2018.

“It would be stressful if I had seven completely healthy kids,” says Shalonda.

But her daughter Talia’s medical conditions can’t be ignored. Now 12, she has been a patient of Nationwide Children’s Hospital since she was born. Her first weeks were spent in the neonatal intensive care unit. Most pressing now are her seizure disorder, growth delay and asthma. She sees a neurologist, an endocrinologist, a pulmonologist and a primary care physician at Nationwide Children’s.

There are a lot of appointments and a lot of prescriptions. So many that Shalonda was having trouble keeping up with them and being the kind of caregiver she needed to be for the other children.

Enter Susan Vukovich, RN, a Partners For Kids care coordinator. She was assigned for one child, Talia. But as Susan recognizes, “When we provide resources to one child, we help a whole family.”

“Our overall goal is to help families pull it together and become independent,” Susan says. “That means getting them over the hurdles, and then setting the groundwork for them to move on their own. The

most obvious hurdle for Talia and her mom was just the logistics of getting the care Talia needed.”

Susan began keeping a close eye on Talia’s appointment schedule and would call Shalonda when appointments were approaching. In some cases, it was a gentle reminder and Talia would see her doctors as scheduled; in others, the call helped Shalonda realize that the appointment should be changed.

Susan also kept tabs on Talia’s medications and had an idea of the timing for refills, Shalonda says. When it seemed Talia was about to run out, Susan would coordinate with providers to make sure new prescriptions were available.

There were other issues as well. At one point, Shalonda felt that her daughter’s school did not understand the precautions that should be made for Talia’s seizures. Susan attended an Individual Education Program meeting at the school with Shalonda, and as a medical professional, was able to defuse some tension. Shalonda’s wishes were understood and accepted.

“I know Susan is not a counselor, but sometimes I just want to talk to her about what we’re going through,” Shalonda says. “I can talk about my stress, or I can ask her about some of the terms we heard when we were at the endocrinology appointment. Everything is a little easier because Susan is with us.”

“Everything is a little easier because Susan is with us.”

– Shalonda Banks, Mother

Partners For Kids Spheres of Influence

Child: A child who receives the proper preventative care when well, or the best and most appropriate care when facing medical conditions, has the potential for better overall health.

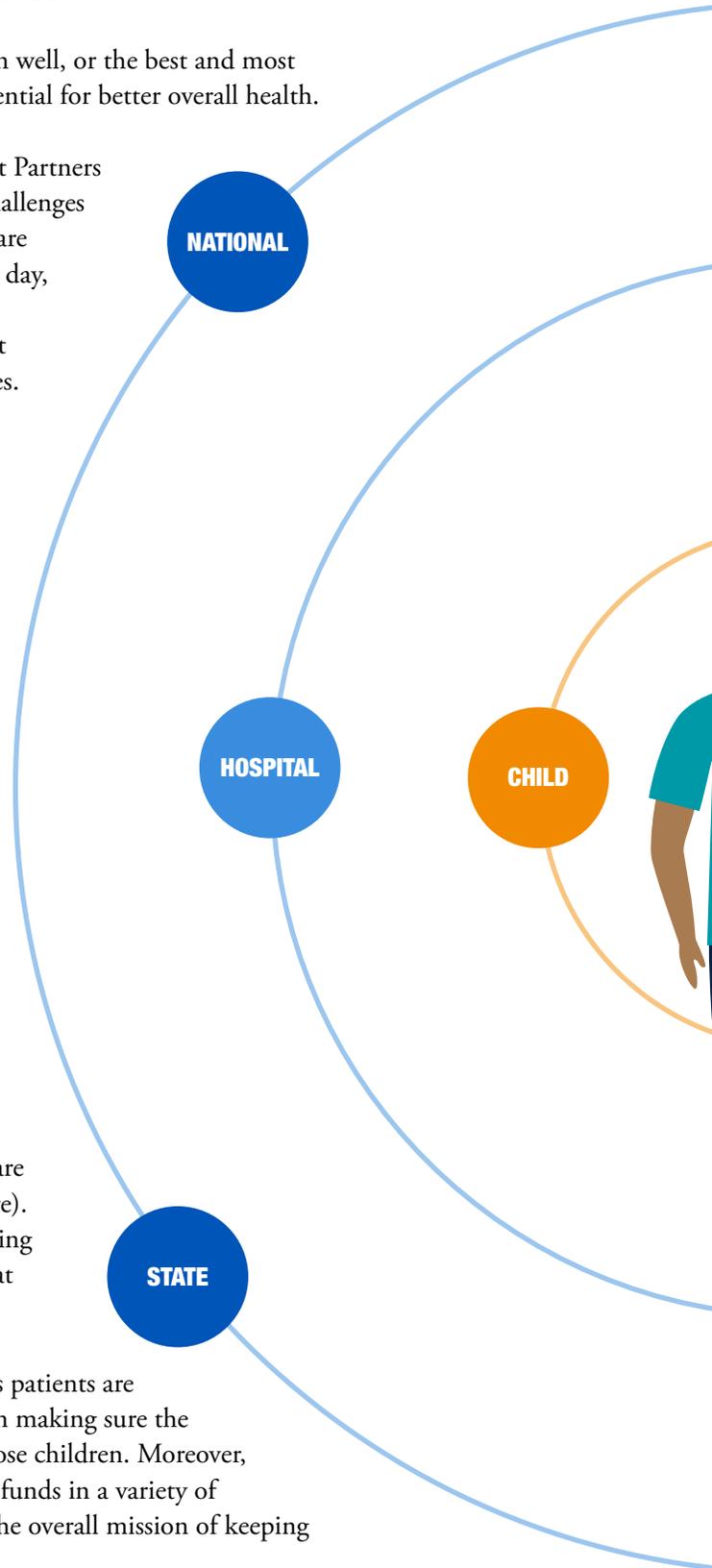
Family: Families benefit when their children are healthier, but Partners For Kids also works directly with families who have special challenges to help them navigate the often-stressful health care world. Care coordinators can help schedule multiple appointments in one day, reducing the number of trips a family must take; attend those appointments with families as a patient advocate; and connect families with important government and community resources.

Primary Care: Primary care providers who are contracted members of Partners For Kids receive higher than typical payments for adjudicated managed Medicaid claims. But providers can also earn extra incentive payments while meeting certain goals for improved patient care – with resources supplied by Partners For Kids. Primary care providers have additional access to credentialing services, continuing medical education, pediatric pharmacists, quality improvement coaching and many other programs through Partners For Kids.

Behavioral Health: Ohio now includes behavioral health care in its Medicaid managed care system, and Partners For Kids offers those providers opportunities similar to those for primary care. With 1 in 5 young people now living with a severely impairing mental illness, the support Partners For Kids gives to behavioral health practitioners can be critically important.

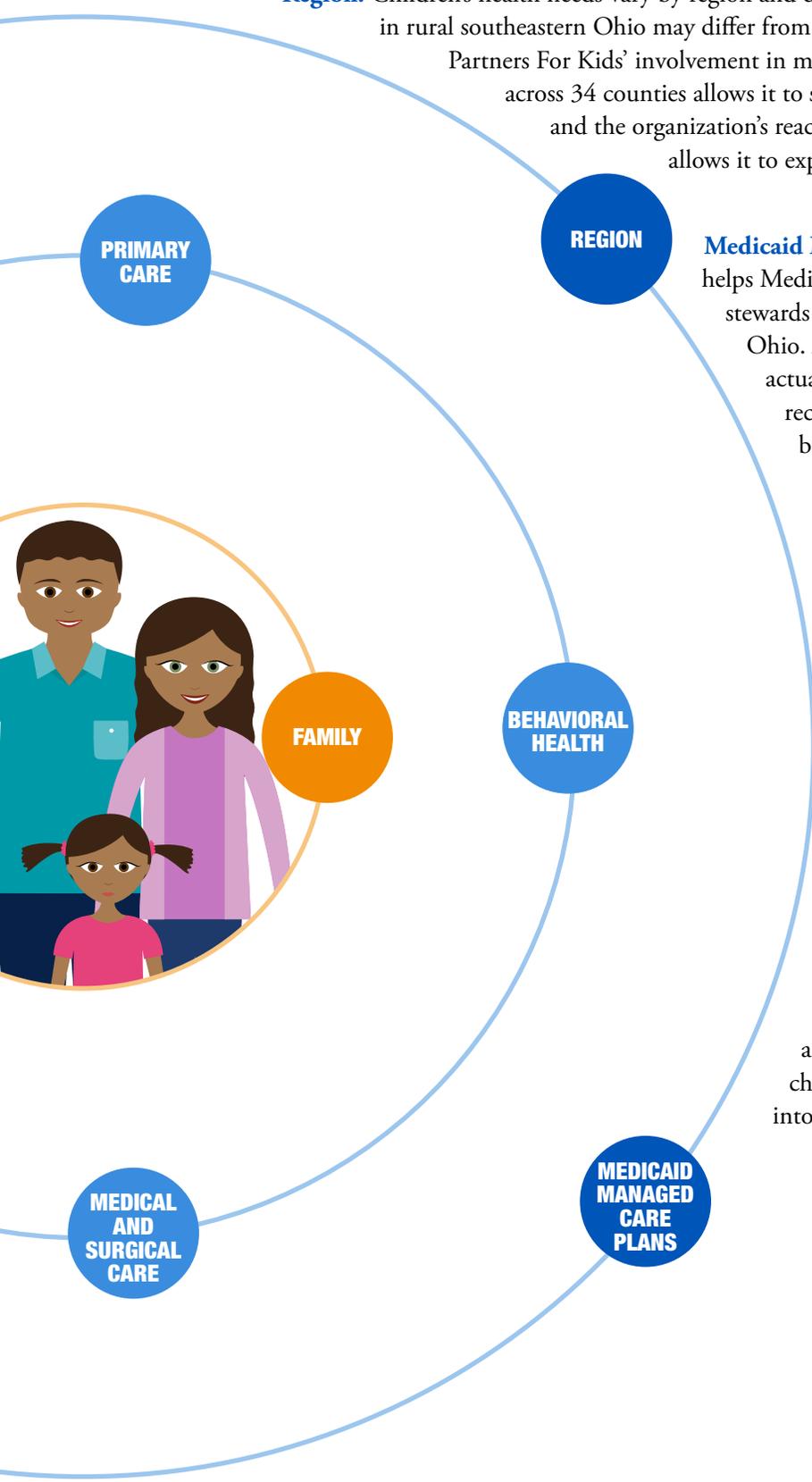
Medical and Surgical Care: Partners For Kids works in the “background” for many specialists, helping ensure specialty care is used when appropriate (and providing payment for that care). Partners For Kids’ focus on keeping children well and improving health in primary care means specialists can focus on cases that require their expertise.

Hospital: More than half of Nationwide Children’s Hospital’s patients are covered by Medicaid, and Partners For Kids plays a key role in making sure the hospital’s resources are utilized as effectively as possible for those children. Moreover, when Partners For Kids saves money, it is able to invest those funds in a variety of programs, such as school-based asthma therapy, to reinforce the overall mission of keeping children healthy.



Region: Children's health needs vary by region and demographic; the access to resources for a child in rural southeastern Ohio may differ from the access for a child in urban central Ohio.

Partners For Kids' involvement in millions of patient and provider transactions across 34 counties allows it to see where there are gaps in service or quality, and the organization's reach and affiliation with Nationwide Children's allows it to expand access to care for all children in its area.



Medicaid Managed Care Plans: Partners For Kids helps Medicaid managed care plans be the best possible stewards of the funds they receive from the State of Ohio. As the bridge between the plans and the actual health care that nearly 325,000 children receive, Partners For Kids helps children get the best care for the best value.

State: Ohio's future is as promising as the health of its youngest residents. Partners For Kids' value-based care paradigm focuses on that specific group. It flips the traditional state Medicaid fee-for-service strategy, which emphasizes therapies and treatments once children become sick, for a strategy designed to keep children well.

National: At the federal level, accountable care organizations are thought to be important for adults, because they are responsible for the great majority of health care spending. Partners For Kids is a model for the rest of the country of how an accountable care organization can work for children, and ultimately allow them to grow into healthier adults.



Provider Perspective: Partners For Kids Population Data and Improving Outcomes

Partners For Kids has a vast collection of health data from the 325,000 children it covers. Katherine J. Deans, MD, was one of the first people to dig into it for population-level insights to improve care and spot trends.

As director of the Center for Surgical Outcomes at Nationwide Children's Hospital, she researches how processes and procedures can be improved for all children who need surgery. But she has another motivation as well: as a general pediatric surgeon, she operates on patients who are covered by Partners For Kids.

Dr. Deans is both looking for insights in Partners For Kids data and has had a Partners For Kids care coordinator in her office as an advocate for a single family.

"There is a 35,000-foot view, and there is a ground-level view," says Dr. Deans. "Partners For Kids' strength is that it can represent them both. There is so much opportunity to work with and expand the data to help individual patients."

Dr. Deans and research colleagues first examined the data to help Partners For Kids understand

the most common complications across the most common surgical procedures. The insights gained from that work were important enough to publish so that others could also benefit from what Partners For Kids had learned. In a subsequent study, she and other trauma surgeons used the data to identify how often children who were the victims of non-accidental trauma, or abuse, were the victims of future abuse.

Meanwhile, she interacts with Partners For Kids as a doctor. Primary care providers have a more explicit relationship with the organization than a hospital-based subspecialist, Dr. Deans says, because of reimbursement and quality improvement at an individual practice. Still, Dr. Deans knows that Partners For Kids has an important role for pediatric subspecialists, even if those subspecialists don't always understand it.

"We should be spending more time than we do thinking about utilization management, because health care is a limited resource," she says. "We should be asking, how is my decision-making affecting patients as a population? Because of my involvement with Partners For Kids, I think more about it than I ever have before."

"There is a 35,000-foot view, and there is a ground-level view. Partners For Kids strength is that it can represent them both."

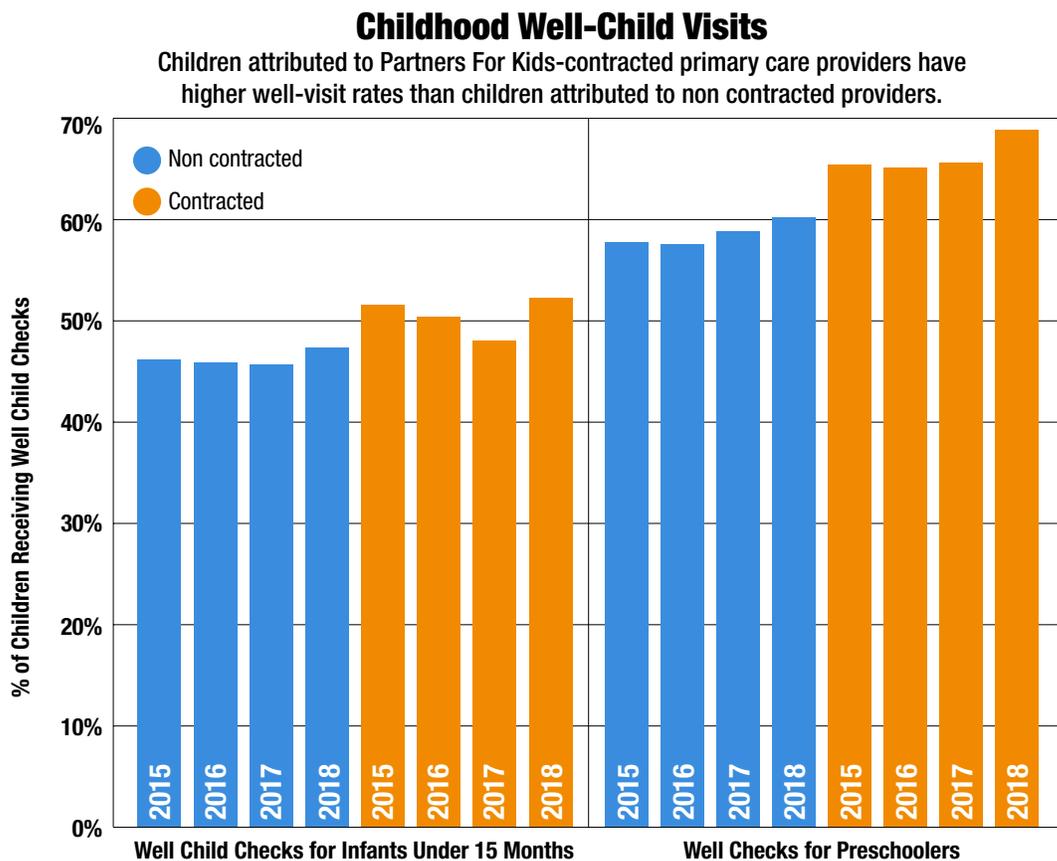
– Katherine J. Deans, MD

KEY RESULTS

Partners For Kids' Four-Year Trends: Results in Key Areas

Health care plans in Ohio and across the country rely on the Healthcare Effectiveness Data and Information Set (HEDIS) to measure dozens of performance indicators. Partners For Kids uses these HEDIS statistics from Ohio's Medicaid managed care plans to track effectiveness in helping providers give children high-quality care.

Every primary care provider wants to give young people the care they need, but limited time and resources can make that challenging. Partners For Kids helps providers overcome those obstacles. As these HEDIS measures from 2015-2018 show, providers who are directly affiliated with Partners For Kids consistently improve in key high-quality care indicators and outperform other community providers in those same indicators.



Most families know to take children to the doctor when they are sick; it can be more difficult to have children come in for well-child visits. But those well-visits are crucial for keeping children healthy, for adhering to suggested immunization schedules or for ongoing management of chronic conditions. Those visits ultimately help save families and the health care system time and money.

The American Academy of Pediatrics and other professional medical organizations recommend a set schedule for those visits. A very young child should have visits in the first week of life and at 1, 2, 4, 6, 9,

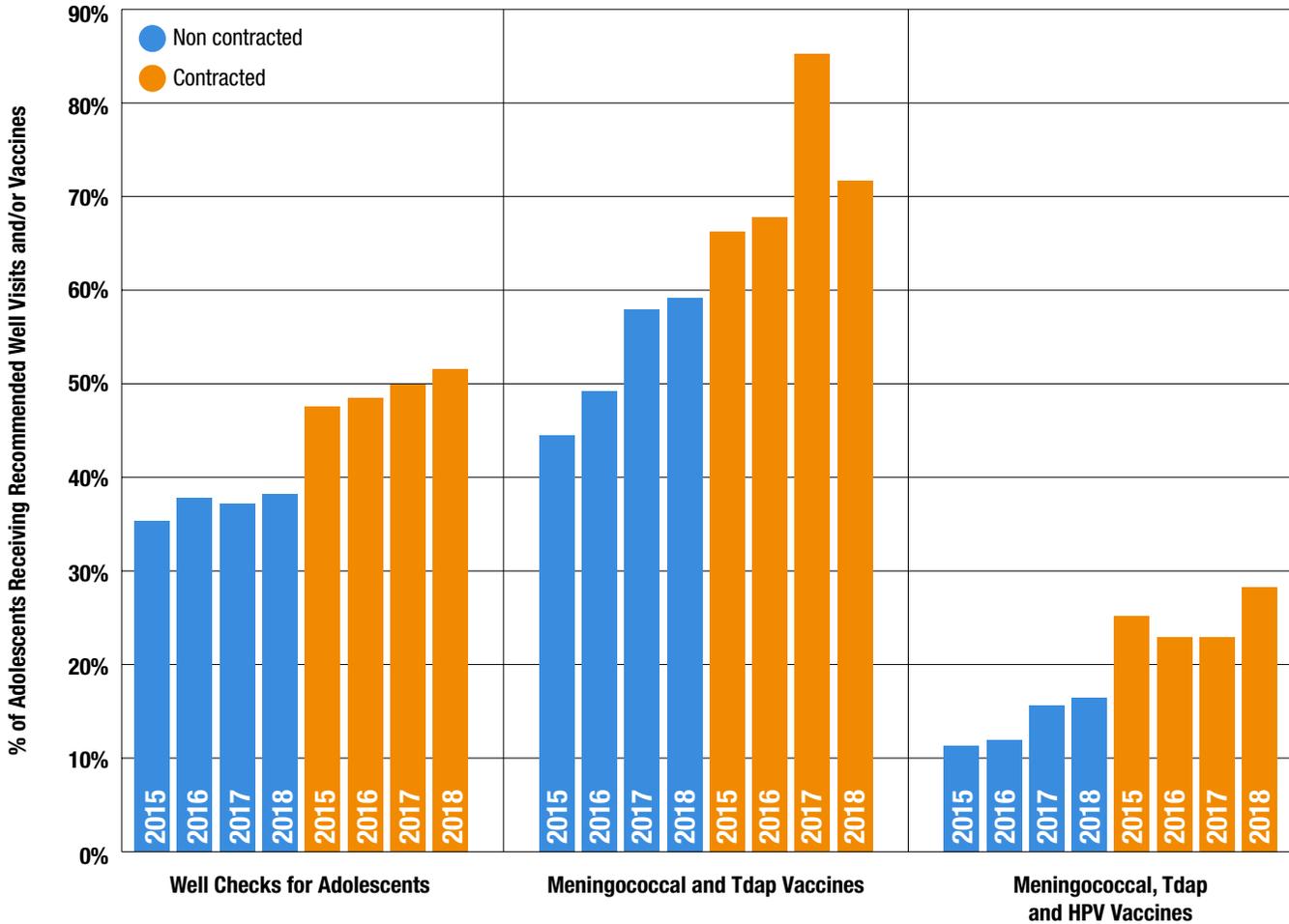
12 and 15 months of age, a schedule that busy new parents can find difficult to follow. Once a child turns 2 years of age, an annual well-visit is recommended.

One HEDIS measure tracks well visits for children younger than 15 months; six or more well visits are considered optimal for that age group. Another measure tracks crucial well visits for children 3 to 6 years of age.

Partners For Kids provides staff members to affiliated providers to help track patients' well visit schedules, to help make well-visit appointments for patients and to remind families when visits are due.

Adolescent Well-Child Visits and Immunizations

Adolescents attributed to Partners For Kids-contracted primary care providers have higher well-visit rates and higher immunization rates than children attributed to non contracted providers.



Rates of annual well-child visits often decline as children grow into adolescence, even though adolescence is a crucial developmental period for future health. Primary care providers are important resources throughout puberty as they provide medical guidance about reproductive health and birth control. Decisions made during teenage years about diet, activity, drug and alcohol use and host of other health-related issues have a lifelong impact.

Likewise, while most families know about the young child immunization schedule, many aren't always aware that meningococcal and Tdap (tetanus, diphtheria, acellular pertussis) vaccinations are

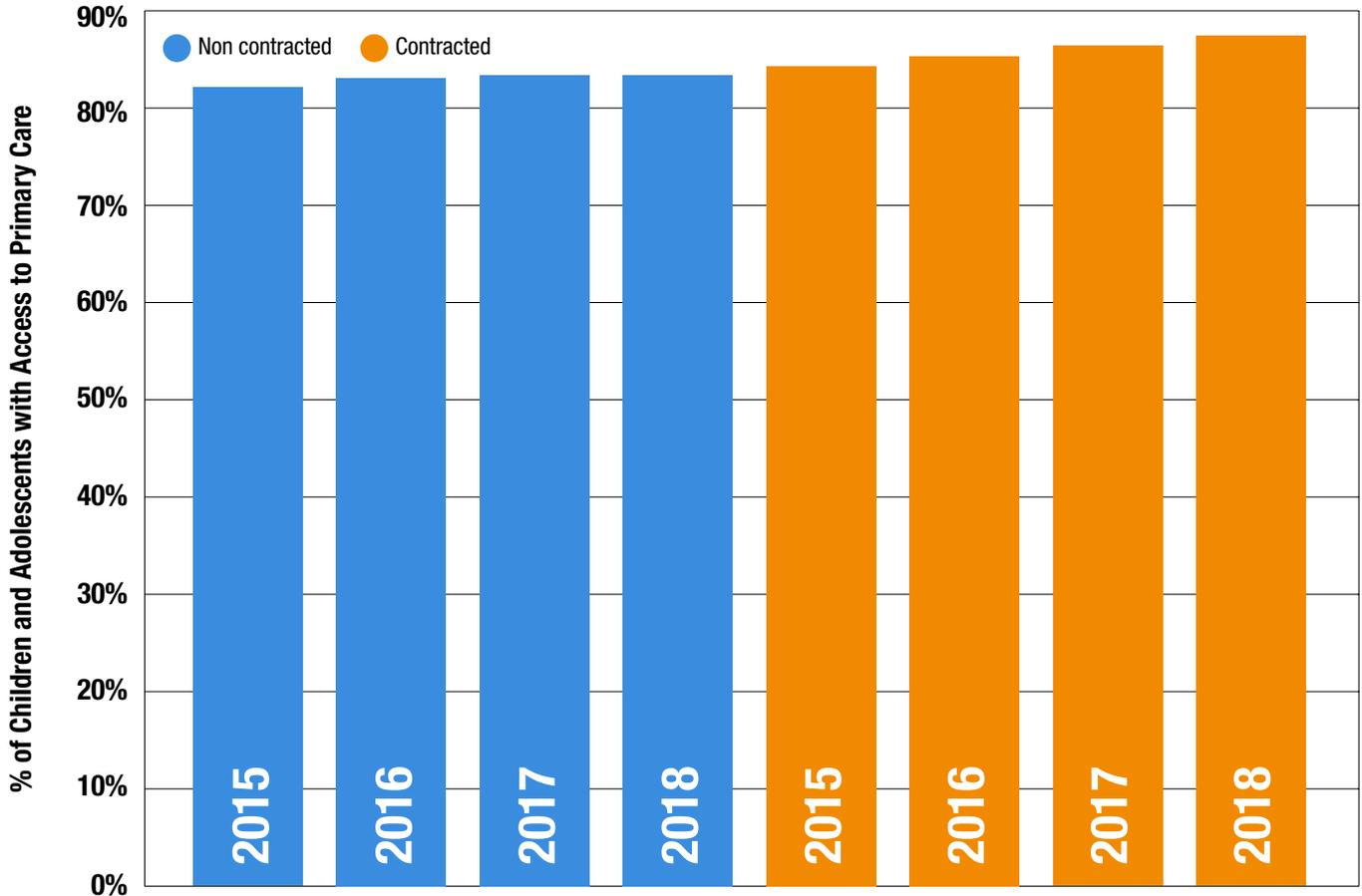
important for children as they approach adolescence. Even fewer are aware that in recent years, the Centers for Disease Control and Prevention has recommended the human papillomavirus (HPV) vaccine at ages as young as 9.

One HEDIS measure tracks well visits for adolescents and young adults 12 to 21 years of age. Others track certain immunizations that adolescents have by age 13.

Partners For Kids, through a number of incentives and quality improvement projects, puts a special focus on adolescent health indicators.

Access to Primary Care Providers

Children and adolescents attributed to Partners For Kids-contracted providers have higher rates of regular primary care visits than children and adolescents attributed to non contracted providers.

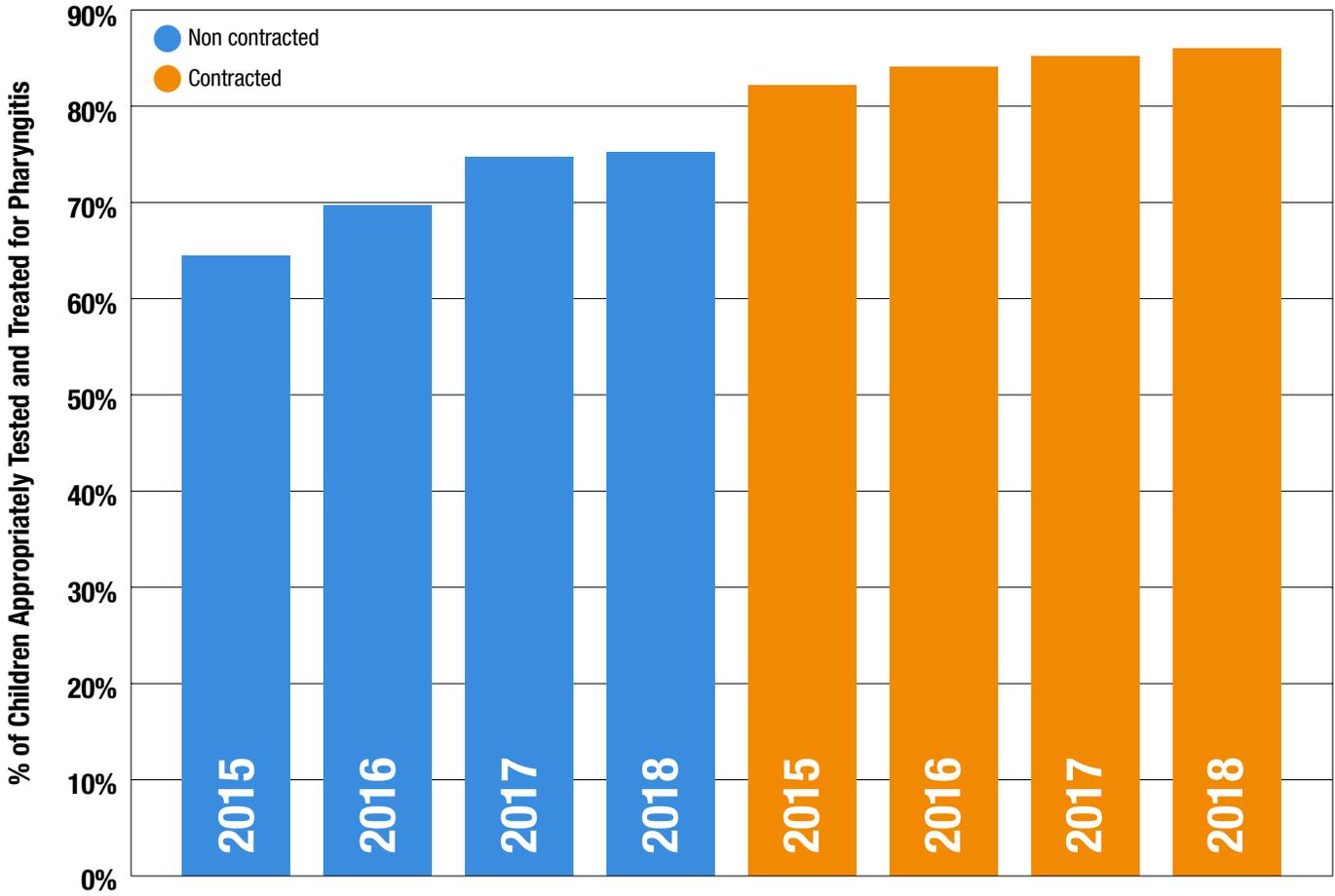


Children and adolescents should receive the great majority of both well and sick care from primary care providers. A primary care provider's ongoing relationship with individual patients and families allows for better insight into medical management. A regular visit, even for an illness, helps deepen and expand the relationship. Urgent, emergency and specialty care have important roles, but should be reserved for special circumstances.

This HEDIS measure is an indication of children and adolescents access to primary care. It uses age-based categories to determine the percentages of children and adolescents who have a primary care visit (yearly or every other year, depending on the age). Partners For Kids-contracted providers have more regular visits than their non-contracted peers, a result of many Partners For Kids initiatives.

Appropriate Management of a Sore Throat

Children attributed to Partners For Kids-contracted providers are appropriately tested and treated for pharyngitis at higher rates than other children.



Pharyngitis, or a sore throat from many possible causes, is one of the most common reasons for children to visit their primary care provider. It's also a condition that can lead to the incorrect prescription of medications. Antibiotics are effective if the cause of the pharyngitis is bacterial, as with strep throat (caused by *A Streptococcus* bacteria). Antibiotics prescribed for viral pharyngitis are not only ineffective, but they may contribute to the development of allergy or other adverse conditions for individual patients. These misprescribed

antibiotics also contribute to population-level antibiotic resistance, a public health threat. In those cases, antibiotics are unnecessary and potentially harmful.

This measure tracks the appropriate diagnosis, testing and treatment of pharyngitis. A higher rate means that antibiotics are prescribed after a positive bacterial test. Partners For Kids works with providers to ensure that medications are prescribed only when they are most likely to benefit patients.



Provider Perspective: Responding to Pediatricians' Needs

Primary care providers are “working in the trenches” for individual children and families, says Brad Fuller, MD. Dr. Fuller is one of those people on the front lines at Associated Pediatrics in Westerville.

Partners For Kids, with its 325,000 covered children every year and 34-county geographical area, may seem to be far removed from the daily concerns of a particular pediatrician. But Dr. Fuller, as chair of Partners For Kids' Provider Leadership Committee, is proof of the ways that Partners For Kids works to align its own goals with the goals of the doctor.

The committee is composed of community physicians who both give their own feedback to Partners For Kids and solicit feedback from other Partners For Kids-affiliated providers. Partners For Kids' Board of Directors and its Provider Incentive Committee also have community provider members who help to tailor Partners For Kids' operations to better support physicians.

“Partners For Kids responds to what we recommend to make the process better,” says Dr. Fuller. “We want the same things. They want kids covered by Medicaid to get the care they need, and in the process save money for the health care system. We want kids to get the care they need, and we know that as we improve that care, savings will follow.”

Dr. Fuller points out that improved care, measured with certain quality and care standards set by Partners For Kids and its physician committees, leads to financial incentives for contracted physicians as well. Medicaid reimburses providers at a lower rate than commercial insurers, and the incentives help to make up that difference, allowing practices to accept more Medicaid patients.

So: Partners For Kids sets certain care goals; Partners For Kids provides coaching and other resources to practices so they can achieve those goals; Partners For Kids incentivizes physicians when they achieve those goals; and patients get better care, leading to fewer hospitalizations and savings for the health care system.

It's a positive, reinforcing cycle that works for everyone.

“I can't think of an argument for a physician not to join Partners For Kids,” says Dr. Fuller.

His practice has participated in a project to increase well-visits for adolescent patients and another to apply fluoride varnish to young children's teeth. The financial incentives that Associated Pediatrics has earned with those projects and other quality improvements have allowed it to see more patients covered by Medicaid.

“If I want to provide the best care to the most kids, Partners For Kids is an important resource,” Dr. Fuller says.

“If I want to provide the best care to the most kids, Partners For Kids is an important resource.”

– Brad Fuller, MD



Patient Perspective: Care Navigation and the Gift of Time

Elijah Boddie was born 3 months preterm. He needed a nasogastric tube to eat, a ventilator to breathe, and he developed the sometimes fatal intestinal condition called necrotizing enterocolitis. After 116 days of care in the Nationwide Children’s Hospital Neonatal Intensive Care Unit (NICU), he was well enough to go home.

But, as many families know, a NICU stay can be just the intense beginning of a long medical journey.

It’s a journey that has been made easier because of a care coordinator from Partners For Kids, says Elijah’s mother, Angel Boddie. And not always in ways Angel would have predicted.

“It’s a shock to the system when you have a child born with special medical needs, but you don’t have time to process that shock. You are so busy making medical decisions and worrying about your baby,” Angel says. “I’m also a working mother with two other children. There wasn’t a chance to really accept what was happening. You just have to take action and move forward.

Partners For Kids has done a lot for my family, but one of the most important things is that my care coordinators have given me the time to be emotional. They take some of the burden of planning and scheduling appointments and figuring out the right people to call for help.”

Elijah’s story is unusual, even for a NICU graduate. A few months after discharge, he was diagnosed with the rare, genetic Senior-Loken syndrome. Much of his health care now has little to do with what happened in the NICU. Instead, it focuses on the kidney and degenerative eye conditions characteristic of Senior-Loken. He has specialist appointments at Nationwide Children’s twice a month; as his kidney function declines, those appointments may become even more frequent.

Elijah’s care coordinator, Jacinta Phillips, helps make those appointments and schedules regular primary care visits. She attends the most important ones to make sure the family fully understands Elijah’s conditions and treatments. She has worked with the Department of Ophthalmology to get insurance approval for Elijah’s special glasses.

At other times, the Care Navigation program has helped the family apply for secondary insurance and Ohio’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Elijah is now 2, a regular enough visitor to Nationwide Children’s that he has a favorite spot, the hospital’s Magic Forest. Sometimes Angel reads to him there between appointments; sometimes, they play hide-and-seek. The Boddie family’s life may be complicated, but it’s a happy one. And Partners For Kids has helped.

“The care coordinators are a blessing,” says Angel.

“Partners For Kids has done a lot for my family, but one of the most important things is that my care coordinators have given me the time to be emotional.”

– Angel Boddie, Mother

KEY DRIVERS

What's Behind Partners For Kids' Results

Many factors have an impact on a single child's health and the overall health of a pediatric population – everything from individual genetic makeup to the quality of housing in a neighborhood. Since its founding in 1994, Partners For Kids has focused on factors that involve the traditional delivery of health care: access to primary care physicians; education for providers about best practices; and evidence-based guidance of the most effective medications for common conditions.

Those remain critical to improving the health of children. It's clearer than ever, though, that addressing traditional health care delivery is not enough. "Social determinants of health" such as stable housing, educational opportunity and community safety play major roles in wellbeing. Behavioral health, once considered distinct from regular medical health care, is now seen as a vital component of caring for the "whole child," and community pediatricians increasingly provide care for behavioral health conditions just as they do for ear infections and asthma.

While continuing its commitment to improving traditional health care delivery, Partners For Kids is doing more than ever to tackle these other key parts of child wellness. The organization's home institution, Nationwide Children's Hospital, is a national leader in pediatric behavioral health and has one of the country's most successful programs to address community social determinants. Partners For Kids leverages Nationwide Children's expertise in those domains for children across south central and southeastern Ohio.

Partners For Kids' efforts to improve individual and population health focus on six main areas, which often overlap and intersect with each other:

 QUALITY IMPROVEMENT COACHING	 CARE NAVIGATION	 PHARMACY
 PATIENT OUTREACH	 BEHAVIORAL HEALTH	 COMMUNITY AND SCHOOL-BASED PROGRAMS



Quality Improvement Coaching

Primary care providers have a number of motivations to improve the quality of the care they give to patients. First and foremost, they want children and their families to be as healthy and happy as possible. Higher quality, evidence-based preventive care and management of chronic conditions help achieve those outcomes.

But there are increasing external motivations for quality improvement efforts as well. The Ohio Department of Medicaid, through the state's Medicaid managed care plans, require practices to meet certain performance measures for reimbursement and credentialing purposes – a state movement toward value-based care. Quality improvement requires expertise and resources that providers may not have, however.

That is where Partners For Kids comes in. In consultation with providers, Partners For Kids develops quality improvement projects to help practices provide better care to patients and boost performance measures. Partners For Kids then provides quality improvement coaches and resources to be on-site at community-based practices as providers implement those projects.

Recent Quality Improvement Initiatives: Preventive Care, Disease Management and Behavioral Health

Preventive Care

Children and adolescents are more likely to stay healthy when they have regular preventive care. Partners For Kids has three ongoing preventive care quality improvement initiatives.

- **Healthy Children.** This project focuses on having children and adolescents complete their recommended well-child visits, particularly children younger than 15 months; children 3 to 6 years of age; and adolescents 12 to 21 years of age. To accomplish this, Partners For Kids takes a number of actions, including:
 - Identifying patients attributed to providers who need well-child visits, which is especially important for practices that may not realize certain children are attributed to them
 - Providing staff members to contact these patient families to schedule visits
 - Training schedulers at community practices to check for well-visit needs when families make prescription refill and other routine requests
 - Educating practices on the health and financial benefits of completing well-visit activities during a sick visit, when appropriate
- **Oral Health.** The American Academy of Pediatrics recommends that children first see a dentist at 1 year of age, or within six months after a first tooth appears. But many children don't, and cavities can result. This project

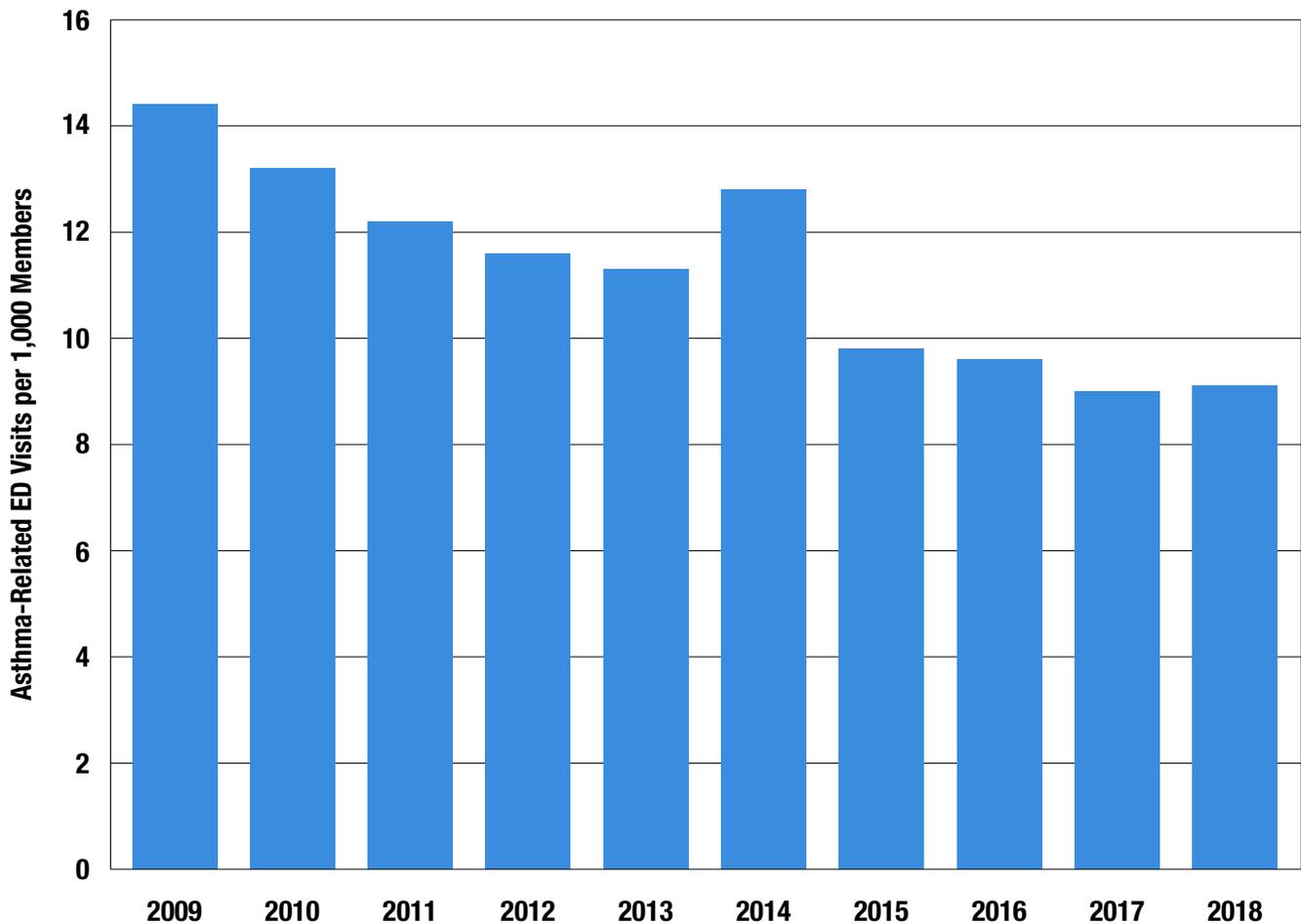
focuses on implementing fluoride varnish programs within primary care practices for children younger than 6 years. Partners For Kids:

- Educates providers that fluoride varnish is a best practice for all young children, and is not the exclusive province of dentists
 - Provides materials to educate patient families on the importance of this treatment
 - Connects practices to fluoride varnish suppliers
 - Facilitates managed Medicaid reimbursement for this treatment
- **Reproductive Health.** For many reasons, including family sensitivities and religious beliefs, reproductive health may go unaddressed in primary care. This project focuses on having it addressed, through risk assessments for all adolescents, anticipatory guidance to prevent unplanned pregnancy or sexually-transmitted infection and offering contraception for young women 15 to 19 years of age at risk for teen pregnancy. Partners For Kids:
 - Works with individual practices to understand community perceptions of contraception to enhance counseling approach
 - Provides resources on choosing contraceptive methods, developed with Nationwide Children's experts
 - Distributes contraceptive prescribing guidelines
 - Hosts training events for providers and staff

Partners For Kids educates providers that fluoride varnish is a best practice for all young children, and is not the exclusive province of dentists.

County-wide Reduction in Asthma-Related Emergency Department Visits

Since 2009, asthma-related Emergency Departments rates **decreased 37%** at Nationwide Children's Hospital for Partners For Kids members who reside in Franklin County.



Disease Management

When children and adolescents are sick or have chronic conditions, managing them appropriately can help them get well sooner or prevent more serious issues. Partners For Kids focuses on improving the management of certain common conditions.

- **Asthma.** Among the most common and most preventable reasons for an Emergency Department visit is an asthma attack. Partners For Kids focuses on a formal review of how well a patient's asthma is being managed at each provider visit, regular follow-up visits, an annually updated action plan for patients and their parents that intensifies therapy when asthma is becoming worse, and supervision

of a patient's Asthma Medication Ratio (an indication of how often children need controller medications vs. rescue medications). Partners For Kids:

- Trains providers on the administration of asthma control tests, the creation of action plans and documentation
- Creates prescribing guidelines for asthma medications
- Connects practices with electronic medical records (EMR) experts to include management plans in EMR
- Uses claims data to identify a practice's patients who are having difficulty controlling asthma based on Asthma Medication Ratio



- **Pharyngitis.** Pharyngitis, or a sore throat from many possible causes, is one of the most common reasons a child visits the doctor. This project focuses on the evidence-based management of a sore throat – particularly ensuring that antibiotics are prescribed only after a test confirms a bacterial cause. Partners For Kids:

- Educates practices on the need for proper strep throat testing
- Helps insert alerts in electronic medical record systems to remind providers at the point of care about testing before an order prescribing antibiotics can be made

- **Ambulatory Sensitive Conditions.** Emergency department (ED) visits are expensive and resource-intensive. This project focuses on reducing ED use for conditions that are often better managed in primary care, such as

asthma, otitis media (middle ear infection), upper respiratory infections and skin/soft tissue infections. Partners For Kids:

- Surveys patient families to determine why they use the ED instead of primary care and works with Medicaid managed care plans to address barriers such as lack of transportation and perception of limited primary care appointment availability
- Trains practices to educate families on communicating with primary care before seeking care at emergency departments
- Provides education materials for families on common conditions, including when ED use is appropriate
- Develops individual action plans to troubleshoot problems for patients with chronic conditions

Partners For Kids develops individual action plans to troubleshoot problems for patients with chronic conditions.



Behavioral Health

In 2018, Ohio changed the way that Medicaid reimburses behavioral health services, bringing them into the managed care plan system. This allowed Partners For Kids an increased opportunity to work with providers to improve behavioral health care. Primary care providers are increasingly the front line of behavioral health care, called on to screen for mental health conditions and to treat patients because access to behavioral health specialists is limited. Partners For Kids is continuing to develop projects to improve care.

- **Attention Deficit Hyperactivity Disorder (ADHD).** More than 25,000 children in the Partners For Kids system have been diagnosed with ADHD, and nearly 20% of the money spent on medication for Partners For Kids patients is spent on ADHD medication. This project focuses on screening and high-value prescribing for ADHD. Partners For Kids:
 - Trains practices to use evidence-based ADHD screening tools, including tools to collect information from parents and school personnel about symptoms
 - Creates and distributes prescribing guidelines that support providers in choosing the most cost-effective medications
 - Develops provider-specific reports on prescription practices, so providers can benchmark their own performance and compare their practices to others
- **Depression.** This project focuses on screening, helping providers manage depression in primary care, and connecting those providers with behavioral health specialists.
- **Suicide Prevention.** This project focuses on screening for suicidal intentions and the appropriate management and referral of at-risk patients.
- **Antipsychotic Prescribing.** An increasing number of children and adolescents are prescribed antipsychotic medications – sometimes, more than one at a time. These medications carry known health risks, but the risks of combining these medications are unclear. This project focuses on reducing the prescription of multiple concurrent medications.



Provider Perspective: Getting Help on a “Pediatric Island”

Jill Neff, DO, is the only pediatrician in private practice in Jackson County, Ohio. Her Hometown Pediatric Care is about 65 miles from the nearest interstate exit and has three employees.

“I never see another pediatrician here. I am on a big pediatric island,” she says. “I can’t say what happens for a pediatrician in a big city or in a big office, but I am sure that Partners For Kids is important for people like me in particular.”

What she means, in part, is that her small office must focus on the countless daily tasks of treating children in 15-minute increments: having families update paperwork, checking patients in and out, dealing with every conceivable billing issue. Dr. Neff works on her own to stay current with best practices.

So it’s not always top of mind – or even possible with the available resources – to contact families who haven’t scheduled their annual well-visit appointments. It’s not a priority to become familiar enough with quality improvement processes to attempt a quality improvement (QI) project.

That is where Partners For Kids comes in, says Dr. Neff. For the last six years, Partners For Kids staff members have analyzed office and claims records to determine which children need well visits in Dr. Neff’s geographic area. Those Partners For Kids

staffers set up electronic alerts for Hometown Pediatric Care to make those appointments, but they also sent out postcards and made calls to individual families.

This “patient outreach” service from Partners For Kids morphed into a QI project to improve and track well-visit rates for Dr. Neff’s practice, also supported by Partners For Kids staff. Successfully implementing that project resulted in additional incentive payments for Hometown Pediatric Care.

Partners For Kids’ quality improvement efforts often work that way, Dr. Neff says. The projects take on issues that are important to any practice – well-visits, asthma care, prescribing the correct medications – and Partners For Kids offers the support to improve performance.

“The well-visit project has absolutely worked,” says Dr. Neff. “We’re thinking all the time about them now. We’re now involved in the project to apply fluoride varnish to our patients’ teeth at well visits. We just needed a little nudge from Partners For Kids to do it. It’s not very much more work, we are reimbursed for it, we get an extra incentive payment for it, and some of our patients who do not regularly see a dentist get a treatment that can improve their health. It’s helpful for everyone.”

“I can’t say what happens for a pediatrician in a big city or in a big office, but I am sure that Partners For Kids is important for people like me in particular.”

– Jill Neff, DO

Care Navigation

Many of the ways Partners For Kids impacts health is at the system or provider level. Individual children and families often don't ever learn of Partners For Kids, even if the care they receive is improved because of it.

But Partners For Kids works directly with a small percentage of families with special challenges through its Care Navigation program. In an average year, approximately 325,000 children are covered by Partners For Kids; approximately 3,000 children are actively engaged with a coordinator each month. These children have ongoing, chronic conditions; severe, acute conditions that require frequent medical care; or they are otherwise in situations that may cause them to seek more care than is typical. Their families may need help navigating an often complex medical system.

Partners For Kids care coordinators, often nurses or social workers, provide that help. They conduct health-risk assessments, create individual care plans, and meet face-to-face with families to learn their individual struggles. Coordinators visit families at their homes, when needed, and they attend some medical appointments as advocates for their patients. Sometimes they help families stay current on prescription medications or help intervene with Medicaid managed care plans to obtain coverage for home health equipment.

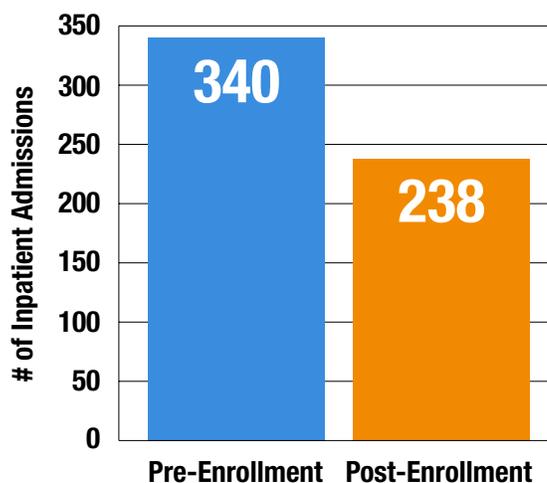
Outside of medical care, coordinators play important roles in connecting families to community resources that can help with housing, utility bill payment, transportation and other areas related to social determinants of health.

With care coordinators' help, families can better manage a child's health conditions, often leading to fewer Emergency Department visits and hospital inpatient days. The program has been so successful that Partners For Kids doubled its Care Navigation staffing from 2017 to 2019 – from 60 full-time equivalents to 120.

Representative Care Navigation Results:

Inpatient Admissions

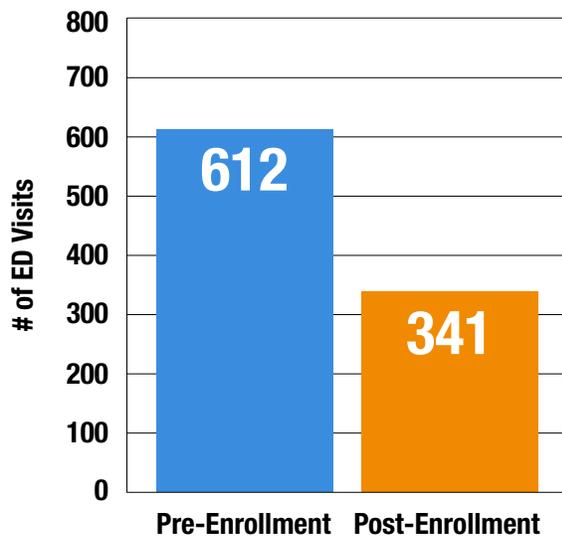
Partners For Kids patients have fewer inpatient admissions after they are enrolled in Care Navigation.





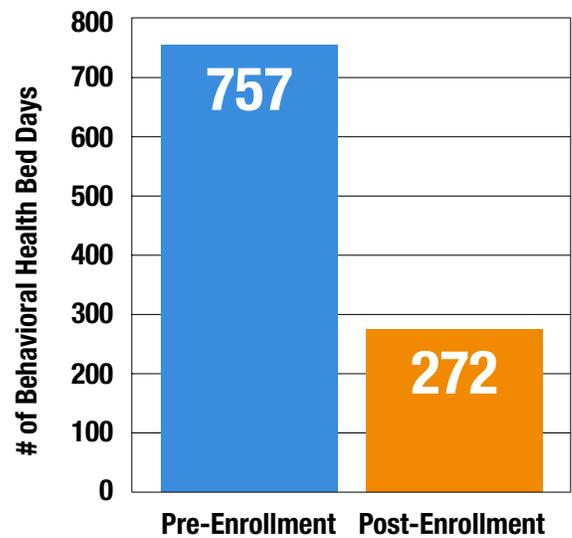
Emergency Department Visits

Children identified as high utilizers of the emergency department (ED) had a 44% decrease in ED visits after enrollment in Care Navigation.



Behavioral Health Bed Days

Children with a behavioral health concern had a 64% decrease in inpatient bed days after enrollment in Care Navigation.



Patient Perspective: Help Raising a Child With Complex Needs

Richard Yard was the “provider” for his children as they grew into adults, not the “caretaker.” Then his daughter Amy was born.

Amy Atwood, now 9, has spastic quadriplegia, the most severe form of spastic cerebral palsy. She needs home nursing care, a wheelchair to get around, a gait trainer, feet and hand braces, prosthetic shoes, six daily medications, weekly therapy sessions and a “huge number” of appointments with medical specialists, in her father’s words.

Through a series of difficult family events ending in the death of Amy’s mother, Richard became a single parent. His other children were grown. He would have had little idea how to raise a child by himself, no matter the circumstances – but especially not these circumstances.

“Before care coordination, I was just begging and pleading with anyone who could help me in any way,” says Richard. “We would need to go to one clinic, then another clinic. We needed to go to one kind of therapy then another kind of therapy. I didn’t know how to do any of it. Without care coordination, I eventually would have lost my mind.

At this point, if I really need help getting something done, I don’t call the doctor’s office first. I call the care coordinator.”

Richard nearly runs out of breath listing what Partners For Kids care coordinators Susan Tortora and Sarah VanVoorhis have helped with over the years. They schedule appointments; they helped him fill out paperwork for more in-home nursing care; they interacted with doctors and pharmacies when insurance requires that prescriptions be written in a certain way (Amy cannot swallow a pill); and they ensured that Amy’s home medical equipment is up to date.

Richard’s job became Amy’s care, and at one point they lost their home in the Columbus area. Care coordinators helped arrange for a brief stay with a family member out of state, and ultimately helped Richard and Amy move into the Ronald McDonald House at Nationwide Children’s until their housing situation stabilized.

Once it did, Richard needed assistance in getting food and furniture. Care coordinators guided them to agencies that could help for free. When Richard couldn’t afford birthday presents, the care coordinators made sure Amy got something special.

“It’s never going to be easy,” Richard says. “But it doesn’t seem impossible anymore, and our care coordinators are a big reason why.”

“It’s never going to be easy, but it doesn’t seem impossible anymore, and our care coordinators are a big reason why.”

– Richard Yard, Father



Pharmacy

Pharmacists have a crucial, if sometimes under-recognized, role in the value-based care of a population. Medications are leading drivers of rising health care costs. Health care providers can have a difficult time keeping up with the newest evidence-based prescription practices. Children who do not have easy access to the drugs they need face poorer health outcomes. Pharmacists can help address all of these issues.

So, Partners For Kids embeds pharmacists in many aspects of its overall work and also capitalizes on the deep pharmacy resources of Nationwide Children's Hospital. Among Partners For Kids' pharmacist roles:

- **Creating Prescribing Resources.** Partners For Kids pharmacists use medical evidence, Nationwide Children's expert opinion, insurance coverage and medication cost to create prescribing guidelines for common conditions seen in primary care – including acne, head lice, gastroesophageal reflux (GER) and many others. They also maintain an updated Preferred Drug List so that providers can quickly see the exact medications covered by Medicaid managed care plans. Importantly, Partners For Kids pharmacists work with managed care plans to ensure that recommended medications are covered under their formularies.
- **Educating Community Providers.** Partners For Kids pharmacists distribute prescribing resources online, through webinars and on a mobile app, but they also individually visit practices to work face-to-face with prescribers. In addition, they can generate provider- and practice-specific reports to educate providers on their individual prescribing activities.
- **Developing Electronic Medical Record Clinical Decision Support.** Partners For Kids pharmacists work with information technology specialists to create alerts, favorites and order sets in electronic medical record systems. These can inform decisions about a specific patient's care.
- **Medication Management.** Using claims data, Partners For Kids pharmacists can determine when individual patients are adhering to a medication schedule (by looking at filled and refilled prescriptions), when patients could be prescribed medications that are more cost-effective but still clinically appropriate, and when coverage changes may necessitate a change in prescriptions. Working with providers, pharmacists can use this information to improve health outcomes and value-based care for patients.

Partners For Kids pharmacists are also intimately involved in quality improvement projects that have a significant drug component:

Asthma

Partners For Kids pharmacists use claims data to learn how often individual patients fill prescriptions for controller medications vs. rescue medications – a smaller percentage of filled controller prescriptions can indicate poorly managed asthma and trigger certain interventions for a provider. Pharmacists also create prescribing guidelines and train practices on ordering preferred medications.

Behavioral Health: ADHD

Partners For Kids pharmacists developed evidence-based prescribing guidelines for patients with attention deficit hyperactivity disorder, and worked with individual practices to increase the prescribing rate of preferred medications.

Big Lots Behavioral Health



Prescribing Guidelines for Behavioral Health



**PARTNER
FOR KIDS**

Medication List for Medicaid Plans

Drug	Starting Daily Dose ¹	Max Daily Dose	Average Cost Per Script ²	Clinical Pearls
Preferred Stimulants				
Dextroamphetamine-Amphetamine Immediate Release (Adderall[®])	2.5-5 mg	40 mg	\$51	3:1 ratio dextro- to levo-amphetamine ratio. ³ Tablet can be crushed. Duration 4-6 hours.
Dextroamphetamine-Amphetamine Long-Acting (Adderall XR[®])	5-10 mg	40 mg	\$184	3:1 ratio dextro- to levo-amphetamine ratio. ³ Capsule can be opened and sprinkled. Duration 10-12 hours.
Methylphenidate Immediate Release (Ritalin[®])	5 mg	60 mg	\$45	Tablet can be crushed. Duration 4 hours.
Methylphenidate Long-Acting (Ritalin LA[®])	10-20 mg	60 mg	10, 60mg: \$346 20, 30, 40mg: \$174	50% is immediate release and 50% is extended release. Capsule can be opened and sprinkled. The 10 mg strength is not available generically and is more expensive. Duration 8-10 hours.
Methylphenidate Long-Acting (Metadate CD[®])	10-20 mg	60 mg	\$174	30% is immediate release and 70% is extended release. Capsule can be opened and sprinkled. Duration 8-10 hours.
Preferred Non-Stimulants				
Guanfacine (Tenex[®])	0.5 mg	4 mg	\$34	Monitor blood pressure. Taper when discontinuing.
Guanfacine Extended Release (Intuniv[®])	1 mg	4 mg	\$314	Take at the same time each day. Do not administer with high-fat meal. Tablet cannot be opened or crushed. Monitor blood pressure. Taper when discontinuing.
Non-Preferred Stimulants				
Amphetamine Extended Release Dispersable Tablet (Adzenys XR-ODT[®])	3.1 mg	18.8 mg	\$407	Extended-release orally disintegrating tablet. 3:1 ratio of dextro- and levo-amphetamine. ³ Duration 10-12 hours. See package insert for mg conversion to mixed amphetamine salts.
Amphetamine Extended Release Suspension (Dyanavel XR[®])	2.5 mg	20 mg	\$330	Long acting oral suspension 2.5mg/ml. 3:1 ratio of dextro- and levo-amphetamine. ³ Duration 12 hours. See package insert for mg conversion to mixed amphetamine salts.
Amphetamine Immediate Release (Evekeo[®])	5 mg	40 mg	\$229	Immediate release tablet. 1:1 ratio of dextro- and levo-amphetamine. ³ Duration 4-6 hours.
Dexmethylphenidate Immediate Release (Focalin[®])	2.5 mg	20 mg	\$29	Tablet can be crushed. Duration 4 hours. When switching from methylphenidate reduce dose by half.
Dexmethylphenidate Long-Acting (Focalin XR[®])	5 mg	30 mg	\$282	50% is immediate release and 50% is extended release. Capsule can be opened and sprinkled. Duration 10-12 hours. When switching from methylphenidate, reduce dose by half.

(Continued)

Patient Outreach

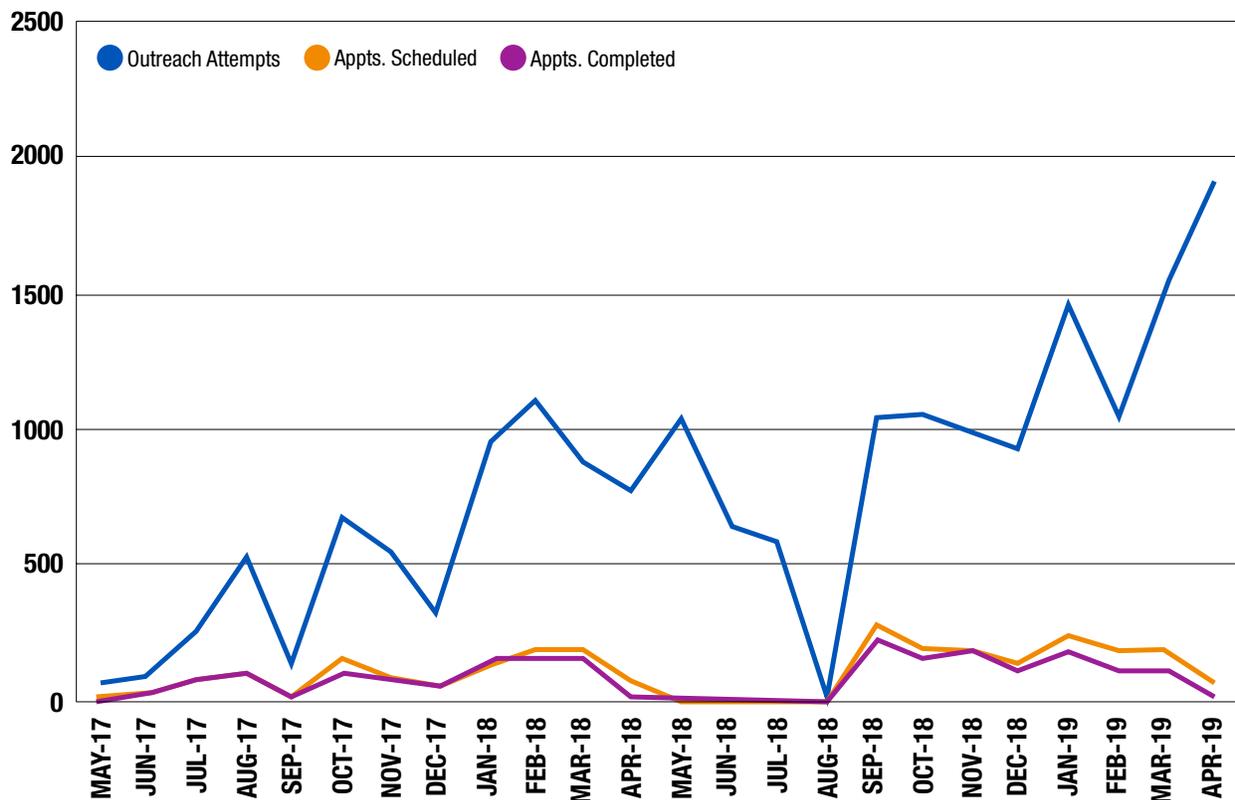
Primary care practices work to provide excellent care when patients come in their doors. But what if patients aren't coming in – if families aren't scheduling well-child visits, or if they are visiting urgent care facilities or emergency departments for common conditions instead of primary care? Resource-limited practices don't always have the time or staff members to reach out to those families.

Partners For Kids' Patient Outreach program aids those practices. Outreach coordinators can be embedded with primary care providers to make scheduling calls to families whose children are due for well checks, or to those who are regularly accessing acute care services when primary care would be more appropriate. Coordinators may also determine the obstacles preventing regular primary care visits, such as lack of transportation, and connect families to resources that can help.

Just as importantly, outreach coordinators can inform providers about patients who have never visited but who should. Every child who has health coverage through Medicaid is "attributed" to a provider. Families have the ability to choose their own provider, of course, but those who rely on urgent care providers may not realize that they have primary care available to them as well. Primary care providers, in turn, may not know all of the patients attributed to them. Outreach coordinators use Medicaid data to identify those patients and make introductory and scheduling calls on behalf of practices.

New Appointments Through Patient Outreach

Partners For Kids relaunched its Patient Outreach program in May 2017. Since then, coordinators have helped schedule thousands of appointments for dozens of practices.



Behavioral Health

One in five children lives with a significantly impairing mental illness. Half of all mental illness begins by 14 years of age. It has become increasingly clear that any strategy to improve the health of a single child or of an entire population must include efforts to address behavioral health. At the same time, many areas do not have enough behavioral health providers to meet the needs of young people, and so primary care providers are called on for these services.

In 2018, Ohio brought behavioral health into the Medicaid managed care system, giving Partners For Kids a greater opportunity to help children receive it. Partners For Kids brings many of the resources it has long employed to improve physical health care – including medication education from pharmacists and quality improvement coaching – to bear in its work on behavioral health care. But since 2018, it has also begun new initiatives in a multipronged approach to expand and improve this care for children and adolescents.

- **Project ECHO.** Project ECHO is a collaborative, telehealth-based program for primary care providers to become better educated and more comfortable in dealing with behavioral health conditions. A “hub” team from Partners For Kids, composed of a psychiatrist, psychologist, pharmacist, social worker and care manager, facilitates a videoconference discussion among a group of primary care providers every two weeks. Providers are invited to present their most challenging behavioral health cases, and participants learn together about the best evidence-based practices for managing those cases.
- **Primary Care Behavioral Health Integration.** Partners For Kids is working with a number of community practices in south central and southeastern Ohio to help behavioral health clinicians become members of those practices. While a primary care provider focuses on physical health needs, the behavioral health clinician has the expertise to manage mental and emotional conditions. Partners For Kids offers training for those behavioral health clinicians and technical assistance to maintain a population health registry in an effort to monitor and intervene in behavioral health conditions.
- **School-Based Behavioral Health.** Nationwide Children’s Hospital provides behavioral health counseling and services in dozens of central Ohio schools. Through those services, thousands of children have participated in the Signs of Suicide Prevention Program and learned self-regulating behaviors from the PAX Good Behavior Game. Partners For Kids is working to expand these services to schools in southeastern Ohio.
- **Quality Improvement.** Through Partners For Kids robust Quality Improvement Coaching program, primary care practices are able to implement and improve screening for ADHD, depression and suicidal thoughts and participate in projects to improve the evidence-based prescription of ADHD medications.

Partners For Kids offers Project ECHO, a telehealth-based program for primary care providers to become better educated in dealing with behavioral health conditions.



Patient Perspective: Advocating for a Family Through a Mental Health Crisis

Dawn Miller first met her care coordinator in the Nationwide Children's Hospital inpatient psychiatric unit. Dawn's daughter had been admitted for suicidal ideation, and Dawn felt shame that she had not fully realized her child's suffering. She worried about how she could possibly care for the three other children at home while a fourth was in crisis.

"All of this going on, I am trying to keep my daughter from dying, and now I have one more person to talk to," Dawn says of that meeting with the coordinator. "But he was calm and caring. I needed it. I started to understand there was a system in place that could help me and my family."

Dawn and her daughter Mackenzie Starkloff, now 18, became fully embedded in that system for nearly two years. On the behavioral health side, Mackenzie was a patient in the hospital, then participated in an intensive outpatient program, and then had ongoing therapy.

And on the care coordination side, a care coordinator from Partners For Kids became a trusted partner to Dawn, in ways that she wouldn't always have expected. At one point after Mackenzie's

hospitalization, it became clear that one of her providers was not meshing well with the family. Dawn couldn't figure out how to proceed.

"I didn't know if I was stuck," Dawn said. "I didn't want to jeopardize Mackenzie's health just because we weren't getting along. I wanted to be as supportive as I could be. I knew I could ask our care coordinator. I knew that even though he was part of this system, he was on our side, and he was not going to make me feel bad for asking."

He intervened and helped Dawn and Mackenzie transition to someone who fits with them better. Dawn can name any number of other ways their care coordinator intervened for her and her family: connecting them with utility bill payment resources; finding exactly the right person to speak to about reinstating the family's Supplemental Nutrition Assistance Program benefits; and introducing them to outside peer counseling when another family member began to struggle.

"Two years ago, we had this intense crisis with Mackenzie. Life or death," says Dawn. "Now we're more stable, and one of the big reasons why is our care coordinator."

"Two years ago, we had this intense crisis with Mackenzie. Life or death," says Dawn. "Now we're more stable, and one of the big reasons why is our care coordinator."

– Dawn Miller, Mother

Community and School-Based Programs

Addressing traditional health care and its delivery is often considered the main function of an accountable care organization. But what if the efforts to get children to visit a provider still don't result in an appointment? What if social and environmental obstacles, such as poor housing, hunger and unsafe neighborhoods, have such a detrimental effect on a child's health that traditional care cannot overcome them?

Nationwide Children's Hospital is one of the country's leaders in working with area partners to deliver care outside of traditional settings and to impact social determinants of health. Partners For Kids collaborates with Nationwide Children's in many of these programs; in fact, the hospital developed many of them to extend the population health successes seen in Partners For Kids. And the savings that Partners For Kids realizes by focusing on value-based care are reinvested in these and other community programs.

- **Healthy Neighborhoods Healthy Families.**

In this signature program to address social determinants of health in the neighborhoods surrounding the hospital, Nationwide Children's, the City of Columbus, a non-profit community development organization and many others have:

- Helped build or rehabilitate more than 350 single-family homes, with more on the way
- Developed the 58-unit, apartment and townhouse complex called Residences at Career Gateway
- Begun work on 70 additional rental units
- Offered workforce training, one of the catalysts to the hiring of hundreds of neighborhood residents at Nationwide Children's and other employers
- Provided mentorship and tutoring to students and families to increase kindergarten readiness, high school graduation rates and post-secondary education opportunities
- Announced the expansion of these efforts to Linden, another distressed area of Columbus, with the help of a \$5 million grant from JP Morgan Chase

A 2018 publication in *Pediatrics* found that in the first nine years of Healthy Neighborhoods Healthy Families:



Graduation rates increased from 64% to 79%.



Vacancy rates decreased from >25% to less than 6%.



Homicides fell in the neighborhood (even as city-wide numbers increased).



- **School-Based Health Care.** Care Connection is a partnership between Nationwide Children's, area schools and primary care providers to provide access to health services in schools. This care is not meant to replace a regular primary care visit; an ultimate goal of Care Connection is to connect families with regular providers. But the program allows children, especially those in the Partners For Kids system without regular providers, to receive basic services including well checks, immunizations, physicals, behavioral health screenings and medications for common conditions. Care Connection:
 - Operates full-service primary care clinics in 13 schools
 - Provides behavioral health counseling in more than 40 schools
 - Offers school-based asthma therapy in more than 200 schools
 - Uses a Mobile Care Center to provide services in additional neighborhoods and schools
 - Runs a seating and wheelchair clinic at a special needs magnet school in Columbus, where approximately 50% of children have mobility issues
- **Infant Mortality.** In 2014, Franklin County, Ohio's overall infant mortality rate was 8.4 per 1,000 births, well above the national average of 5.8. Nationwide Children's and Partners For Kids, along with local governments and other groups helped create two interconnected organizations, Ohio Better Birth Outcomes and CelebrateOne. Together, they:
 - Work to improve reproductive health planning, access and education
 - Expand access to prenatal care and expand access to the highest-risk families
 - Create quality improvement projects to enhance perinatal care
 - Publicly promote practical strategies to reduce infant mortality, such as maternal smoking cessation, safe sleeping arrangements and 18-month birth spacing



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Provider Perspective: Project ECHO and Behavioral Health Care in School

School-based health services are one of the most effective ways that Nationwide Children's Hospital and Partners For Kids reach young people who don't have a regular health care provider. With 13 full-service clinics inside central Ohio schools, behavioral health services offered in dozens of others and a Mobile Care Center, young people can have many health needs addressed between classes.

Crissie Hutmire, ANP, runs one of those full-service clinics as part of Nationwide Children's Hospital's Care Connection. She gives immunizations and physicals, orders bloodwork, makes diagnoses, prescribes medications and refers to other providers. She may also be the only health care contact for some young people with behavioral health concerns.

"I have to deal with mental health daily, especially issues related to anxiety, depression and attention deficit hyperactivity disorder (ADHD)," she says. "I do have some comfort in those areas, but I know I need to become better at it. That's why I signed up for Project ECHO."

Project ECHO is a telehealth-based program from Partners For Kids to help primary care providers better care for children and adolescents with behavioral health issues. A "hub team" from Partners For Kids facilitates videoconference discussions among providers and encourages them to present their most challenging cases and learn from each other.

Hutmire was one of the first in her Project ECHO group to present. A child for whom she had prescribed an ADHD medication had threatened self-harm. Hutmire immediately stopped the medication and made a psychiatric referral. But she wanted to know: had she done the right thing? Had the medication led to thoughts of self-harm?

"I needed someone else's opinion," she said.

The ECHO hub team and her fellow providers helped talk through her concerns. Hutmire had followed Nationwide Children's and Partners For Kids' prescribing guidelines. There were a number of other factors that may have contributed to the child's threat, and there was the possibility that it had not been sincere. But Hutmire had been right to take the actions she did.

Hutmire's colleagues also agreed that the next steps were important. The child's family has a number of barriers to accessing non-school-based care and did not follow through on the psychiatric referral, Hutmire says. So she is continuing to follow up, with knowledge gained from Project ECHO.

"I am the one who is there, at the school, and I have an opportunity to help," Hutmire says. "I want to give that family the tools to succeed if I can."

"I have to deal with mental health daily, especially issues related to anxiety, depression and attention deficit hyperactivity disorder."

– Crissie Hutmire, ANP



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Patient Perspective: Receiving Care at the Right Location

Carter and Calleigh Culbertson live in Coshocton, inside Partners For Kids' service area. But their family has chosen to see medical specialists at Akron Children's Hospital, instead of at Partners For Kids' home institution, Nationwide Children's Hospital.

It's what worked for them, says Kimberly Culbertson, Carter and Calleigh's mother. Their primary care physician already had relationships in Akron, and that helped the family feel more comfortable in the midst of dealing with ongoing medical issues. Carter, 13, has chronic migraine headaches, and sees a neurologist. Calleigh, 7, has gastroenterological concerns that are the subject of ongoing testing.

The Culbertson family continues to depend on Partners For Kids and its Care Navigation program; however, their care coordinator travels from Columbus to be with them for some appointments. More frequently, she's an advisor over the phone, helping with prior authorizations and other hurdles in Carter and Calleigh's medical care.

Does it seem strange to Kimberly that the medical care is happening at Akron Children's, while support comes from Nationwide Children's and Partners For Kids?

"It makes sense to me," she says. "Partners For Kids wants to have the best possible care. Because of where we live and other circumstances, going to Akron is what works best for us, but I still am thankful for our care coordinator's help.

I like that if I don't understand something, I can just call her," she continues. "There's no judgment. There's no 'Your child has this condition, so you should already know what this means.' What she says instead is 'I'm here to answer your questions, and I can ask questions to your doctors that you might not think to.'"

Their care coordinator has also helped the Culbertson family when issues that aren't strictly medical come up, including helping them apply for Ohio's Home Energy Assistance Program for help with bills.

"She's always in our corner," says Kimberly.

"I like that if I don't understand something, I can just call her. There's no judgment."

– Kimberly Culbertson, Mother

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