

## Covering and Caring for Kids: A State-by-State Look

By Sandy Hausman

This is New Directions in Healthcare, the Commonwealth Fund's podcast. Today, we look at an important new report on how well the nation cares for its kids. The Commonwealth Fund's *State Scorecard on Child Health System Performance* ranks states on 20 key indicators – looking at whether there's easy access to care, whether it's affordable, equitable and able to provide quality treatment and prevention so kids can lead healthy lives.

*If children get the health services they need early in life, they're more likely to be able to attend school, do well in school, and then grow up to be healthy, productive adults who can participate in a labor force, contribute to the economy, contribute to their community and their families.*

Commonwealth Fund President Karen Davis says coverage rates for parents declined in 41 states over the last ten years, while for children the rates of coverage improved in 35 states. Many kids now **have** access to care thanks to the expansion of Medicaid and the Children's Health Insurance Program, or CHIP:

*In 1997 the Congress enacted the state children's health insurance program, and over the last decade many states have taken advantage of federal matching funds to expand coverage for low income children.*

Sue Birch, executive director of Colorado's Dept. of Health Care Policy and Financing, says her state has seen a dramatic improvement since 2007 when 12 percent of residents under 18 were not insured.

*And it's pretty exciting. As of November 2010, 27,000 parents and 3,300 kids who were previously uninsured became insured*

Expanded coverage is being funded in part, Birch says, by a program in which the state charges hospitals a *provider fee* expected to generate \$600 million a year. The federal government will match that money to create a pool of \$1.2 billion.

Unfortunately, the rate of coverage varies from state to state. Again, Karen Davis:

*For example, we found that the rate of health insurance coverage in children ranges from 82% in the worst state to 97% in the state of Massachusetts where only 3% of children are uninsured, and if all states did as well as the best states, another 5.6 million children would be insured.*

But does the provision of insurance mean healthcare always gets better?

*Our study showed that there is an association between states with good rates of health insurance coverage and getting preventive services – whether those are vaccinations or getting*

*dental check-ups, so having health insurance in the U.S. is the ticket into the healthcare marketplace, and it certainly makes a difference in terms of children as well as adults ability to get the services that they need.*

*Children who are insured are more likely to be up to date with doses of all 16 vaccines. They're less likely to have dental problems such as decay, pain or broken teeth, but there's more to it than just health insurance coverage, and that's why this scorecard is so important. We also find significant differences across states in the quality of care. There are states that are doing a good job with developmental screening to identify problems early on in a child's childhood – to address those problems so that they can be treated, get special services that enable them to live up to their potential.*

In addition to coverage, the Scorecard found variability in the receipt of preventive care and treatment and the opportunity for children to lead healthy lives. The Scorecard looked at the number of children with access to a medical home, a model of care which offers comprehensive, coordinated care 24/7. Colorado is one state that's made a strong effort to get children on Medicaid or CHIP into medical homes, and to keep them out of hospitals. Again, Sue Birch with the Department of Health Care and Financing:

*We had an asthma disease management program for children with asthma for about eight years. The program was 6 months of monthly education + and we taught them about what prompts exacerbation and what to do in the event of an asthma attack. Registered nurses were available to answer questions and work with families. From 2005-2000, there was a 9.53% decrease in the average length of hospital stays for clients with a diagnosis of asthma.*

That's one way to keep costs down – since hospital and emergency room care are more expensive than on-going management of disease in a medical home.

**Preventive services** can also cut costs in the long run, but the Commonwealth Fund's scorecard showed not all states are on that bandwagon:

*The rate of preventive services ranged from 77% in the worst state to 98% in a state like Rhode Island where all except 2% of children received a preventive medical care visit in the past year. If you look at dental care, again wide ranges – anywhere from 69% in the worst state to 87% of children getting a preventive dental visit in the past year, and the best state was Hawaii in that case.*

To assure better access to preventive care, some states have increased Medicaid payments to physicians, and Academy of Pediatrics President Marion Burton says that's essential:

*The payment for services rendered to Medicaid children is woefully inadequate to even cover the basic cost of office care, and certainly it does not cover the cost of preventive services in the majority of states.*

The academy's immediate past president Judy Palfrey hopes other states will follow suit and adopt other successful changes in response to the Commonwealth Fund's scorecard:

*Any state wants to be doing a good job, and so when the states find themselves down in the second half, that means they're going to look at their procedures and look at what they're doing. Also, you see some surprises. For instance, last year I was doing something on health care coverage, and I found Alabama having actually one of the best levels of coverage in the country, in the southern area where we tend not to have such good coverage. Now what that made you do is say, "What are they doing? How did they get that kind of coverage?" And to have the states around them call up their department of health or call up their Medicaid department and say, "What did you do? How did you get that going?" I was just in Louisiana recently. They're one of the really low states, and they're asking themselves, "How did these other states do it?"*

Commonwealth Fund President Karen Davis says states are happy to learn from their neighbors:

*And that's one of the great values of a scorecard like this. It enables states to see where they're doing well, where they need to improve and to look at states that are doing well and see what they're doing that might be a model. For example, we talk about Colorado. They've tried to adopt some innovations from Michigan. Oklahoma has recently been implementing a program started in North Carolina called the Access Program that also excels in making sure that children are identified – screened formally for developmental delays and then making sure those children get the kind of special services that they need.*

Despite such success stories, experts say the U.S. has a long way to go in providing good medical care for children. Again, AAP President Marion Burton:

*In 2011 we still have somewhere between 7 and 8 million children who have no health insurance and will have no health insurance for the entire year, and therefore they will lack adequate access to care. / And if you add to that another 6 million children who will lose their health insurance coverage sometime this year, fully we have 13 million or 15% of all children in America who will lack adequate access to care because of a loss or the absence of health care coverage.*

Karen Davis says the Affordable Care Act will make coverage available to every American – a goal to be reached by 2014. In the mean time, she, Drs. Burton and Palfrey hope states will keep pushing toward better care for kids:

*First of all they can insure continuous insurance coverage for children. I think that's the most important thing -- but also making it easy for families to sign up. Some states have very long applications, lots of documentation that parents have to provide – to really streamline that, promote accountable, accessible, patient-centered coordinated care by taking advantage of all the demonstration and pilot opportunities and grants that are in the ACA.*

*We do have in this country some children that are suffering worse than in many third world countries, and that each state needs to take a good, long hard look at who those children are and how we can do better by them.*

*We still have a problem with keeping coverage as children drift from private plans to public plans and back to private plans. We need to be sure somehow that the coverage is seamless, and so we've got to get public and private carriers to work together so that these programs don't drop a child, because they have to go from one plan and re-enroll and then wait a period of time to get into another plan.*

*One of the big problems we have in the United States is that our young adults are the worst covered group + so if you're a young parent and you can't get healthcare, and all of a sudden you're now a pregnant adult, that's going to impact your child and your child's future, so we are delighted – and it's actually one of the reasons we were quite supportive of the Affordable Care Act was the fact that it was going to provide coverage for young adults, because young adults are beginning their families, and we want to make sure that they are as healthy as possible, because they are the fabric of our nation.*

*Covering children is a very, very low cost expenditure, and it actually will save a lot of dollars down the road, because these children will grow up healthier. They'll grow up with more successful lives, and in the process they will consume much less health care dollars as middle-aged and older adults. That money is probably the best investment that any state can make in health care bar none.*

You've been listening to New Directions in Healthcare – the Commonwealth Fund's Podcast, and you'll find the *State Scorecard on Child Health System Performance* on [CommonwealthFund.org](http://CommonwealthFund.org). I'm Sandy Hausman