



Memorandum

TO: Dr. Michael Lu, Associate Administrator, Maternal and Child Health Bureau, Health Resources and Services Administration

FROM: AMCHP Board of Directors

DATE: Dec. 5, 2013

RE: Follow-up to AMCHP Board of Directors Meeting and Recommendations for the Straw Person Measures and Other Outstanding Areas

Thank you again for participating in the recent AMCHP Board of Directors meeting and for your willingness and clear commitment to actively engaging and seeking the input of state Title V MCH programs on the transformation of the Title V Maternal and Child Health (MCH) Services Block Grant. This memorandum provides input from the AMCHP Board of Directors to the three areas in need of further development identified at the AMCHP meeting: 1) use of structure and process measures, 2) continued use of the Title V MCH Services Block Grant pyramid, and 3) the proposed straw person measures for state Title V performance measure reporting. AMCHP also underscores its earlier recommendations regarding the opportunity to clarify the role of the Title V MCH program in advancing the Affordable Care Act (ACA).

Structure and Process Measures

AMCHP is not fully clear as to what was meant by these measures, whether they relate to the health outcome measures and/or national performance measures, and the implications for the Title V MCH Block Grant guidance and reporting. Before we can provide comment, we would appreciate additional information on your vision for how the structure and process measures would be operationalized. AMCHP supports efforts to help clarify and better describe Title V investments and what these investments achieve while minimizing reporting burden.

The Title V Pyramid

AMCHP is not wedded to keeping the pyramid in any form or fashion. However, we are supportive of the MCHB continuing to use a graphic – in some type of a revised format if desired. AMCHP is interested, however, in incorporating use of the 10 Core MCH Public Health Essential Services in a graphic as we had outlined in our Sept. 11, 2013 memo that AMCHP can

use as we talk about Title V with our partners and stakeholders as we have heard from several Board members and states.

Proposed Straw Person Measures for State Title V MCH Block Grant Reporting

The AMCHP Board of Directors, again, wants to underscore its support for developing core focus areas essential to all states in assuring the health of MCH/CYSHCN populations to form the basis of new guidance for the Title V MCH Block Grant. This focus can then align key performance measures to each of those core focus areas while ensuring state flexibility. Again, the Title V MCH Block Grant Guidance and related reporting requirements need to better delineate the work and core functions of state Title V programs that are not captured by the current set of performance measures or reporting requirements, and be realistically achievable with the currently available resources.

Members of the AMCHP Future of Title V Work Group and additional members of the AMCHP Board of Directors extensively reviewed and provided input to the straw person measures that were presented at the November 2013 AMCHP Board of Directors meeting. The following criteria were used to assess of each proposed straw person measure and drive discussion of a new or modified measure:

- 1) Is the focus of the measure an area where state Title V programs play or should play a core role in advancing and/or investing resources and effort?
- 2) Do state Title V programs have consistent access to timely data for reporting on the specific measure?
- 3) Is the 'needle movable' for the proposed measure (i.e., are states able to demonstrate impact as a result of Title V funded interventions in the area of the measure)?
- 4) Are there evidence-based interventions that would allow state Title V MCH programs to 'move the needle'?
- 5) Is there potential for demonstrating a return on investment in the specific area of the measure?
- 6) Can the measure be stratified for children and children and youth with special health care needs?
- 7) Does the measure reflect an outcomes and impact focus?
- 8) Is the measure able to be pre-populated by the MCHB to ease reporting burden on the states?

Using these criteria, the work group developed recommendations to keep, drop or modify the proposed straw person measures. These recommendations are summarized below.

Agreement on Proposed Straw Person Measures: AMCHP agrees with the following proposed straw person measures in that they meet all or most of the criteria established for our analysis.

- 1: Severe Maternal Morbidity
- 3: Preconception Care: While there was no preconception care measure to review, the work group supports the inclusion of a measure, provided the measure selected reflects the critical aspects of preconception care, which are outlined in the CDC preconception care guidelines.
- 5: Perinatal Regionalization
- 6: Safe Sleep
- 7: Developmental Screening

Proposed Straw Person Measures to be Dropped: AMCHP identified three measures that did not meet the criteria established for the work group's review. They are the following:

- 11: Insurance Coverage
- 12: Immunization
- 15: Mental Health Treatment

These measures, which provide important context for the populations served by Title V, were determined to fall short on the criteria of 1) whether the needle could be moved with Title V investments, 2) are there evidenced-based interventions available to improve these measures, and 3) can state Title V MCH programs play a core role in their advancement. For example, major limitations for Measure 11 include concerns about whether insurance coverage could be increased as a result of Title V investments and whether there were evidence-based strategies under the purview of state Title V MCH programs to accomplish this measure. For Measure 12, substantial investments by the Centers for Disease Control and Prevention in increasing immunization coverage are already in place and the Title V role in this area might appear duplicative. Finally, the mental health treatment measures proposed in Measure 15 are a primary area of focus for mental health agencies and would not necessarily be substantially improved with limited Title V investments. For the measure regarding mental health, it would be more appropriate to focus on mental health promotion, and prevention and/or early intervention efforts particularly for young children and pregnant women and not in the area of clinical treatment.

Proposals to Modify Proposed Straw Person Measures

AMCHP proposes the following modifications to the proposed straw person measures.

- Combine Measures 2 and 4 with a focus on Early Elective Delivery: Measures 2: Low-risk Cesarean Deliveries and 4: Early Elective Delivery are closely related; Measure 2 is actually a subset of Measure 4, and these could both be measured from the birth

certificate data. The proposed data source for Measure 4 (Centers for Medicare and Medicaid Services) would however only include data for the Medicaid population and therefore limit the utility of the measure. Therefore, AMCHP recommends that Measures 2 and 4 be combined with a focus on Early Elective Delivery since this aligns well with current national efforts in this area (e.g., ASTHO, March of Dimes, CoIIN) without being duplicative since Title V would be one of the few federally funded entities charged with working on the reduction effort. In addition, there is more potential for impact here than focusing solely on low-risk cesarean deliveries. Finally, AMCHP suggests that the measure could be phrased to be more outcomes-focused, with a focus on reducing preterm birth.

- Keep Measure 8 and consider the input of external groups in this area: AMCHP supports Measure 8 (School Readiness) because education is a crucial social determinant of health, and conversely good health is critical to ensuring school readiness and ultimately, school success. AMCHP acknowledges that there are other groups, such as the MCH Measurement Research Network, providing input on definitions for this measure and those recommendations should be considered. However, we caution that in defining the measure for school readiness, that the MCHB focus on the unique role of Title V and investments in preparing children for school, and help in identifying viable evidence-based or informed interventions that can be used to move the needle, in order for the workgroup to fully support this measure.
- Change Measure 9 (Adolescent Well Visit) into a measure that has more impact on the health of adolescents across the life course and is more amenable to Title V intervention. For this measure, AMCHP recommends the following areas for consideration: 1) adolescent smoking behavior, 2) experience of bullying, or 3) a protective factor such as connection with a caring adult. Measures for these areas should be in modifiable risk factors where Title V can have a direct impact. All three could be sourced from the Youth Risk Behavior Surveillance System; however, to ensure that these measures can be stratified to examine CYSHCN, modifications may be needed.
- Replace Measure 10 (Medical Home) with three measures that more strongly demonstrate the role of Title V in improving the lives and health of children and youth with special health care needs, especially in the area of transition. The group recommends that specifying components of medical home such as 1) availability of a usual source of care and 2) availability and family satisfaction with coordination of services may be more helpful than an overall measure of medical home. Additionally, this approach could help underscore the importance of family engagement by having more specific measures that reflect how the Medical Home model heavily promotes family-centered care and shared-decision making. Here, the work group also felt

strongly that the existing Core Outcome #6, Transition (Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence) would be an appropriate measure. The component questions for this measure are identified by the Data Resource Center for Child & Adolescent Health and are included on the National Survey of Children with Special Health Care Needs and have been endorsed by the National Quality Forum. Finally, to assure continuation of the unique component of Title V that promote family-centered care and engages families as equal partners in decision making, we recommend retention of Form 13 to document family participation in children with special health care needs programs.

- Focus Measure 13 (Nutrition and Physical Activities) on the components listed as iii. Gestational Weight Gain and iv. Breastfeeding. The other proposed components are more distal to the impact of Title V programs on health behaviors and there is considerable overlap with other federally funded programs and initiatives to reduce obesity among children and adults. Focusing on gestational weight gain and breastfeeding, for which there are evidence-based guidelines, will allow Title V programs the best chance of success in impacting health outcomes.
- Include oral health measures in the final set of measures and use recommendations #1 and #2 for oral health measures as described in the Children's Dental Health Project (CDHP) memo to the MCHB dated Nov. 25, 2013. AMCHP acknowledges that no specific oral health measure had been identified and supports inclusion of oral health measures #1 and #2 in the final set of measures as proposed by the Children's Dental Health Project. The first measure recommendation, the percent of women who had their teeth cleaned during their last pregnancy, can be impacted by oral health promotion efforts funded by Title V and there is evidence that oral health during pregnancy can impact birth outcomes. The second measure recommendation, the percent of children under age six who had a cavity or toothache in the last six months, is supported by the Bright Futures guidelines and represents an opportunity to assess oral health early in childhood. It is important to note that any measure of oral health for children should be stratified to examine the oral health of children and youth with special health care needs. Data sources for these measures are PRAMS and the National Survey of Children's Health, respectively. Finally, AMCHP notes that the existing Title V measure examining third grade sealants (CDHP Measure Recommendation #3) may be too late for prevention, particularly for the highest risk populations. For this reason and to help reduce reporting burden on states, we are not recommending inclusion of this oral health measure at this time.

Clarifying the Role of Title V and the Affordable Care Act

Finally, we want to reiterate our support for an area first recommended in our memorandum of September 11, 2013 but not discussed at the AMCHP Board of Directors meeting: the role of Title V in the Affordable Care Act. Again, future Title V program guidance should include clear expectations that state Title V programs have a complementary role in advancing and implementing health reform and that each state *may* include support for health reform-related activities in their annual applications and reports, based on the findings of their needs assessment and as capacity and resources allow. Without clarifying expectations in this area, there will likely be continued confusion among the states and inability to tell a national story about how Title V is supporting health system improvements. Furthermore, states should incorporate considerations for health reform and the ACA in their five-year needs assessment.

For decades the Title V MCH Block Grant has supported a federal-state partnership that assures a foundation within every state health agency to assess, provide, and assure a system of services focused on improving the health of all women and children. In closing, AMCHP again wants to thank you for your leadership on the transformation of the Title V MCH Services Block Grant program and to ensuring the health of all women, children including CYSHCN, and their families. We look forward to continuing to partner with you on this most important work.