



ALIGNING NATIONAL TITLE V PERFORMANCE MEASURES ON TRANSITION, MEDICAL HOME, PREVENTIVE CARE, AND INSURANCE: SUGGESTED STRATEGIES FOR STATES

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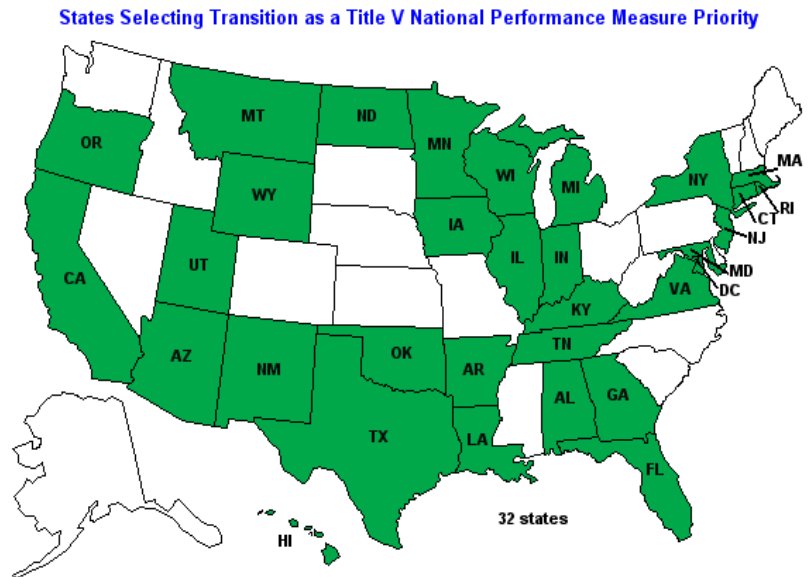
This report is intended to assist state Title V agencies and their partners in linking performance improvements and innovations for transition from pediatric to adult health care with medical home, adolescent well care, well care for women, and adequate health insurance. Each of these topics is closely related to the health and well-being of adolescents and young adults and corresponds to professional recommendations that call for health care transition to be a routine part of anticipatory guidance, medical home, and chronic care with continuous access to insurance coverage.¹

Aligning performance measurement under the Title V Maternal and Child Health Block Grant transformation framework has many potential benefits for maternal and child health populations and programs. According to Dr. Michael Lu, the Associate Administrator of the federal Maternal and Child Health Bureau (MCHB), “We cannot improve maternal and child health in our Nation by working in silos.”² Beginning in fiscal year 2016, state Title V programs were required to select eight of 15 new national performance measures (Table 1) as well as five or more state-specific performance measures to improve over the next five years. To implement these performance measures, MCHB encouraged states to identify evidence-informed strategies, “with the expectation that improvements in structures or processes will drive improvements in performance, which in turn will drive improvements in outcome.”³ MCHB also called for states to strengthen collaborative partnerships to achieve performance improvements.

Included in this report is a summary of state Title V agencies’ selection of transition as a national performance measure along with a review of states that also selected each of the four related measures (Table 2). It offers suggested options for objectives and strategies that include transition. A companion report, [State Title V Health Care Transition Performance Objectives and Strategies](#), provides additional background on suggestions for evidence-informed health care transition objectives and strategies.⁴

State Title V Selection of Health Care Transition as a Priority

A total of 32 state Title V agencies – representing all regions of the country -- selected pediatric to adult health care transition as one of their 15 national performance measures to improve, based on our review of Title V State Action Plans for 2016. The majority of these states (75%) initially intend to focus on transition of youth with special needs, while a smaller proportion (25%) plan to address both youth with and without special needs.



Suggested Strategies to Align Medical Home and Transition

Among the 32 states selecting transition as a performance measure, 23 (71%) also identified medical home as a priority. Although only 4 of the 23 states explicitly referenced transition as part of their medical home strategies, several states incorporated care coordination strategies and family engagement – both essential activities that are part of transition planning. State Title V agencies may want to consider the following as possible linked strategies:

- 1) Incorporate health care transition planning into written plans of care for youth with special needs.
- 2) Encourage use of the Six Core Elements of Health Care Transition⁵ by practices seeking medical home certification.
- 3) Identify adult medical home practices interested in caring for young adults, particularly those with special needs.

Suggested Strategies to Align Preventive Care for Adolescents and Transition

Nineteen of the 32 states (59%) that selected transition as their performance measure also chose the adolescent preventive visit measure. One state mentioned transition as part of its adolescent well visit action plan. Many states, importantly, addressed youth engagement, outreach, and training on adolescent-centered care – all important components of pediatric to adult transition. Possible strategies for state Title V agencies to consider are below.

- 1) Partner with the state's Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program to educate and encourage pediatric providers to incorporate transition into their routine adolescent well visits.
- 2) Increase the use of a standardized transition tool (eg, transition readiness assessment or self care assessment tools in Six Core Elements of Health Care Transition) as part of routine adolescent preventive care.
- 3) Partner with payers to encourage payment of transition readiness assessment (CPT Code 99420).⁶

Suggested Strategies to Align Well Care Visits for Women and Transition

As many as 26 of the 32 states (81%) that selected transition also identified the well woman visit as a priority. However, no state incorporated transition or integration into adult health care into their objectives or strategies. Importantly, like the states that selected the adolescent well visit measure, many states also included outreach, educating consumers about importance of preventive care, and linking reproductive and primary care in their action plans – efforts important in transition from pediatric to adult health care. Several linked strategies that could be considered by state Title V agencies include the following.

- 1) Request that primary care and reproductive health providers establish a process to welcome and orient new young adult women into their practice and provide a set of frequently asked questions and online resources for new young adult patients.
- 2) Encourage adult primary and reproductive care providers to develop a young adult transition and care policy consistent with the Six Core Elements of Health Care Transition.
- 3) Encourage adult primary and reproductive care providers to incorporate a self care assessment as part of routine preventive visits with young adult women, using the Six Core Elements self care assessment tool or the Patient Activation Measure.

Suggested Strategies to Align Adequate Insurance Coverage and Transition

Six of the 32 states (19%) that selected transition also selected the adequate insurance measure. None of these states addressed transition, but several focused on insurance continuity to avoid eligibility gaps, insurance advocacy for those likely to be uninsured or underinsured, and consumer and staff training about state and federal insurance options – again, all critically important issues pertaining to transition. Possible ideas for coordinated strategies are listed below.

- 1) Make available brief state-specific insurance and disability educational resources that can be shared with pediatric and adult practices as part of transition planning.
- 2) Link health insurance outreach and educational strategies with information about transition from pediatric to adult health care for adolescents, young adults, and their families.
- 3) Encourage health plans to examine provider network availability related to adult providers able to care for young adults with special health care needs, including those with intellectual/developmental disabilities, mental/behavioral conditions, and complex childhood-onset medical conditions.

Conclusions

Developing a cohesive, coordinated state action plan that incorporates new national and state performance priorities is a high priority for every state Title V program. To the extent that states can align their improvement plans for pediatric to adult transition with related efforts for medical home, preventive care for adolescents and women, and adequate health insurance, the more effective and efficient their MCH transformation efforts are likely to be.

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Go to www.GotTransition.org for tools and resources on everything related to health care transition. Got Transition’s “Resources” page has sections dedicated to medical home, health insurance, and much more.

**Table 1. Title V National Performance Measures
(In bold are the measures pertaining to transition)**

1. Percent of women with a past year preventive visit
2. Percent of cesarean deliveries among low-risk first births
3. Percent of very low birth weight infants born in a hospital with a Level III+ neonatal intensive care unit
4. A) Percent of infants who are ever breastfed and B) percent of infants breastfed exclusively through 6 months
5. Percent of infants placed to sleep on their backs
6. Percent of children, ages 9-71 months, receiving a developmental screening using a parent-completed screening tool
7. Rate of injury-related hospital admissions per population ages 0-19 years
8. Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day
9. Percent of adolescents, ages 12-17, who are bullied
10. Percent of adolescents with a preventive service in the last year
11. Percent of children with and without special health care needs having a medical home
12. Percent of children with and without special health care needs who received services necessary to make transitions to adult health care
13. A) Percent of women who had a dental visit during pregnancy and B) Percent of infants and children, ages 1-17, who had a preventive visit in the last year
14. A) Percent of whom who smoke during pregnancy and B) Percent of children who live in households where someone smokes
15. Percent of children 0-17 who are adequately insured

Table 2. State Title V Agencies' Selection of National Transition Performance Measure and Related Measures for Medical Home, Adolescent Well Care, Women Well Care Visits, and Adequate Insurance

State	Transition	Woman Well Visit	Adolescent Well Visit	Medical Home	Adequate Insurance
AL	X	X	X	X	
AZ	X	X	X		
AR	X	X			X
CA	X	X		X	X
CT	X	X	X	X	
DC	X	X			
FL	X	X		X	
GA	X	X			
HI	X	X	X		
IL	X	X	X	X	
IN	X			X	
IA	X	X	X	X	
KY	X				
LA	X	X	X	X	X
MD	X		X	X	
MA	X	X	X	X	
MI	X	X	X	X	
MN	X	X	X	X	X
MT	X		X		
NJ	X	X	X	X	
NM	X	X	X	X	X
NY	X	X	X		
ND	X	X		X	
OK	X	X	X		
OR	X	X	X	X	
RI	X	X	X	X	X
TN	X	X		X	
TX	X	X		X	
UT	X	X		X	
VA	X			X	
WI	X	X		X	
WY	X		X	X	
TOTAL	32	26	19	23	6
FSM	X	X	X		
Guam	X	X	X	X	X
MI	X	X	X		
PR	X	X	X	X	
VI	X	X	X		
TOTAL	5	5	5	2	1

Source: information collected from individual states' State Action plans can be found at <http://mchb.hrsa.gov/programs/titlevgrants/stateactionplans.html> .



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¹ American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians. Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011; 128: 182-200.

² Lu MC, Lauver CB, Dykton C, Kogan MD, Lawler MH, Raskin-Ramos L, Watters K, Wilson LA. Transformation of the Title V Maternal and Child Health Services Block Grant. *Maternal and Child Health Journal*. 2015; 19:927–931.

³ Ibid.

⁴ McManus M, Beck D, White P. *State Title V Health Care Transition Performance Objectives and Strategies: Current Snapshot and Suggestions*. Washington, DC: Got Transition/The National Alliance to Advance Adolescent Health, February 2016.

⁵ The Six Core Elements of Health Care Transition is a nationally recognized transition model and is aligned with professional recommendations. Sample tools to implement the Six Core Elements are available at www.gottransition.org.

⁶ McManus M, Molteni R. *Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care*. Washington, DC: Got Transition/The National Alliance to Advance Adolescent Health, updated January 2016.

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