



# HEALTH CARE COVERAGE, ACCESS & QUALITY: A SNAPSHOT OF A POLICYLAB RESEARCH PORTFOLIO

As pediatricians often say, children are not just little adults. Their unique needs and interactions with the health care system require thoughtful solutions that are distinct from those delivered to adults. The policies, programs and practices implemented inside of hospital walls, community organizations and government agencies have a profound impact on ensuring that all children—regardless of their health status, race or ethnicity, sexual orientation, primary language, parental income or geographic location—have access to high-quality care and coverage.



## ACHIEVING EQUITABLE CHILD HEALTH OUTCOMES IS CHALLENGING IN A CHANGING HEALTH CARE LANDSCAPE.

PolicyLab research<sup>1</sup> shows that parents are encountering increasingly unaffordable health insurance plans at work, and as a result more and more low-income families are migrating to public health insurance to cover their children. Meanwhile, health systems have become more complex, increasing in size and facing greater barriers to serving all children needing care equally.

The demand has never been greater to identify new models that improve care delivery for families. With recent changes to federal and state health insurance markets, burgeoning health care technologies and a growing emphasis on improving the value and lowering the cost of health care, we have a significant opportunity in pediatrics to innovate across our entire system of care—from the health insurance markets to the care settings in hospitals, primary care and the home—to not only improve population health, but deliver a more efficient, effective system that best meets children's unique needs.


### Health Care Coverage, Access & Quality Factors

 Health Insurance

 Behavioral Health

 Care Coordination

 Health & Technology

 Prevention & Population Health

**PolicyLab is working to ensure that families can afford the health care their children need, and that all children receive the right care, in the right place, at the right time.**

By researching and changing the way health care services are delivered through integration of interdisciplinary care teams that leverage technology to meet children and families where they are, we can improve access to and quality of health care for all youth. And as we refine the way we deliver health services, we also recognize the need

to move beyond our hospital walls. PolicyLab collaborates with community partners to propose and implement sustainable, evidence-informed health care programs and policies across the following five topics that support multiple models of care so that all children can thrive in an ever-changing health care coverage landscape.

**CURRENT STATE OF HEALTH CARE COVERAGE, ACCESS & QUALITY**



**HEALTH INSURANCE**

Disparities in the quality of coverage and rising insurance costs can impact access to care and health outcomes.



**BEHAVIORAL HEALTH**

Many youth experience undetected or untreated mental health conditions, which can also exacerbate medical conditions.



**CARE COORDINATION**

Providers and caregivers are responsible for care coordination though they often lack adequate resources to do so.



**HEALTH & TECHNOLOGY**

New health care technology is not appropriately vetted and implemented within health systems.



**PREVENTION & POPULATION HEALTH**

Children and families face community-based challenges that lead to preventable morbidity and costs from medical and behavioral conditions.

**POLICYLAB'S TOOLKIT: RESEARCH POLICY PROGRAMS**



**HEALTH INSURANCE**

Every child has access to comprehensive health coverage that best meets their unique needs.



**BEHAVIORAL HEALTH**

Behavioral health treatment and prevention services are well integrated into schools, hospitals and primary care.



**CARE COORDINATION**

Pediatric health systems have sufficient resources for interdisciplinary, integrated care teams that better manage high-risk children's care.



**HEALTH & TECHNOLOGY**

Innovative technologies are properly evaluated, leveraged and standardized across health systems to support timely, responsive care.



**PREVENTION & POPULATION HEALTH**

Earlier identification of health and social needs can lead to targeted interventions that improve health outcomes and reduce costs.

**IDEAL STATE OF HEALTH CARE COVERAGE, ACCESS & QUALITY**



## HEALTH INSURANCE

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**About 95 percent<sup>2</sup> of children and adolescents in the United States have health insurance.**

Despite this remarkable number, the quality and breadth of services covered under these insurance plans varies greatly depending on the individual plan. Furthermore, rising insurance costs—in the form of premiums and deductibles—can influence how and when children access care and, in some cases, their health outcomes.

PolicyLab's research seeks to investigate the quality of children's health insurance options, how our evolving health care landscape affects families' decisions on how and if to cover their children and, ultimately, how these insurance plans impact health outcomes. With this research, we seek to inform policy decisions that can lead to robust, quality coverage that best meets the health care needs of our nation's young people and their families.



## BEHAVIORAL HEALTH

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**Many researchers around the country, including those at PolicyLab, have shown that untreated mental and behavioral health conditions exacerbate existing physical conditions,<sup>3</sup> hinder academic performance<sup>4</sup> and in some cases threaten a youth's life.**

These untreated conditions can increase health care utilization<sup>5</sup> and even have an economic impact by driving up costs and lowering productivity—issues health systems and policymakers are particularly concerned by.

Research has revealed that the prevalence of these conditions is on the rise,<sup>6</sup> but youth's access to mental health services isn't adequately meeting this increased need. Youth with untreated mental health conditions interact with the health care system in many different ways, so PolicyLab researchers are considering thoughtful, innovative solutions to expand and integrate child and adolescent access to mental health care in a variety of settings, including hospitals, primary care, subspecialty settings and schools.



## CARE COORDINATION

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**Managing the care of children with complex medical conditions requires the input and action of many stakeholders.**

For example, a caregiver, provider, community health worker and school nurse may all be involved in managing the care of a child with asthma as flare-ups can occur in a variety of settings. Quality care coordination can be difficult to attain, and poor care coordination can lead to worse health outcomes for these children.

PolicyLab's research seeks to identify opportunities to improve care coordination for youth with complex medical or social needs. We have developed and are evaluating interventions that enhance shared decision making between providers and caregivers, which leverage community health workers and care team navigators to assist in managing the aspects of care that happen outside of hospital and clinic walls.



## HEALTH & TECHNOLOGY

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**A recent, rapid rise in technological advancement has brought about new opportunities to engage children and families in their care, enhance research on health behavior change using sensors and smartphones, and improve health care delivery.**

For example, physicians have begun to use telemedicine as a convenient method for interacting with families on some health conditions, and the use of electronic health records (EHR) has the potential to standardize and enhance documentation of care delivery.

PolicyLab's research seeks to leverage new technological opportunities to best meet the needs of patients. We are experimenting with novel interventions and methods to deliver health care services, such as an EHR prompts to remind providers to discuss nicotine replacement therapy with caregivers who smoke and using mobile applications to enhance care engagement and medication adherence for high-risk children with HIV and asthma.





## PREVENTION & POPULATION HEALTH

**A wealth of research has demonstrated that the earlier we can prevent or stop the progression of a disease or condition the better.**

This is true for everything ranging from asthma to depression to sexually transmitted infections. Unfortunately, many children and families do not have access to health care or community services designed to protect them from these conditions. Improving outcomes will require a shift of the health care delivery model from reactive treatment during scheduled office visits to more proactive identification and outreach to families whose children are struggling.

PolicyLab's research seeks to evaluate how leveraging technology can help proactively identify children at risk, and thereby improve health outcomes and reduce dependency on hospital services. As we attempt to maximize health of children in their communities, our researchers are evaluating the needs of a specific community and developing strategies to prevent and mitigate the effects of harmful conditions that are especially prevalent in that population.



**VISIT** [POLICYLAB.CHOP.EDU/OUR-RESEARCH/HEALTH-CARE-COVERAGE-ACCESS-QUALITY](https://www.policylab.chop.edu/our-research/health-care-coverage-access-quality)

to learn more about all of our health care coverage, access & quality research.



**The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.**

**PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.**

## REFERENCES

1. Strane D, French B, Eder J, Wong CA, Noonan KG, Rubin DM. Low-Income Working Families With Employer-Sponsored Insurance Turn To Public Insurance For Their Children. *Health Aff (Millwood)*. 2016;35(12):2302-2309.
2. Alker A, Pham O. Nation's Uninsured Rate for Children Drops to Another Historic Low in 2016. Georgetown University Center for Children and Families. Accessed September 5, 2018.
3. Doupnik SK, Lawlor J, Zima BT, Coker TR, Bardach NS, Rehm KP, Gay JC, Hall M, Berry JG. Mental Health Conditions and Unplanned Hospital Readmissions in Children. *Journal of Hospital Medicine*. 2018;10.12788/jhm.2910
4. DeSocio, J. and Hootman, J. (2004). Children's mental health and school success. *The Journal of School Nursing* 20(4):189-196.
5. Doupnik SK, Lawlor J, Zima BT, Coker TR, Bardach NS, Hall M, Berry JG. Mental Health Conditions and Medical and Surgical Hospital Utilization. *Pediatrics*. Nov 2016, e20162416; DOI: 10.1542/peds.2016-2416
6. Nguyen T, et al. *State of Mental Health in America 2018*. Mental Health America, 2017. <http://www.mentalhealthamerica.net/issues/state-mental-health-america>

### PolicyLab

Children's Hospital of Philadelphia  
2716 South Street  
Roberts Center for Pediatric Research,  
10th Floor  
Philadelphia, PA 19146

**P** 267-426-5300

**F** 267-426-0380

PolicyLab@email.chop.edu  
[policylab.chop.edu](mailto:policylab.chop.edu)

@PolicyLabCHOP