

# Meeting Summary for Women & Children's Health Committee

## Zoom Meeting

Jan 13, 2025 09:24 AM Eastern Time (US and Canada) ID: 948 7085 6502

### Quick recap

The meeting discussed Connecticut's only children's hospital and the presentation was on the hospital's advancements in fetal and neonatal care, challenges in providing high-quality care to pediatric patients, and the ongoing mental health crisis in Connecticut. The conversation ended with discussions on the importance of strengthening families and communities, the need for a transformed payment system, and the impact of the opening of urgent care crisis centers.

### Next steps

Connecticut Children's team to provide detailed analysis of the Medicaid rate study results, considering pediatric rates separately from adult rates.

State leaders to implement a Medicaid rate solution that achieves parity with adult systems for Connecticut Children's.

State to approve Medicaid revenue enhancement in fiscal year 2025 to address underpayment issues for Connecticut Children's.

State to partner with Connecticut Children's to implement Medicaid payment models that reward achievement of pediatric-focused health and social determinant metrics.

State to identify new opportunities to leverage Federal Medicaid revenue for pediatric care.

Connecticut Children's to provide follow-up information on the impact of urgent care crisis centers on emergency department visits.

Connecticut Department of Social Services to share concerns about Medicaid underfunding with the department leadership.

Committee members to review the comprehensive information provided by Connecticut Children's and prepare questions for future discussions.

### Summary

The meeting began with State Representative Jenn Leeper expressing her gratitude for the opportunity to work with the team and introduced Representative Sarah Keitt, who will be taking her role as the Co-Chair for the committee. Sarah expressed her excitement about being part of the team and gave her background in public health and her enthusiasm for working on Medicaid issues. Co-Chair Amy Gagliardi was also welcomed. Jane Baird ([jbaird@connecticutchildrens.org](mailto:jbaird@connecticutchildrens.org)) of Connecticut Children's Hospital then introduced her team and handed over to Jim Shmerling to start the presentation.

### Connecticut Children's Hospital Expansion Plans

Jim Shmerling, a representative from Connecticut's only children's hospital, discussed the hospital's commitment to the health and well-being of children. He highlighted the hospital's unique position as a dedicated children's hospital, its partnerships with pediatricians and other institutions, and its role as a teaching institution for the University of Connecticut School of Medicine. Jim also emphasized the hospital's focus on research and advocacy, and its ranking as number one in the state for community benefit. He further explained the hospital's expansion efforts, including the construction of a new tower to expand newborn intensive care unit space and the introduction of new services such as fetal medicine.

## Connecticut Hospital's Advancements and Challenges

Jim discusses Connecticut Children's Hospital's advancements in fetal and neonatal care, including diagnosing and treating anomalies in utero. The hospital is adding cellular gene therapy and a bone marrow transplant service for pediatric oncology patients. Jim highlights the hospital's community outreach efforts and partnerships to address social determinants of health. However, he expresses concern about underfunding from Medicaid, which covers over half of their patients. David Krol then outlines challenges in designing value-based payment programs for children, such as programs being designed for adults, lack of relevant pediatric quality metrics, and limitations in using lower-cost settings for certain pediatric services.

## Pediatric Care Challenges and Solutions

David Krol discussed the challenges faced in providing high-quality care to pediatric patients, particularly in behavioral health. He highlighted issues with data accessibility, delayed or incomplete notifications of discharges from emergency departments and hospitals, and the lack of upfront payments to support infrastructure investments. David also emphasized the need for pediatric-specific metrics and risk algorithms in payment models, the importance of real-time data exchange, and the necessity of pediatric voices in value-based payment model discussions. He expressed gratitude for the improvements made in the PCMH Plus program and called for continued efforts to address these challenges.

## Addressing Mental Health Crisis in CT

Howard Sovronsky discussed the ongoing mental health crisis in Connecticut, highlighting the challenges faced by the state's largest provider of psychiatric emergency care, Connecticut Children's. He emphasized the need for core funding to drive growth and improve accessibility, responsiveness, and quality of care. Howard also pointed out the growing need for services for children with significant intellectual disabilities and the need for a coordinated system of care. He expressed interest in advancing integrated behavioral care and establishing a children's cabinet to better coordinate services and funding. Howard also mentioned the partnership with The Village, an organization that has established urgent care centers and a residential crisis stabilization program. He urged for sustainable funding for these programs and a structural change in Medicaid rates to reflect the actual cost of delivering care.

## Strengthening Families and Communities

Dr. Paul Dworkin emphasized the importance of strengthening families and communities to promote optimal health, development, and well-being of children and youth. He highlighted the need for collaboration and integration of efforts across all sectors to achieve desired outcomes. Paul also discussed the Office for Community Child Health's flower diagram, which represents comprehensive system building, and the North Hartford Ascend model, a US Department of Education Promise Neighborhoods grant aimed at building a cradle-to-career pathway for children and youth in underserved neighborhoods. He concluded by offering seven policy implications to strengthen families and communities, including scaling and spreading the North Hartford Ascend model and increasing access to effective care coordination and navigation services.

## Establishing Children's Cabinet and Pediatric Care Challenges

Paul discussed the importance of establishing a meaningful and impactful Children's Cabinet to promote interagency collaboration and solve the 'wrong pocket problem' of financing. He emphasized the need to employ tools like a return-on-investment calculator to justify investment in a comprehensive childhood system. Bridget Feagin, executive vice president and chief financial officer for Connecticut Children's, then presented on the unique challenges of pediatric care, highlighting the higher patient population on Medicaid, the higher cost of care

due to the range of patients and required interventions, and the lower cost coverage compared to other hospitals. She also noted that Connecticut Children's has the highest case mix index, indicating the high level of sickness among their patients.

#### Hospital Margin Decline and Medicaid Challenges

Bridgett presented a year-over-year margin trend analysis, highlighting a significant decline in the hospital's and specialty group's margins. She noted that the hospital's margin has dropped from 4.7% to 1.9% and that the operating margin for the fiscal year 24 is either break-even or slightly negative. Bridgett also discussed the challenges faced with Medicaid, emphasizing the need for increased cost coverage to 62% and the necessity for a long-term Medicaid rate solution. She also mentioned the hospital's decision to close one primary care location and a specialty care center, and the delay in the opening of the new tower. Bridgett concluded by offering recommendations for Medicaid rate study results and the need for long-term Medicaid rate solutions. Jim then provided closing remarks, emphasizing the need for a transformed payment system, and addressing the inequities in funding and infrastructure. He also mentioned the potential for new jobs and tax revenue from the new tower. Amy thanked Bridgett for her comprehensive overview and expressed interest in further discussions once the cost analysis study is completed.

#### Addressing Care Discharge and Funding

In the meeting, Sarah expressed gratitude for the information shared and emphasized the importance of not losing an essential provider of care in the community. Eva Forrest raised a question about the common barriers to discharging children to proper placements, to which Howard responded, citing issues such as lack of throughput in the system, children in foster care, and those with complex conditions requiring specific care. Monika Nugent asked about the impact of the opening of urgent care crisis centers and the allocation of additional funding for children's behavioral health, to which Howard responded that they received a grant but the data on the urgent care centers is still new. The conversation ended with no further questions and the announcement of the next meeting on February 10, 2025, featuring a presentation from the Department of Public Health on cannabis use during pregnancy.