



Connecticut Children's  
*Office for Community Child Health*



# Promoting Children's Health

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How a unique relationship is creating a more connected care experience for children, families, and communities



# A New Model for Payer-Provider Relationships

*Dr. Donna O'Shea is a National Senior Medical Director of Population Health Management at UnitedHealthcare. She discusses how UnitedHealthcare's experience with Connecticut Children's Office for Community Child Health illustrates the changing nature of the company's relationships with care providers and the types of collaborative programs payers and providers are exploring together to create a better patient experience and better health outcomes.*

It takes amazing vision and effort to hold complex systems together. It reminds me in some ways of when you're doing a jigsaw puzzle. You empty the box and you have all these pieces scattered across the table. You know they all fit together, but at first, you think, "I'll never be able to connect this." Then pretty soon you start putting the reds with the reds, and the corners with the corners, and you start to see, "Oh, all of these pieces can work together."

**“***We have to recognize it takes more than just a provider. It takes the community. It takes partnering with hospitals and offices like the Office to touch the children of Connecticut and keep them healthy.***”**

— **Dr. Donna L. O'Shea**

So, the question is how can we help physicians who only have so much time in a day to not only take care of the person that's sitting in front of them, but all the other patients that count on that physician? Because if you do population health

management really well, you're going to keep patients out of the hospital and out of the emergency room and they won't need to see you as often.

One of the great things I've seen working with UnitedHealthcare and specifically partnering with the Office is the relationships that are forming between insurers, care providers, and communities—because it's complicated to keep people healthy. I think it's fair to say if one were to go back a decade or so, there was often a contentious relationship between insurers and providers. But now both sides have changed, and we're miles away from what might be considered a strictly transactional relationship.

I'm seeing more and more of those kind of deeply collaborative partnerships in my work, and UnitedHealthcare's relationship with the Office is emblematic of that shift. I'll also say it's wonderful to live and work in a place where this is happening. We're passionate about making health care simpler, and we are serious about giving back to the communities where we live and work. We're all together in this.



*Dr. Donna L. O'Shea is National Senior Medical Director, Population Health Management, UnitedHealthcare*

# Promoting Children's Healthy Development

As a developmental pediatrician, Dr. Paul Dworkin has always been preoccupied with answering the question, “How do we move beyond merely treating diseases and disorders, and even preventing diseases and disorders, to truly promoting children’s healthy development?”

Even after caring for thousands of children as if they were his own throughout his 15 years as Physician-in-Chief at Connecticut’s Children’s Medical Center and Chair of the University of Connecticut’s Department of Pediatrics, Dr. Dworkin is still obsessed with finding the perfect solution. His search continues, but the journey now has him leading the development of a different “child” of sorts—the five-year-old Connecticut Children’s Office for Community Child Health (the Office), part of the largest freestanding children’s hospital between New York City and Boston.

*“We don’t regard health as an end onto itself but rather as necessary for children to be optimally functioning and to ultimately succeed.”*

— Paul H. Dworkin, MD

Dr. Dworkin led the creation of the Office in 2012 and currently serves as executive vice president of community child health at Connecticut Children’s and director of Connecticut Children’s Office for Community Child Health, guided by a vision for an organization that could serve as the connective tissue between the care delivery system and community programs and resources that address a wide range of factors influencing children’s healthy development. This philosophy is rooted in his personal belief that all of us—every child, every family, every community—deserve access to a wide array of services and programs that promote health that extend far beyond the hospital’s four walls.

The programs of the Office focus on fostering health promotion among children and their families, and preventing future health issues before they develop, through greater connectedness. The model shares many of the same attributes that we hear so much about in the population health strategies that are popular today. To be successful, the Office had to connect hospital and community-based resources as one.

More importantly, it required a collaborative partner who shared the hospital’s mission-driven view of health care and had innovation in its DNA.



## A Shared Vision to Improve People's Health

UnitedHealthcare and Connecticut Children's Medical Center had a history of working together well beyond the contractual relationship that designated the hospital a network provider. UnitedHealthcare's Connecticut employees regularly participated in volunteer activities at the hospital, and both organizations play prominent roles in the greater Hartford community as large employers and corporate sponsors.

As a result of that relationship, UnitedHealthcare was one of the first organizations Dr. Dworkin and other Connecticut Children's leaders approached about their vision for the Office. They knew that with a similar mission driving UnitedHealthcare employees, coupled with the company's foundational competencies in clinical insights and data analytics, it could be the partner they were looking for.

After several meetings with Dr. Dworkin and other hospital leaders about the importance of community-based health care programs, UnitedHealthcare in March 2014 provided both a grant and the knowledge resources that would help catapult the Office's efforts to new heights. UnitedHealthcare's support focused on three key areas: innovation, quality improvements among physician practices, and infrastructure needed to expand the Office.

"The importance of the Office's strategic partnership with UnitedHealthcare in terms of reach, experience, and infrastructure support that have enabled our

organization to maximize resources and achieve scale cannot be overstated," says Dr. Dworkin.

"UnitedHealthcare has been an extraordinary partner for us, not just in providing funding to enable us to grow our office and initiatives, but also in terms of being a key partner in our thinking and planning."

The most obvious example of this perhaps is seen in the Office's innovation work. "We know that UnitedHealthcare has been active in the innovation arena for a good long time," Dr. Dworkin explains. "We've been very impressed by the extent to which UnitedHealthcare looks across its entire staff as potential innovators—and even has an annual competition to identify the best ideas, and vet and perhaps even test and evolve those good ideas into potential sustainable programs. We've been informed by UnitedHealthcare's processes and have adopted a similar approach in our Advancing Kids Innovation Program [which helps others develop innovative ways to promote the healthy development of children]."

See related story on innovation, page 7

## Building Cross-Sector Partnerships

The Office guides its programs, first and foremost, to establish a remarkably trusting relationship with the families they serve. It is a relationship in which the needs of the family, the priorities of the family—really the voice of the family—is given pride of place. It is a relationship

*Paul H. Dworkin, MD, is the executive vice president for community child health at Connecticut Children's, the director of the Connecticut Children's Office for Community Child Health and the founding director of the Help Me Grow® National Center*

*Dr. Dworkin is also a professor of pediatrics at the UConn School of Medicine*



that is based on an understanding of the family’s needs matched with intimate knowledge of where appropriate resources might exist within the community. And it’s a relationship that enables families to successfully make the link to those resources that best address their needs.

“We don’t regard health as an end unto itself, but rather as necessary for children to be optimally functioning and ultimately to succeed,” says Dr. Dworkin. Critical to strengthening and supporting children’s optimal healthy development are things such as bolstering parental resilience, healthy housing and safe neighborhoods, access to transportation, food and nutrition, and workforce development. The list literally goes on and on—and the Office recognizes that its work means engaging across all those sectors. “This is where the connective tissue becomes so critically important,” Dr. Dworkin adds, “because accessing these services occurs outside the hospital, but they are every bit as important as the clinical care delivered within the hospital.”

## Expanding the Reach of Primary Care

One way the Office connects medical and community resources is through the thoughtful expansion of primary

care services. At present, our current health care system infrastructure has too narrowly focused on children with special and diagnosable health care needs, without expanding to address the needs of those children who are vulnerable and at-risk—and for whom early detection and intervention is key to ensuring positive outcomes in the short- and long-term. In our present system, children with mild and moderate concerns are often served by the same programs and supports designed for children with more high-intensity, complex needs, diverting scarce resources and shifting the delivery of care to a more expensive setting than needed.

When a pediatrician refers a child to a specialist, that’s a challenge for the family under almost any circumstance: it means the introduction of a new professional relationship, a foreign office, a different system for care delivery, and additional expenses. “That’s not to say that subspecialty care is not of critical importance and a necessity for the treatment of many diseases and disorders—it is!” Dr. Dworkin says. “We recognize that we have the opportunity to expand the capacity of primary care providers to deal with a wider array of conditions in the best interest of children and families.”

## About the Office for Community Child Health

The Connecticut Children’s Medical Center’s Office for Community Child Health (the Office) is a leader in innovative community service delivery models and is creating broad systemic change—impacting child health—at the regional, state, national, and global levels. Office programs comprise both direct service (as seen in Connecticut Children’s Healthy Homes Program) and systems improvement (as seen in the *Help Me Grow* National Center).

## The Office Mission

To elevate the effectiveness and status of the medical center as a critical community resource by developing, promoting, supporting, evaluating, and disseminating innovative, effective community-oriented programs and services to address children’s critical health needs.

## OFFICE PROGRAMS COVER A WIDE RANGE OF ISSUES



Healthy Homes Programs



Asthma Management



HIV/STD Prevention



Injury Prevention



Care Coordination



Developmental Promotion



Environmental Toxins



Reductions in Injuries and Fatalities due to Teen Driving

Along these lines, with UnitedHealthcare support, the Office created an initiative called “co-management” in which primary care providers and specialists work together, using carefully defined care protocols, so that pediatricians can effectively deal with conditions that in the past may have been more quickly handed off to specialists for their exclusive care. (Some examples include childhood headaches, childhood obesity, and behavioral health conditions such as anxiety and depression.)

Strengthening the primary care model is better for the pediatrician, better for the child and family, preserves the capacity of the subspecialist for those children and families that truly require that level of care, and is less expensive for the health care system overall. Co-management is one of many examples in which the Office is able to re-engineer care to better meet the needs of children and families while at the same time being more cost-effective and getting the health care system to work more efficiently—and more easily—for everyone.

UnitedHealthcare’s support also helped bolster the Office’s Practice Quality Improvement (PQI) program, which allows physician practices to engage in data-driven, continuous quality improvement to

enhance the care they provide to patients while reaping the benefits of delivering high quality care. PQI offers tailored training programs to primary care pediatricians on 26 different topics across a spectrum of childhood health issues – from asthma management and screening for autism, to treating sports-related concussions and early recognition of sepsis.

As of February 2017, nearly 300 physicians across Connecticut have completed one or more PQI programs. This work helps enhance how primary care providers screen, refer, and link families to community-based services, positively impacting health outcomes. The PQI training also allows care coordinators from participating practices to reflect on how they can improve their processes to ensure their interactions with and support to families are positive and enhance one or more protective factors for families. For example, multiple participants have identified areas for improvement in how they collaborate with parents to coordinate support for children’s development and are working to address the gaps identified by updating their call centers’ processes and/or resources.

## Delivering Results – to the Community

### Connecticut Children’s Healthy Homes Program (2003-2014)

**2,120**

Housing units made lead-safe



**1,676**

Housing units in Connecticut received a comprehensive health homes assessment

**37,150 +**

People educated on the dangers of lead paint poisoning



**6,400 +**

People educated on health and safety issues in the home

**1,380**

People trained in Lead Safe Work Practices, EPA, RRP Rule, and Healthy Homes Essentials and Interventions



**Nearly 300**

Connecticut physicians have completed one or more of the Office’s quality improvement programs across 26 different topics



**9,631**

Children and youth screened



**20% to 40%**

The work of the Injury Prevention Center has contributed to the reduction in injuries and fatalities to teen drivers since 2008.



**40,000**

Students and young adults have received HIV/STD and other risk reduction education through the work of HYHIL since the program was established in 1999.



# Support System. Safe Haven. Lifeline.

## One Family's Story

To a lay person, the story of the Connecticut Children's Office for Community Child Health (the Office), might appear a complicated one: A back office story about the health care system's inner workings and how a hospital and health plan aspire to better connect medical care with social services. How does the Office and its support from UnitedHealthcare impact the lives of the children and families they serve?

**“** *The Center for Care Coordination is a lifeline for me, a support system. They're family.*”

— **Veronica Rosario**

Meet Veronica Rosario. Veronica recently lost her husband to cancer and is now a single mother raising two young boys—Jamier Omar (nicknamed “Omi”), age seven; and Carlos, age 13. And then the unthinkable happened: her youngest child, Omi, was diagnosed with Duchenne Muscular Dystrophy.

In need of a support system, Veronica—who had

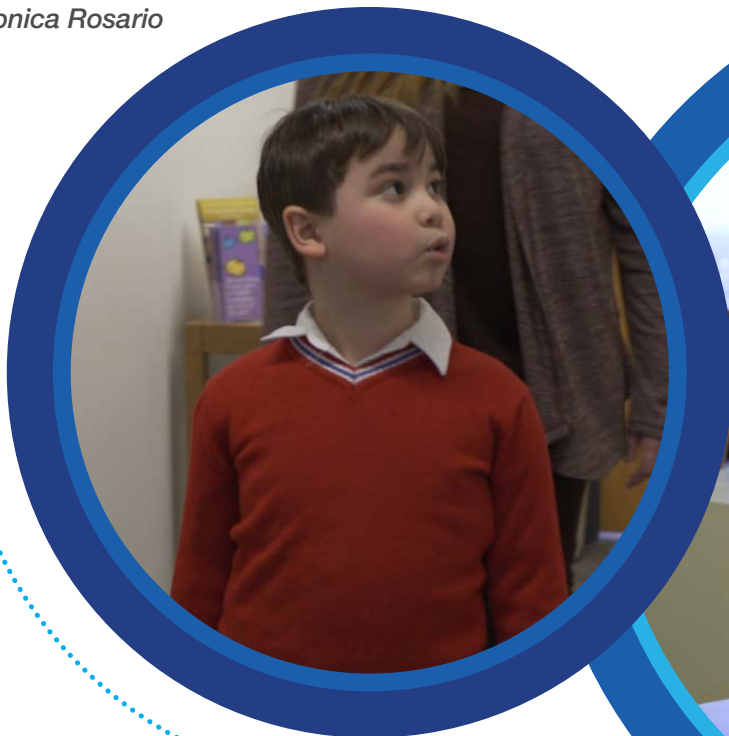
lived in Puerto Rico her entire life—moved in with her mother-in-law in Connecticut. And then she sought help from the Center for Care Coordination (CCC), a program of the Office. What she found there was solid medical advice, help navigating an often complex and intimidating health care landscape, and an empathetic shoulder to lean on.

Most importantly, she found a support system; a lifeline; a safe haven. She found family.

“Literally by the time I got to the parking lot after my first visit, they'd scheduled appointments for the cardiologist, the neurologist, the orthopedist,” Veronica recalls with amazement. “I had all the necessary appointments coordinated within a week or month, depending on the need—that's how fast and coordinated they are.”

The CCC put various supports in place for Omi, including physical therapy, occupational therapy, speech therapy, psychological therapy, and providing him with a wheelchair because he easily grows fatigued.

*7-year-old Omi and mother  
Veronica Rosario*





But the medical needs were just half the battle. Over 1,500 miles from what she knew as home, Veronica was also acclimating to a new country, a new health care system, and a new community. So the CCC also worked with Veronica and her family on identifying the best schooling and housing options for her children, and a support system for her to help cope with the stresses of her challenging circumstances. “It’s about making sure the family feels supported; that the family is on the right track,” Veronica says. “And sometimes you need that feeling of a pat on the back. ‘You’re doing good,’ you know? ‘You’re doing good and everything is going to work out.’ That feeling is so, so helpful.”

Then, there were high-touch intangibles that Veronica couldn’t have expected. “For Christmas, the Center for Care Coordination helped me to find toys for the children, and a coat for Carlos because he needed a winter jacket,” recalls Veronica, who is now active in patient advocacy through local organizations and the Connecticut Commission on Women, Children, and Seniors. “These are services that go beyond just medicine—the clinical aspect of it.”

Describing the tireless dedication of Maria Guzman, her family’s care coordinator, Veronica relates the story of how the Office helped the family secure its new

apartment in East Hartford, Conn. “Maria came to my home to make sure I filled out the housing application correctly,” she explains. “She could have just e-mailed it to me, or sent it by mail. But, no, she made sure I received it, and that I filled it out correctly. She even contacted [the housing agency] to make sure she could hand it in because I didn’t have transportation at the time and she didn’t want to risk sending the application through the mail. I consider Maria a friend; I see her as family.”

That peace of mind is invaluable for this hardworking and loving single mother, and it allows her to place her

*Through care coordination, insight, and empathy, the Office is empowering Veronica and her family to thrive.*

best focus and attention on making important decisions. “I don’t have parents, I don’t have a husband, I don’t have a nuclear family to help me make decisions,” Veronica explains. “So, basically the Office has become my family. I can tell them, ‘Look, this is what’s worrying me; these are the options that I have.’ And they give me other options: ‘Have you thought about this? Have you considered this other idea?’ And knowing what’s out there and available to us is very important.”

Through care coordination, insight, and empathy, the CCC is empowering Veronica and her family to thrive. “I don’t beg for a miracle, I don’t demand a miracle,” Veronica says. “But put the people that are going to do 110 percent for my son in my way. Put them in his way so he can get the best care possible. And here at Connecticut Children’s Medical Center he receives that.”



*Soon after losing her husband to cancer, Veronica Rosario’s seven-year-old son Omi was diagnosed with Duchenne Muscular Dystrophy. In need of support, Veronica moved to Connecticut to live with her mother-in-law. That’s when care coordinators from the Connecticut Children’s Office for Community Child Health, engaged with her family.*

# I A Fresh Take On Innovation

Sometimes innovation looks like an iPad, driverless cars, or hydroponic farming. Other times, innovation means (not-so) simply taking a hard look at a multilayered, fragmented system, and finding ways to make it work better and more efficiently.

“It’s not about creating some whole new way of doing something,” says Connecticut Children’s Office for Community Child Health advisory board member Richard Sugarman, who also serves as president of Hartford Promise, a college scholarship fund, and is founding president of the Connecticut Forum, a nationally recognized cultural institution. “Sometimes innovation is about being able to really examine what you do and figure how could you do that in a more effective way, or a more meaningful way, or perhaps in a larger scale way.”

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— **Richard Sugarman, Advisory Board Member of the Connecticut Children’s Office for Community Child Health**

UnitedHealthcare National Senior Medical Director of Population Health Management, Dr. Donna L. O’Shea, applauds the Office’s approach: “Innovation may be better processes, better operations, and looking at where are there gaps or where things may be broken or just absent, and how do we make it work? How do we pull things together?”

One such innovation from the Office is called the Care Coordination Collaborative Model, which emerged from a model initially launched in 2010 to improve the efficiency and effectiveness of care coordination services in the greater Hartford area. “There are a lot of agencies that do care coordination,” explains Susan Roman, Program Director, Center for Care



Coordination. “It might not all look the same, but when you have several of these agencies, you also may have these agencies touching the same families, and if they are siloed and lack partnership or good communication, there is often a lot of duplicity and redundancy that occurs around care coordination. We wanted to launch a model in response to that.”

This is where the idea of the “connective tissue” created by the Office becomes very real, pulling together multiple resources into a set of shared goals all directed toward the same patient. The benefits of Office’s approach to innovation were seen almost immediately around community needs related to the Sandy Hook Elementary School shooting that occurred in December 2012 in Newtown, Conn.

“We had noticed [after certain traumatic incidents], that we were getting referrals, mostly from families, due to children with behavioral and mental health needs for which families were having difficulty accessing services,” says Ms. Roman. “So, we worked with the behavioral unit in the Emergency Department [ED], and we were able to try to ‘wrap’ families immediately upon discharge with care coordination. Because we were finding that if the children were deemed safe enough to be discharged, sometimes after the crisis, things seemed to have levelled off but then there would be another crisis. And we really wanted to be able to wrap these families in services to connect them back to their primary care providers, the education system, and to the mental health system, so we could reduce the recidivism rate in the ED.”

## From Connecticut to California: Innovation at Scale

UnitedHealthcare partnered with the Office because it saw the good it was doing for the children and families of Connecticut — like Veronica’s — and how a joint innovation model could spur a more efficient health care system. By sharing a commitment to collaboration, a health plan with national reach and resources is able to help a regional children’s hospital bring its best practices to scale.

Take the Office’s *Help Me Grow* program, for example. A cross-sector collaboration model that creates early childhood development systems, *Help Me Grow* was borne out of a pilot that started in Hartford,

Conn. 20 years ago, with support from a local foundation, the Hartford Foundation for Public Giving. UnitedHealthcare’s support—including infrastructure funding and sharing of its corporate innovation model and practices—has helped the Office pollinate its programs and bring them to scale at the national level through the *Help Me Grow* network. Thanks in part to partners like UnitedHealthcare, the program is now used by more than 28 states that are implementing 52 *Help Me Grow* systems across the country, advancing children’s optimal health and development nationwide while promoting cross-sector collaboration in order to build efficient and effective systems.

### 5 Key Programs from UnitedHealthcare’s Collaboration with the Office

#### 1 The Children’s Center on Family Violence

A collaboration among the Office, the Office Injury Prevention Center, the Suspected Child Abuse and Neglect (SCAN) program at Connecticut Children’s, and the Connecticut Coalition Against Domestic Violence (CCADV), the Center aims to serve as a national resource for research and policy on family violence, reducing the impact of family violence on children and youth in Connecticut and beyond.



#### 2 Physician Quality Improvement

This program allows practices to engage in data-driven, continuous quality improvement to enhance the care they provide to patients and position themselves to reap the benefits of delivering high quality care. As of February 2017, 289 physicians in Connecticut have completed one or more of the Office’s quality improvement programs across 26 different topics.



#### 3 Primary Care Referral Guidelines for Specialty Care

Development and dissemination of guidelines to address many conditions, such as obesity co-morbidities. This project aims to direct patients referred to endocrinologists with simple obesity to primary care physicians (PCPs) for behavioral management.



#### 4 Enhanced After-Care

##### Coordination Services to Behavioral Health Patients in a Pediatric ED

This project aims to assess the feasibility of implementing enhanced aftercare coordination for patients presenting with behavioral health problems at low- to moderate-risk of suicide or self-harm being discharged from Connecticut Children’s Emergency Department (ED).



#### 5 Infrastructure

The Office continues to leverage the UnitedHealthcare Infrastructure Fund to support its growing staff. The Office also continues to leverage staff from other departments of the Medical Center to contribute to the implementation of its mission.



