

Q&A Summary

Complex Medical Conditions in Children:
Utilizing Personalized Treatments and Addressing Health Disparities
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Presenter: Dennis Z. Kuo, MD, MHS, Associate Professor, Chief, Division of General Pediatrics, University at Buffalo, Interim Chief, Division of Developmental Pediatrics & Rehabilitation, Buffalo, NY

Available On-Demand on Nov. 2, 2021:

optumhealtheducation.com/cmc-children-2021

1. Has the integration of care under one umbrella been seen at hospitals? I see that the overall umbrella of care does not exist in many hospitals, thereby falling short of the overall care for that individual.

Hospital-based programs that integrate care for complex medical conditions (CMC) have been developed. See <https://www.childrenshospitals.org/care/about-care-award> for more information. Moving the integration out to community-based services is another step. Integrated Care for Kids is an example of a program testing such models, although not solely for CMC.

2. How can community health workers best support families and children with CMC?

Community health workers can help families and children with CMC by developing and nurturing relationships that lead to shared decision-making (and assistance), empowerment and navigation. Here is an example of a technical assistance brief for adult complex care.

<https://www.chcs.org/resource/integrating-community-health-workers-complex-care-teams-key-considerations/>

3. Can you share some examples of care coordination dashboards?

Please see the following

- <https://www.mpqhf.org/QIO/wp-content/uploads/2016/09/TCC-Dashboards-Memo-FINAL-508-Compliant.pdf>

4. Is shared decision-making occurring within medical settings?

All medical settings can and should strive for shared decision-making. There are tools to enable shared decision making that I recommend for consideration:

- <https://pediatrics.aappublications.org/content/139/6/e20170956>
- https://pediatrics.aappublications.org/content/142/Supplement_3/S149

5. I work in the self-funded employer setting, and I am trying to build a toolkit for our consultants around cancer. You mentioned utilizing data to identify children at risk. What conditions might be helpful to include in an evaluation of CMC? We have an internal claims database and are currently building out social determinants of health (SDoH) capabilities that will be available soon.

Algorithms cited in the literature to identify CMC have largely been based on past utilization and/or conditions, such as the Pediatric Medical Complexity Algorithm and the Clinical Risk Groups. If looking at CMC, consider NICU discharges, particularly very low birth weight/extremely low birth weight (VLBW/ELBW), or neurodevelopmental disabilities. Here is one example:

- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2748629>

6. Do you think that social media is driving us to a warped ideal of health care? Possibly causing detrimental effects on our families and children?

Social media can be important for both networking and advocacy. That said, the provider-family relationship remains a strong force in health care delivery, particularly with shared decision-making and trust building.

7. Please explain how Title V, the federal program designed to standardize air quality permits, ties in as a resource.

Every state has a Title V program that has a program for children and youth with special health care needs, a significant number of whom likely have medical complexity. Because each state's Title V program is different, I recommend discussing partnership with your state's Title V program.