

Medicaid and Public Health Collaboration to Reduce Obesity in Low-Income Children: Arizona

As part of former Arizona Governor Janet Napolitano's efforts to ensure that children enter school safe, healthy and ready to succeed, the state identified obesity as a major cause of poor health in children and a potential barrier to school readiness. To address the issue, the state prioritized initiatives relating to childhood obesity prevention, including assessing strategies for improving service delivery models for the Medicaid population. The Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, is partnering with Medicaid managed care organizations (MCOs) and a federally qualified health center (FQHC) to conduct a needs assessment of services to address childhood obesity in Maricopa County, which encompasses Phoenix and surrounding communities.

Collaborative Structure

Led by AHCCCS, the cross-sector team includes Medicaid-contracted MCOs throughout the state and the Mountain Park Health Center, a multi-site FQHC providing integrated behavioral health/physical health pediatric care in Maricopa County.

Intervention Focus

To further the state's assessment of strategies for improving Medicaid's contribution to obesity prevention, the Arizona team conducted a needs assessment of the service provision model for AHCCCS members between two and five years of age found to be overweight or severely obese. The Arizona team sought to examine the infrastructure and service delivery at Mountain Park Health Center to: (a) identify how many children received integrated services addressing overweight or severe obesity (see page 2 sidebar for integrated services and codes) and which integrated care services these children received; and (b) use those findings to assist the MCOs with earlier identification of children in need of integrated services, provided at the health center or via referrals to other community-based services.

Mountain Park Health Center provided integrated care service utilization codes and patient encounter data illustrating the type and amount of services provided to the target population. AHCCCS analyzed the data to determine if the children at highest risk were actually receiving services and referrals.

INNOVATIONS IN CHILDHOOD OBESITY PROFILE SERIES

Although a wide range of efforts to reduce childhood obesity are currently underway, few involve meaningful collaboration between the Medicaid and public health sectors. To leverage this untapped opportunity, the Center for Health Care Strategies (CHCS), with support from Kaiser Permanente Community Benefit, launched the *Innovations in Childhood Obesity (ICO)* initiative in 2015 to foster collaboration between Medicaid and public health organizations to develop, test, and disseminate innovative approaches for reducing obesity among low-income children. This series of profiles details how state Medicaid and public health agencies partnered to reduce the prevalence of childhood obesity in their communities.

Evaluation

Measurement

The team’s goals included: (1) defining the target population; and (2) assessing the extent to which the target population had received integrated care services to address obesity. The target population was defined as AHCCCS members seen at Mountain Park Health Center who were between two and five years old with a body mass index (BMI) greater than 85 percent. Integrated care services were defined as a group of 10 procedure codes (see sidebar), including services such as health and behavior assessments and nutrition counseling appointments.

Findings

The team found that 1,195 eligible patients were seen between July 1, 2015 and December 31, 2016 at the Baseline and Maryvale locations of the Mountain Park Health Center. Across these two sites, approximately 30 percent of these children were *referred* to at least one integrated care service, while 18 percent actually *received* at least one service.

Among those children receiving integrated services (n=210), the number of services per child ranged from 1 to 12. Further analysis revealed that 53 percent (n=111) of these children received only one service, and 47 percent (n=99) received more than one. The team found that the majority of procedure codes used were for nutrition counseling or a visit with a psychologist or social worker. While a goal of providing integrated services is to refer eligible children to appropriate community resources, such as health education or exercise classes, no child who received integrated services was referred to these resources.

The needs assessment provided a strong evidence base to support further initiatives to improve clinical care practices addressing childhood obesity in Arizona. The low reported use of clinical services to address childhood obesity suggests that documentation practices and/or quality of care for these patients needs to be improved.

What’s Next?

Based on the results of the needs assessment, Arizona’s team plans to review member identification and referral strategies within Mountain Park Health Center and other FQHCs to explore ways to increase utilization of services for children ages two to five covered by Medicaid. It has drafted a logic model, outlining potential pathways to improve

Procedure Codes Measured by the Arizona Team*

Integrated care services provided by psychologists, registered nurse practitioners, certified independent social workers, social workers, certified marriage/family therapists, and certified professional counselors:

- 96150 - Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires)
- 96151 - Re-assessment
- 96152 - Health and behavior intervention
- 96153 - Group — 2 or more patients
- 96154 - Family with the patient present
- 96155 - Family without the patient present

Nutrition services provided by a qualified nutrition professional:

- S9470 - Nutrition counseling, dietitian
- 97802 - Initial face-to-face encounter with nutritionist, 15-minute segments
- 97803 - Re-assessment by nutritionist, 15-minute segments
- 97804 - Initial or subsequent group appointments 30-minute segments

*For more information, see: <http://www.chcs.org/media/AZ-Procedure-Codes.pdf>.

clinical services for obese children, and has reached out to the Arizona Academy of Pediatrics (AZ AAP) and the Arizona Academy of Family Practice Physicians to promote the implementation of a widespread intervention. Such efforts could include updating current AZ AAP tools, websites, and physician smartphone applications to reflect new coding procedures to facilitate treatment or referrals to nutrition counseling services. AHCCCS is also considering a value-based payment strategy for adult and childhood obesity and exploring alternative payment models. In addition, two new pediatric weight performance measures will be added to the quarterly data collection tool in which Medicaid-contracted MCOs are required to report.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

ABOUT INNOVATIONS IN CHILDHOOD OBESITY

CHCS, with support from Kaiser Permanente Community Benefit, launched the *Innovations in Childhood Obesity (ICO)* initiative to: (1) fuel the development of obesity-reduction efforts by states, health plans, and their community partners; and (2) expand cross-sector collaboration within selected states. The *ICO* fostered collaboration between Medicaid and public health organizations in five states — Arizona, Maryland, Oklahoma, Oregon, and Texas — to develop, test, and disseminate innovative approaches to reduce obesity in low-income children. To learn more, visit www.chcs.org.

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