



Kids deserve the best.

August 1, 2022

Admiral Rachel Levine, MD  
Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, DC 20201

Dear Admiral Levine,

On behalf of Children's Wisconsin (Children's), I appreciate the opportunity to provide input on the Department of Health and Human Services' (HHS) initiative to strengthen primary health care. Children's shares the Department's view that access to high quality primary health care has been shown to improve health equity and health outcomes and is critical to improving the health and well-being of our nation's children.

Children's Wisconsin is the state's only independent health system dedicated solely to the health and well-being of children. In addition to our hospitals in Milwaukee and Neenah, we offer care at community-based locations throughout the state. This includes employing more than 100 primary care physicians who provide care at our 21 primary care clinics located in southeast Wisconsin. At Children's, we care for every part of a child's health, from critical care to routine checkups, and focus on all aspects of pediatric well-being by providing a multitude of services and programs to support kids and families. In 2021, Children's had over 1.3 million touch points with kids and families, including providing over 340,000 primary care visits.

We appreciate HHS' commitment to increase access to health care, advance health equity and improve the health of the nation. We offer the following comments to inform the development of a plan to strengthen primary health care.

We support the "goal state" of primary care as detailed in the request for information and offer the following comments as to the definition of whole-person care:

- **We strongly support the inclusion of "mental and emotional health" as a component of the definition.** At Children's, we are working to ensure that mental health is part of every check-up. Primary prevention efforts and early identification of concerns are the foundation of children's mental health.
- **We ask that it's made clear that the definition of physical health includes "oral health and wellness."** Dental disease is one of the most common chronic diseases of childhood and one of the top reasons why kids miss school. According to the Centers for Disease Control and Prevention (CDC), among children aged 6 to 8 years, over half (52 percent) have had a cavity in their primary teeth; children in families with low incomes and those with special needs and disabilities are twice as likely to have untreated cavities. Our nation's kids will not be healthy and thrive without access to oral health care. Major barriers exist today, especially for kids living in underserved areas and those with special needs. The impact of poor oral health in childhood has serious consequences which carry over into adulthood resulting in greater predisposition for other chronic and costly health conditions.
- **We appreciate the reference to taking into context where individuals "live and work", but encourage HHS to place a stronger emphasis on the need to address disparities impacting kids' health.** As you know, health disparities disadvantage certain racial and ethnic groups disproportionately which often

lead to challenges accessing care and further impacts short- and long-term health outcomes. In addition, poverty in childhood can significantly affect children’s physical, emotional and cognitive development and is also closely linked to challenges with other key social determinants of health (SDOH). Our providers have identified healthy food access, reliable transportation, financial security, housing stability and safety from violence as some of the most significant SDOH for our patients and their families. In particular, according to the Wisconsin Food Security Project, more than 20 percent of children in Wisconsin experience food insecurity.<sup>1</sup> Food insecurity is more common among households that have lower incomes, have lower education levels, are headed by a single parent or Black or Hispanic families. Children experiencing hunger and food insecurities are more susceptible to illness, further impacting their ability to concentrate and perform well in school.

**Models to achieve stated goal for primary health care: Comprehensive care closer to home**

At Children’s, our vision is that Wisconsin’s kids will be the healthiest in the nation – physically, mentally and socially. One of our priority strategies for improving access to primary health care and addressing health inequities is to bring care closer to where kids live. This means locating several of our southeastern Wisconsin primary care providers in areas that are underserved and co-locating other health care services such as dental care, imaging, mental and behavioral health care, and community wrap-around support services.

Recently, we opened a comprehensive clinic on the south side of Milwaukee – one of the most densely populated areas in the state where more than 40 percent of children are living in poverty. A large number of families living this area were traveling outside their neighborhood for care, despite having limited transportation options. Significantly, a high percentage of visits to our emergency room from children living in this part of the city were for potentially avoidable issues, indicating a gap in access to preventive medical and oral health care. At our new clinic, we are now able to provide families the opportunity to more conveniently access the care they need, including well-child visits, complete pediatric dental services, and urgent care. Additionally, co-located services, such as imaging, behavioral health and speech pathology help ensure timely and appropriate care and reduce the need for families to travel further away for follow-up care.

Similar to our other Milwaukee area clinics, we also work to address common barriers to care; this includes mitigating transportation challenges (the most prevalent reason for our patients’ missed appointments) by not only opening the clinic closer to where families live, but also locating the clinic on public transportation routes. In addition, the clinic offers evening hours to provide flexibility for families and we have prioritized staffing the clinic with bilingual staff, as many families identify as Hispanic/Latinx. Like Children’s other comprehensive clinics located in underserved communities, we are already experiencing a high demand for care since we opened in June, providing more than 1,500 patient family visits in the first month, which includes over 700 dental visits.

As the largest health insurer of children in the nation, Medicaid plays an integral and outsized role in supporting and promoting access to primary care. While the Medicaid payer mix at our main campus hospital is approximately 50 percent, at our comprehensive clinics located in underserved communities, the payer mix percentage for Medicaid is over 90 percent. This creates barriers to sustainability given the lower Medicaid reimbursement rates compared to other payers. Therefore, as part of the Administration’s plan,

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<sup>1</sup> Wisconsin Food Security Project. Applied Population Lab, University of Wisconsin - Madison. (2022). <https://foodsecurity.wisc.edu/background#:~:text=During%202015%2D2019%2C%207.4%25,17.4%25%2C%20and%2021.2%25>

we urge HHS to consider ways Medicaid can better support and incent providers in providing comprehensive, co-located wrap-around care to children, especially those in underserved communities.

As noted previously, addressing the social needs of kids, including food insecurity, is a core component of improving access to comprehensive primary care. At our primary care clinics, our community health workers and social workers help connect families with the right resources at the right time to support health and wellness. Collaboration with local food and housing partners is critical to providing these resource connections. We encourage the Administration to prioritize supporting and incenting changes in Medicaid and other payers for SDOH screening (z-coding) and SDOH-related supportive services, programming or resources in clinics or other health and community settings where families access care. Funding for multi-sector community health workers are a crucial link for addressing SDOH in a holistic way. This can serve both health systems and community-based organizations in supporting families in getting connected to existing community assets and resources. Additionally, the federal government could help support increased integration, collaboration and cross-sector optimization by incentivizing and allowing for infrastructure that makes it easier to exchange information and support capacity building to provide these services.

As you well know, studies show that having access to a qualified interpreter increases patient satisfaction, improves adherence to care and improves outcomes. Children's is proud to offer robust language support at all of our clinics, however, like many of the other workforce challenges we face, we continue to encounter difficulties in finding qualified interpreters and bilingual staff. Having qualified and culturally competent providers is an important factor in creating equitable care, particularly given the changing demographics of the country. We encourage HHS to explore strategies to support training, recruitment and reimbursement to enable providers to maintain and enhance these services.

Importantly, pediatric primary care is focused on prevention across the health spectrum. This includes providing immunizations and child health and development screenings that can improve child, family and community health now and in the long-term. At Children's clinic locations, we also provide families with access to evidence-based family support resources, including Period of Purple Crying, Positive Parenting Program (Triple P), and other prevention resources. We urge HHS to continue to invest in and support clinics in providing these and other vital primary prevention services.

### **Models of care integration**

Core to developing an effective system of primary care for children is the integration of specialty health care and support systems for children. Well-coordinated, effective systems of care respond to the comprehensive needs of kids and families and provide services where they need them. Children are often well-served in locations that reduce common barriers to care, such as issues with transportation and taking time off of school or work. To best care for kids, we support integrating care, including primary prevention, into various settings where children spend a majority of their time: early childhood education settings, schools and pediatrician offices.

As part of our commitment to confront the growing mental and behavioral health crisis facing kids, Children's aims to integrate mental health care into more Children's settings, including in our primary care offices. With a generous, substantial donation from the Yabuki Family Foundation, Children's is integrating Master's-prepared therapists to work alongside pediatricians in every Children's primary care office and urgent care location. This new integration effort will allow therapists and pediatricians to collaborate on-the-spot to address timely concerns such as anxiety, depression, trauma and suicidal ideation, as well as

attention difficulties, sleep challenges and disruptive behaviors. Doing so will ensure kids have immediate access to expert help and ease the burden of the current process of lengthy waits for referrals and mental health appointments. In contrast to other care models, we are developing and implementing an integration model that is led by therapists and is more than just co-locating mental and behavioral health services, but actually “changing-the-check-up” to holistically care for a child’s physical, emotional and behavioral needs in one visit. Our current regulatory and payment systems—such as codes for services and which providers are authorized to bill—are based on outdated models and do not always reflect the way our system needs to change to improve access to care to confront this national crisis. We encourage the Administration to authorize a pediatric mental health integration demonstration program to test new ways to deliver and pay for integrated and coordinated care.

At Children’s, we are also making progress on how we care for kids with uncontrolled asthma. Asthma affects 6 million children between the ages of 0-17, and is a top cause for absenteeism in schools as well as emergency room visits for kids. Importantly, health disparities impact the burden of asthma on children, with about 16% of Black children having asthma compared to 7% of white children. Our Community Health Asthma Management Program (CHAMP) works to coordinate and integrate care between primary and specialty care providers, our school nurses, behavioral health consultants and community health workers. Supported by Wisconsin’s Department of Health Services’ Asthma Care Program, CHAMP consists of in-home asthma services, including asthma self-management education and an environmental trigger assessment. Recent analysis of Medicaid claims data for kids served in the state’s program, including CHAMP, demonstrate that this care intervention resulted in statistically significant reductions in emergency department visits, inpatient hospitalizations, length of hospital stays, as well as improved medication management.<sup>2</sup>

Finally, Children’s has valued the opportunity to better serve kids through integration of various health care services in Wisconsin schools. We partner with school districts across Milwaukee and the state to provide school nurses, mental and behavioral health services, health education and vaccine clinic support, among many other offerings. We believe these and other similar partnerships with schools are critical for improving access to health care services for children. We encourage the Administration to foster and support these types of integrations, including through continued funding to schools to support these partnerships and additional exploration of models and funding mechanisms to support providing comprehensive care for kids in a convenient and familiar place.

Sincerely,



Mike Gutzeit, MD  
President, Children’s Medical Group  
Children’s Wisconsin

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<sup>2</sup> Wisconsin Department of Health Services. Division of Public Health. Bureau of Environmental and Occupational Health. Wisconsin Asthma Program. (2019). <https://www.dhs.wisconsin.gov/publications/p02403.pdf>