# **Health Complexity in Children – Pacific Source CCO**

#### **March 2019**

#### Introduction

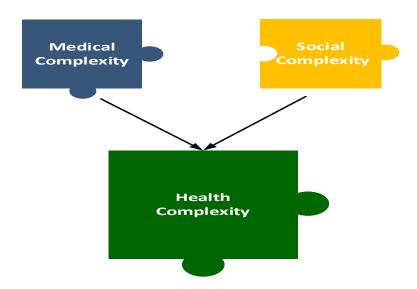
The goal of this project is to identify children with health complexity in the Medicaid population and share this information with CCOs and other partners. Health complexity is based on medical complexity and social complexity.

This report has data specific to your CCO's population. It contains data only for children enrolled in your CCO as of September 2018.

This project is a partnership between:

- 1) Oregon Pediatric Improvement Partnership (OPIP)
- 2) Oregon Health Authority (OHA) Health Analytics Department
- 3) Department of Human Services (DHS) Oregon Enterprise Data Analytics (OEDA) and Integrated Client Services (ICS)

Additional support for OPIP's role in providing technical consultation and facilitation of public and private stakeholders was provided by the Lucile Packard Foundation for Children's Health.



For questions about this report, please email <a href="Metrics.Questions@dhsoha.state.or.us">Metrics.Questions@dhsoha.state.or.us</a>







Data sources for this dataset include:

- 1. The ICS data warehouse which includes data from:
  - a) DHS programs: Aging and People with Disabilities, Child Welfare, Developmentally Disabled, Self-Sufficiency, and Vocational Rehabilitation
  - b) OHA programs: Alcohol and Drug, Contraceptive Care, Family Health Insurance Assistance Program, Healthy Kids Connect, Medical Assistance Program, Mental Health, Women Infants Children
  - c) External agencies: Department of Corrections, Oregon Housing and Community Services
- 2. Medicaid data sourced from the Medicaid Management Information System (MMIS).

## **Medical Complexity**

#### **Background**

To measure medical complexity, we are using the Pediatric Medical Complexity Algorithm (PMCA). The PMCA was developed by a team at Seattle Children's Hospital and validated by the Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN). The PMCA was run using three years of data and using the most conservative version of the algorithm. The target period was July 2015 to June 2016 with claims data pulled one year before this target year and one year after the target year for a three-year total period.

The PMCA takes into account 1) Utilization of services 2) Diagnoses, and 3) Number of body systems impacted, and assigns children into one of three categories:

- 1. Children with Complex Chronic Disease
- 2. Children with Non-Complex Chronic Disease
- 3. Children without Chronic Disease / Healthy

The three categories are co-linear with cost so as complexity increases so does cost.

PMCA is based on utilization and coding, so it does not capture children who 1) are not accessing services 2) cannot access specialized services, and/or 3) have diagnoses that were not coded, meaning medical complexity information is not in the data that we have access to.

For more information about the PMCA:

https://www.seattlechildrens.org/research/centers-programs/child-health-behavior-and-development/labs/mangione-smith-lab/measurement-tools/

## **Summary of Data and Key Findings**

This dataset includes 14,718 publicly insured children that were enrolled in your CCO as of September 2018.

- 5.9% of children were placed into the complex chronic disease category
- 19.0% of children were placed into the non-complex chronic disease
- 75.1% of children were placed into the no chronic disease or healthy category

# **Social Complexity**

#### **Background**

Social complexity is defined by COE4CCN as "a set of co-occurring individual, family or community characteristics that have a direct impact on health outcomes or an indirect impact by affecting a child's access to care and/or a family's ability to engage in recommended medical and mental health treatments. COE4CCN identified 18 social complexity factors associated with worse health outcomes and increased costs.

OPIP, OHA and DHS went through an extensive process to identify useable data sources for these social complexity factors using Health Analytics and Integrated Client Data Warehouse (ICS) data. After this process we were left with 12 factors of social complexity that could be identified for this population during this first phase of work. The lookback period for these data is the lifetime of the child plus one year before their birth. There are 5 child-level factors and 7 parent/family level factors for a total of 12 factors. For about 20% of children in this dataset, it was not possible to link the child to either parent. Therefore, these children only have data available for the 5 child-level social complexity factors.

Social Complexity Factors	Child-Level Factor	Parent/Family – Level Factor	Total
Poverty – Child received Temporary Assistance for Needy Families (TANF)	х		х
Foster Care – Child receiving foster care services DHS OR Kids since 2012	х		х
Mental Health – Child received mental health services through DHS/OHA	х		Х
Substance Abuse – Child received substance abuse treatment through DHS/OHA	х		х
Child Abuse or Neglect – Captured by ICD-9 and ICD-10 diagnosis codes related to service	х		х
Poverty – Parent received Temporary Assistance for Needy Families (TANF)		х	х
Parental Death – Death of parent/primary caregiver in Oregon		х	х
Parental Incarceration – Parent incarcerated or supervised by the Department of Corrections in Oregon		х	х
Mental Health – Parent received mental health services through DHS/OHA		х	х
Substance Abuse – Parent received substance abuse treatment through DHS/OHA		х	х
Limited English Proficiency – Language other than English listed in primary language field		Х	х
Parental Disability – OHA disability due to parent disability		Х	х
Total Factors	5	7	12

#### **Summary of Data and Key Findings**

There was an average of 2.41 social complexity factors per child across the state. In other words, the average child had 2.41 social complexity factors. This did not vary significantly by CCO/Open Card. There was a range of 2.38 to 2.46 social complexity factors per child.

The table below shows the percent and the number of children with that social complexity factor for your CCO. Data for each child includes the lifetime of the child plus one year before their birth.

#### **Prevalence by Social Complexity Factor**

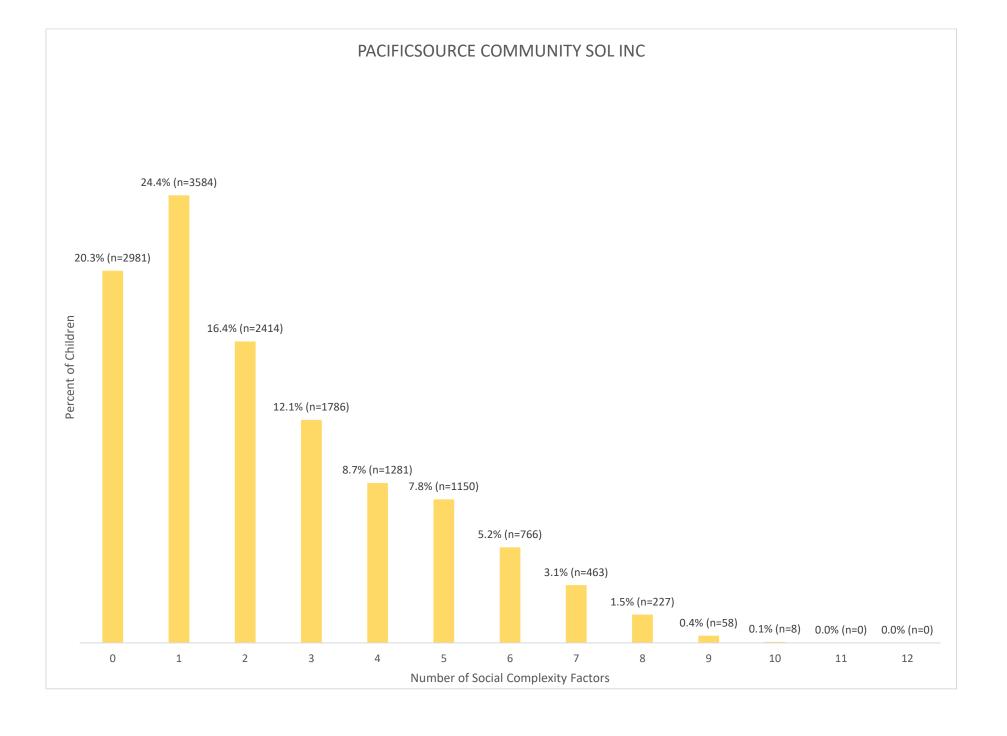
CCO	Total
PACIFICSOURCE COMMUNITY SOL INC	14,718

Risk indicator prevalence for PACIFICSOURCE COMMUNITY SOL INC

Indicator	n	Prevalence
Child abuse/neglect	924	6.28%
Foster care	1,402	9.53%
Limited English proficiency	1,800	12.23%
Mental Health - Child	5,099	34.64%
Mental Health - Family	6,703	45.54%
Parent death	199	1.35%
Parent disability	394	2.68%
Parental incarceration	3,208	21.8%
Poverty - Child	5,563	37.8%
Poverty - Family	4,518	30.7%
Substance Abuse - Child	478	3.25%
Substance Abuse - Family	4,611	31.33%

Note: Due to reporting rules from DHS Integrated Client Services, populations with low counts (<= 10 people) are masked and reported as NA.

Prevalence %s are for that CCO.



# **Health Complexity**

#### **Background**

Medical complexity and social complexity are then combined to create a metric of Health Complexity. The Health Complexity variable describes the degree to which the child has both medical and social complexity. This is important because the level and type of supports that are needed for children with high medical and social complexity is very different then the level and type of supports that would be useful for a child with low medical and low social complexity. The categories created combine the existing three categories for the PMCA with three categories based on the social complexity count variable: Children with 3 or more social risk factors, children with 1-2 risk factors, and children with no social risk factors. These categories were chosen because children with 1 or more social risk factors have been shown to have social complexity and children with more risk factors are shown to be at a greater risk. The goal is to identify the population with both levels of complexity.

#### **Summary of Data and Key Findings**

The nine boxes are the components of the nine-part categorical variable for health complexity

1.	Healthy / 0 social factors	4.	Non-complex chronic / 0 social factors	7.	Complex chronic / 0 social factors
2.	Healthy / 1-2 social factors	5.	Non-complex chronic / 1-2 social factors	8.	Complex chronic / 1-2 social factors
3.	Healthy / 3+ social factors	6.	Non-complex chronic / 3+ social factors	9.	Complex chronic / 3+ social factors

Medical COMPLEXITY (3 Categories)	SOCIAL COMPLEXITY (12 Factors Total)								
	3 or More Factors	1-2 Factors	None in System-Level Data						
Complex Chronic	<b>9</b> 2.6% 376	<b>8</b> 386	<b>7</b> 0.7%						
Non – Complex Chronic	9.5% 1,405	<b>5</b> 7.4%	<b>4</b> 2.0% 299						
Non – Chronic / Healthy	<b>3</b> 26.9% 3,958	<b>2</b> 30.7% 4,524	<b>1</b> 17.5% 2,578						

APPENDIX 1: COMPLEXITY BY AGE GROUP

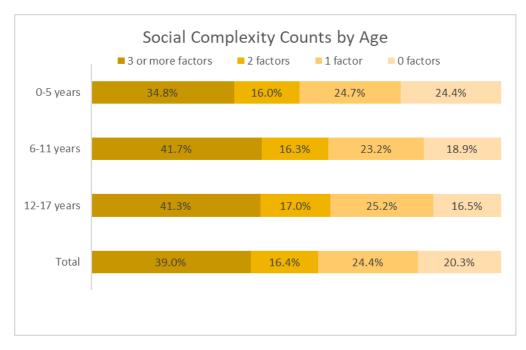
Medical Complexity by Age Group									
	0	- 5 yrs	6 - 11 yrs		12 - 17 yrs		Total		
PACIFICSOURCE COMMUNITY SOL INC									
Complex Chronic	239	4.3%	278	5.9%	349	7.9%	866	5.9%	
Healthy	4618	83.3%	3480	73.4%	2962	66.8%	11060	75.1%	
Non-complex Chronic	688	12.4%	982	20.7%	1122	25.3%	2792	19.0%	
Total	5545	100.0%	4740	100.0%	4433	100.0%	14718	100.0%	

## **Prevalence by Social Complexity Factor by Age Group**

		0-5 years	6	6-11 years		12-17 years
Social Complexity Factor	n	Prevalence	n	Prevalence	n	Prevalence
Child abuse/neglect	299	5.39%	314	6.62%	311	7.02%
Foster care	334	6.02%	485	10.23%	583	13.15%
Limited English proficiency	610	11.00%	683	14.41%	507	11.44%
Mental Health - Child	759	13.69%	1,801	38.00%	2,539	57.27%
Mental Health - Family	2,809	50.66%	2,161	45.59%	1,733	39.09%
Parent death	24	0.43%	64	1.35%	111	2.50%
Parent disability	111	2.00%	129	2.72%	154	3.47%
Parental incarceration	1,166	21.03%	1,104	23.29%	938	21.16%
Poverty - Child	1,765	31.83%	2,002	42.24%	1,796	40.51%
Poverty - Family	1,661	29.95%	1,595	33.65%	1,262	28.47%
Substance Abuse - Child	13	0.23%	60	1.27%	405	9.14%
Substance Abuse - Family	1,865	33.63%	1,515	31.96%	1,231	27.77%

Note: Due to reporting rules from DHS Integrated Client Services, populations with low counts (<= 10 people) are masked and reported as NA.

Prevalence %s are for that CCO for all children ages 0 through 17.



# **Health Complexity Categories by Age Group**

Pacific Source									
	0-5 years		6-11	6-11 years		12-17 years		Total	
Health Complexity Category	n	%	n	%	n	%	n	%	
1	1204	21.7%	754	15.9%	620	14.0%	2578	17.5%	
2	1911	34.5%	1378	29.1%	1235	27.9%	4524	30.7%	
3	1503	27.1%	1348	28.4%	1107	25.0%	3958	26.9%	
4	111	2.0%	105	2.2%	83	1.9%	299	2.0%	
5	256	4.6%	362	7.6%	470	10.6%	1088	7.4%	
6	321	5.8%	515	10.9%	569	12.8%	1405	9.5%	
7	40	0.7%	37	0.8%	27	0.6%	104	0.7%	
8	92	1.7%	129	2.7%	165	3.7%	386	2.6%	
9	107	1.9%	112	2.4%	157	3.5%	376	2.6%	
All	5545	100.0%	4740	100.0%	4433	100.0%	14718	100.0%	