

Thank you to the House Health Care Committee for the opportunity to talk today about the importance of care coordination within the medical home and voice support for the proposal pursuant to Act 167. My name is Dr. Kristen Connolly and I am a pediatrician at Timber Lane Pediatrics as well as member of the AAP Vermont Chapter Board and Vermont Medical Society. Timber Lane Pediatrics is part of Primary Care Health Partners, which includes several pediatric and adult primary care practices in Vermont. Our pediatric practice has three office locations—Burlington, South Burlington, and Milton, where I work and serve patients from Franklin, Grand Isle, Lamoille, and Chittenden Counties, and beyond. Our practice provides care to almost 8500 children in Vermont including 430 infants born in 2022. I personally am primary pediatrician for about 1300 children, almost 1/4 of whom have complex chronic disease and another 1/3 non-complex chronic disease defined by the PMCA (Pediatric Medical Complexity Algorithm). With this experience, I have great insight into what effective care coordination looks like.

We know the impact of Adverse Childhood Experiences (ACEs) on the health and development of children now and for years to come. If we have ever seen the impact of those stressors condensed it was through the COVID19 pandemic. In this era, we are seeing staggering mental health needs in children. Our schools are understaffed and trying to meet greater need than ever. Our state's children's hospital is beyond capacity and has temporarily closed new referrals for Autism Spectrum Disorder evaluation, Eating Disorders, and Transgender health. Psychosocial stressors including financial, food, housing, and transportation insecurity have been made worse in the fallout of the COVID pandemic and substance use increased. Childcare is more inaccessible for working families. Even basic health care coverage is unaffordable. Those of us in primary care are helping children and families navigate all of it. We need all the help we can get.

Complex health history significantly impacts the health and wellbeing of our patients at baseline. Navigating the systems intended to support patients and families—which are not always family-friendly in design, regardless of intention—adds additional challenge. I have made many calls personally to advocate for my patients to support insurance coverage for

such basic needs as inhalers needed for severe asthma or specialized formula needed for an infant with severe gut inflammation to get appropriate nutrition and grow. Each time, I thought to myself: if I, as a pediatrician, am struggling to navigate these complex systems just to get needed treatments to sustain even breathing and nutrition, how hard must it be for families?

In 2020, just prior to when the COVID pandemic hit, I helped organize a team with representation from the medical home, UVM Social Work, and CSHN to meet with families of children with especially complex needs. Despite all odds that came with adjusting to the realities of the pandemic, we continued care coordination meetings that year. That work enabled us to identify and meet patient and family needs at home, navigate complex hospital and insurance systems, improve access to community resources, and connect multidisciplinary teams including healthcare, community service, and school providers. When previously we had to be reactive, we were able to be proactive by better connecting these teams and identifying point people for patients and families to connect with when acute needs did arise. The mother of one of my most medically complex patients born with a genetic disorder and congenital heart defects said of her experience:

“We have many specialists here in VT and at Boston Children’s Hospital...Over the last 6 years [Timber Lane Pediatrics] has been a huge asset to my daughter’s health care and when they started their complex care clinic it was a huge weight off my shoulders. The care coordination has been absolutely amazing...without it I would have probably lost my mind due to the complexity of my child’s health. I will forever be grateful to the Timber Lane Pediatrics team for their care coordination.”

Funding for care coordination through the Blueprint for Health has supported improved care coordination, panel management, and integrated care within our practice. We initially had an exceptional Blueprint Community Health Team Social Worker embedded within our practice and later transitioned to utilizing Blueprint funding to vet and hire our own care coordinator integrated into Timber Lane Pediatrics. The ability to have a co-located care

coordinator makes solution-focused work more effective when families are meeting that person for the first time as part of their trusted medical home team.

Another remarkable example of effective care coordination is DULCE (Developmental Understanding and Legal Collaboration for Everyone). DULCE began in 2016 with 7 sites nationally (including Appleseed Pediatrics in Lamoille County). DULCE expanded in 2019 to 3 additional sites in Vermont, including Milton and South Burlington offices of Timber Lane Pediatrics. The goal of DULCE is to build upon what we already do in pediatrics by providing a systemic and proactive intervention model embedded in the medical home that provides maximal support to children and families from the first newborn visit through 6 months of age. As >95% of Vermont infants receive routine health care in the first month of life, this is an exceptional opportunity to engage families early, provide early screening to identify major risk factors, and ensure families are connected to the supports they need.

Our DULCE team in Milton has supported newborns of 348 families since implementation in September 2019. Our Family Specialist is embedded in the medical home and attends all well child visits through 6mo while promoting parent knowledge, assisting with screening to identify and address social determinants of health, and helping families meet basic needs. For those with ongoing need by 6 months, the model provides an individualized bridge to supports in and outside of the office (e.g. parent counseling, child care access, food or housing insecurity, Children's Integrated Services, or even our office care coordinator). Our team is strengthened by our medical legal partnership with VT Legal Aid and community partnership with NCSS and Milton Family Community Center, with whom we meet weekly. Data demonstrates that direct connection between the medical home and medical legal and community partners increases connection to resources, improves well visit utilization, decreases ER use, and improves patient satisfaction with services. Families in our Milton office said of their experience that "having [the Family Specialist] in person at visits was very valuable" and that "having adequate knowledge about all resources available to me helps ensure I can choose the things that are right for my family."

I have seen time and time again how care coordination, particularly when embedded within the medical home, benefits patients and families and streamlines communication and processes within complex healthcare systems. In primary care, we provide high quality care at relatively low cost. Still, we struggle to obtain rate increases from payers, including Medicaid, with downstream impacts on difficulty recruiting physicians into primary care, challenges hiring and maintaining staff in primary care practices, and ongoing threats to the sustainability of primary care. The uncertainties that come with BCBS recently pulling out of our ACO, OneCare Vermont, is further destabilizing to primary care practices. We persevere despite these challenges because our patients and families matter and care we provide makes a difference in their lives, while improving the health of our families and communities.

I implore you to increase funding for care coordination, including the Blueprint for Health and expansion of DULCE, and to support inflationary increases in Medicaid reimbursement in primary care. These measures are vital to sustain our critical work supporting Vermont's youth.

Thank you again for the opportunity to speak before you all.