



Nurse-Family Partnership Comments

Arizona Health Care Cost Containment (AHCCCS) - Delivery System Reform Incentive Payments (DSRIP)

August 17, 2016

On behalf of the Nurse-Family Partnership® National Service Office (NFP-NSO), thank you for the opportunity to comment on the Arizona Delivery System Reform Incentive Payments (DSRIP) proposal, included as part of the state's section 1115 demonstration application. By implementing projects to improve multi-agency, multi-provider care delivery, Arizona aims to reduce fragmentation and further develop an integrated system that provides holistic care for some of its most complex and costly individuals, including individuals with behavioral and physical health needs, individuals transitioning from incarceration to the community, and American Indians receiving services from the American Indian Health Program. As a voluntary public health prevention program that serves families in urban, rural and remote communities in Phoenix, Tucson and in Maricopa and Pima Counties, Nurse-Family Partnership (NFP) has first-hand experience with the behavioral and physical health needs of low-income first-time mothers in these populations, and strongly supports Arizona's efforts to improve the management and coordination of the care they receive.

We applaud Arizona's efforts to use DSRIP and other reforms to incentivize providers and managed care organizations to collaborate more effectively with each other and with community based social services to improve the quality of care for targeted populations and believe that these initiatives will provide a foundation for better integration of evidence-based home visiting programs like NFP within the Arizona health system.

Nurse-Family Partnership pairs registered nurses with first-time mothers living in poverty through home visits beginning in early pregnancy until the child is two years old. NFP nurses build trusting relationships with mothers, helping them receive the support and care they need to have a healthy pregnancy and to become nurturing and responsible parents, while building bridges to economic independence. Home visits provide opportunities for NFP nurses to directly observe and assess the challenges the mothers are facing, from lack of adequate housing or food to substance use disorders. The nurses then provide front-line care coordination, helping connect families to the supports and services they need to thrive. In seeking to develop better integration of services for vulnerable populations, Arizona should seek participation of community-based home visiting programs like NFP in DSRIP and in other health reform efforts.

NFP has a long history of demonstrated success in achieving positive health and self-sufficiency outcomes for the high risk target population it serves. NFP is the only program to earn the highest evidence-based quality rating from the Coalition for Evidence-Based Policy following an evaluation of eight home visiting models included in the HRSA Maternal Infant Early Childhood Home Visiting Program. Additionally, multiple studies have shown that NFP can impact key social determinants of health through cost savings to both the federal and state government including reduced use of food stamps, lower TANF payments, and less reliance on Medicaid, including decreased use of emergency departments.

A hallmark of the NFP program is its ability to measure, monitor and analyze metrics, using this data to drive quality improvements and program efficiencies at NFP program sites in 43 states and with 6 Tribal Partners. NFP quality and outcome measures are in alignment with those prescribed by HEDIS, CHIPRA and NCQA's criteria for Patient-Centered Medical Homes. Since January 2012, NFP programs in Arizona have served 2,580 moms and 867 babies, resulting in significant reductions in preterm births, injuries treated in emergency departments, and smoking during pregnancy, while increasing immunization rates, readiness for kindergarten, and mothers' economic self-sufficiency.

NFP is actively seeking closer collaboration in the areas of referrals, care coordination, and information sharing with managed care organizations in Arizona, and hopes the DSRIP proposal will be a further catalyst for close working relationships with payers and providers in the State.

Sincerely,



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