

## NC InCK Alternative Payment Model (APM) Data Companion Guide for Providers

### Education-Related Awareness Measures

#### Measure at a Glance

NC InCK aims to promote a more holistic view of child well-being and for the first time has linked data on Medicaid-enrolled patients served by your practice with Department of Public Instruction (DPI) data on their attendance and kindergarten readiness. These data are shared for awareness only and are not tied to quality payment as part of the NC InCK Alternative Payment Model (APM). NC InCK hopes providers and plans can use these data to inform actions taken to improve overall child well-being, since education measures are closely tied to child health.

NC InCK will be sharing two measures based on Department of Public Instruction data: 1) Kindergarten readiness rates, and 2) Chronic absenteeism rates. These two measures are detailed below.

Rate Name	Kindergarten Readiness Rate ( <i>Awareness Only</i> )
<b>Measure Type</b>	Novel Cross-Sector Measure
<b>Data Source</b>	Department of Public Instruction (Early Learning Inventory [ELI])
<b>Description</b>	Percentage of kindergarten students attributed to NC InCK at or above development and learning expectation in the Early Learning Inventory in the 2021-2022 school year, an observation-based formative assessment across 5 dimensions of early learning and development. Data from the 2022-23 school year will be available in the late fall of 2023.
<b>Numerator</b>	Number of kindergarten students at or above development and learning expectations within individual objectives and dimensions.
<b>Denominator</b>	Number of kindergarten students whose teacher completed the ELI and input it into the state DPI system.

Note: In addition to an overall rate of Kindergarten Readiness, NC InCK is also sending the percentage of students meeting Kindergarten Readiness thresholds for 5 dimensions that are most closely correlated with the NC InCK Kindergarten Readiness Promotion Bundle.

Rate Name	Chronic Absenteeism Rate ( <i>Awareness Only</i> )
<b>Measure Type</b>	Novel Cross-Sector Measure
<b>Data Source</b>	Department of Public Instruction (Attendance)
<b>Description</b>	Percentage of children attributed to NC InCK considered chronically absent from school in the 2021-2022 school year, defined as being absent for at least 10% of the total number of school days. Please note that chronic absenteeism during the 2021-2022 school year was <a href="#">significantly higher</a> than usual across the nation due to COVID-related impacts.
<b>Numerator</b>	Number of children whose total number of absences, <u>excused or unexcused</u> , is equal to or greater than 10% of the total number of days that the student has been enrolled at such school during the year.

<b>Denominator</b>	Number of children enrolled in a North Carolina public school for at least 10 days at any time during the school year.
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## Education-Related Awareness Measures: Clinical and Public Health Significance

Education is closely linked to health; it both impacts and is impacted by health outcomes. Among adults, higher educational attainment [has been linked](#) to a range of positive health benefits, including increased life expectancy, reduced infant mortality, and improved self-reported health. Education-related interventions in childhood can impact long-term educational achievement.

Conversely, poor health can interfere with a child's kindergarten readiness and subsequent educational experiences. As defined by the Early Learning Inventory (ELI), kindergarten readiness is a [composite](#) of language and literacy development; cognition and general knowledge; approaches toward learning, physical well-being, and motor development; and social and emotional development. While the ELI is not an independent indicator of future success, the inventory can be used to identify areas of strength and weakness and to inform instruction. For example, a strong social-behavioral health foundation (such as emotion regulation skills and executive functioning capabilities) is [critical](#) for forming healthy relationships in school and a key to success in the learning process. A student's social-behavioral readiness can be a [predictor](#) for school suspensions and expulsions. Beyond the individual domains, kindergarten readiness [ties to](#) overall success in elementary school, a lower likelihood of not completing high school, and higher earnings as adults.

School attendance is another important educational metric that is strongly connected to child health. In 2022, it is estimated that 16 million children met the definition of chronic absenteeism (missing 10% or more of school days), doubling that of the 2019-2020 school year, and academic performance is the lowest it has been in decades. Absenteeism occurs across grade levels and is associated with multiple adverse health and educational outcomes, all of which disproportionately impact low-income, minority children, English-language learners, and children with special health care needs.

Drivers of chronic absenteeism include acute and chronic illness, mental and behavioral health needs, lack of school engagement or connectedness, and family social needs. These are all areas where primary care providers and their teams have an opportunity to counsel and support families.

## Why does this measure matter to NC InCK?

School is an important environment for children—it's where children spend significant portions of their time; develop relationships with peers and teachers; and gain critical social, emotional, and academic skills. A holistic approach to children's health must include schools. NC InCK's care management model and Core Child Service work prioritize partnerships between health and education sectors.

As part of NC InCK's goal of promoting whole-person care and bridging services across sectors, NC InCK encourages healthcare providers to take actions that promote school readiness and educational attainment. By sharing data on kindergarten readiness and chronic absenteeism, NC InCK hopes to inform providers' efforts to address educational needs in the healthcare setting. These data can be an informational complement to the Primary Care Kindergarten Readiness Promotion Bundle measure that is tied to quality payments as part of the [NC InCK APM](#). These data can also be used for health systems and practice advocacy efforts for policies and resources that support whole-child care.

## What data will I be receiving on this measure for the NC InCK APM?

In Summer 2023, Prepaid Health Plans (PHPs), Clinically Integrated Networks (CINs), and Advanced Medical Homes (AMHs) will receive data on education-related awareness measures for the 2021-2022 school year. Data is not available at the member level but instead will be shown as aggregated rates across entities. These rates will be stratified by race, ethnicity, gender, county, and other demographics. CINs will receive these data directly from the Department and are expected to share relevant data with AMHs.

### How should I interpret my data?

For both education-related awareness measures, there is no historical data available for the Medicaid population. We suggest comparing rates across demographics and other stratifications to identify opportunities to promote kindergarten readiness and school attendance among a higher proportion of children.

### Kindergarten Readiness Data

Kindergarten readiness data is drawn from the [Early Learning Inventory](#) (ELI) that is completed by kindergarten teachers in the fall semester of each school year. Documentation is based on teacher observation over the first 60 days of school. The ELI captures a set of developmental progressions across the 5 domains of learning and development (language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development). The ELI is a formative assessment that is intended to help teachers prioritize areas of learning for children across dimensions and skills. In 2021, NC adapted the use of the tool to also create an indicator of Kindergarten Readiness for children. While we encourage the comparison of rates across stratified groups, we urge providers to be cautious in their interpretation. The measure is too new to draw concrete conclusions about discrepancies that may emerge between groups, and there are many structural and systemic reasons why these disparities may occur. Although the data is not intended to be used to make high-stakes decisions about students, teachers, programs, or schools, it can be used as an informational tool.

NC InCK is sending six data elements from the 2021-2022 ELI to each AMH. These elements were selected due to their potential correlation with interventions provided as part of the NC InCK APM's Kindergarten Readiness Primary Care Promotion Bundle:

- 1) Overall % of children in NC InCK who are considered "Kindergarten Ready" (i.e., met or exceeded expectations on 70% or more of the ELI assessment items)
- 2) % of children in NC InCK meeting or exceeding expectations in the following progressions:
  - a. Manages feelings
  - b. Interacts with peers
  - c. Attends and engages
  - d. Uses fingers and hands
  - e. Uses and appreciates books and other texts (not available until 2023)

### Chronic Absenteeism Data

Across North Carolina, chronic absenteeism has risen over the past few years, likely due to the effects of COVID-19, community connection to school, school transportation shortages, student mental health and the rise of virtual schooling. In 2019, chronic absenteeism hovered around 15% statewide, but in 2021 and 2022, rates rose to 26% and 31%, respectively. Note that these rates may look different for the Medicaid population compared to the statewide population. Due to the volatile nature of this measure over the past few years, data should be interpreted with caution.

### How is this data linked to quality payment?

Although these measures are considered part of the NC InCK APM, they are shared for awareness only and are not tied to quality payment.

### How can our practice use these data to improve overall educational attainment and well-being of our patients?

#### Kindergarten Readiness

Clinicians and other members of the clinical team like nurses and social workers can provide the Kindergarten Readiness Promotion Bundle as part of well visits for children under age 6. This Bundle details a set of 12 evidence-based interventions that a clinician can provide during a well-child visit to promote kindergarten readiness. More information about the Primary Care Kindergarten Readiness Promotion Bundle and how to implement it can be found [here](#).

#### Chronic Absenteeism

Health care providers can ask children and families whether their health is impacting their ability to attend school. If yes, primary care providers should formally document health and social issues that impede a child's ability to go to school. Providers can then support families in a number of ways:

- If the child has listed behavioral health diagnoses or chronic medical conditions, the provider may help the family to request evaluation for school-based supports such as an Individualized Education Plan (IEP) or Section 504 Plan.
  - The provider may also meet with a student's school-based support team to update or review a student's IEP or Section 504 Plan.
  - If students are not receiving necessary accommodations, primary care providers can refer families to Legal Aid's Right to Education helpline: **Toll-Free: 1 (866) 219-LANC (5262)** Primary care providers can also obtain a family's consent and make a referral to Legal Aid directly on behalf of a patient.
- Counsel families regarding appropriate reasons to stay home from school.
- Provide medical action plans (ex: asthma or seizure action plans) or authorization letters with instructions for providing necessary medications in the school setting. They may collaborate with the school-based health provider to discuss and support children with attendance.
- Refer eligible families into the NC InCK Care Management model to be connected with a care manager.