

CHIPRA Demonstration Grant Program Webinar Series

Engaging Stakeholders in Improving Children's Health
through the CHIPRA Quality Demonstration Grants
September 12, 2013

Maine/Vermont – The National Improvement Partnership Network
South Carolina – Engaging Pediatricians in Quality Improvement
Oregon/Alaska/West Virginia – Family and Professional Partnerships

CHIPRA Quality Demonstration Grant Program Webinar Series

- CMS-sponsored series of five webinars designed to share findings and lessons learned from the CHIPRA Quality Demonstration Grants:
 1. August 14 - Understanding the CHIPRA Quality Demonstrations
 2. August 20 - Patient-Centered Medical Home
 3. September 12 - Stakeholder Engagement
 4. September 25 - Improving Behavioral Health Care Quality
 5. October 15 - Health Information Technology
- Open to all interested parties
- Dates/times posted on: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care.html>

CHIPRA Quality Demonstration Grant Program

- Congressionally mandated program
- \$100 million in funding
- Goals
 - Evaluate promising ideas
 - Identify strategies that can drive improvements
 - Multi-state collaborations encouraged

Webinar Agenda

- Welcome and Context Setting
- Introductions
- Presentation of State Project Spotlights
 - Maine/Vermont
 - South Carolina
 - Oregon/Alaska/West Virginia
- Questions

Engaging Stakeholders in Improving Children's Health Using the National Improvement

Judith Shaw, EdD, MPH, RN, Executive Director, Vermont Child Health Improvement Program (VCHIP) and NIPN

Wendy Davis, MD, Vermont Child Health Improvement Program (VCHIP) Faculty and Associate Director, NIPN

Agenda

- Introductions
- Brief Overview: Maine and Vermont CHIPRA Quality Demonstration Grant
- Background: Improvement Partnerships and Engaging Stakeholders
- National Improvement Partnership Network (NIPN) as a Tool in Vermont
- Strategies, Tools and Resources
- Questions

Maine and Vermont CHIPRA Quality Demonstration: Improving Health Outcomes for Children (IHOC)

- Lead
 - Office of MaineCare Services in partnership with Maine Center for Disease Control and Prevention, the Muskie School of Public Service at the University of Southern Maine, Vermont's Medicaid Program, and the Vermont Child Health Improvement Program at the University of Vermont
- Category A (Maine only)
 - Select and promote a set of child health quality measures
- Category B (Maine and Vermont)
 - Build health information technology infrastructure to support the reporting/use of quality measures
- Category C (Maine and Vermont)
 - Transform service delivery by promoting the patient-centered medical home model in pediatric and family practices

Grantee Spotlight: Improvement Partnerships

- **Category E (Vermont only)**
 - Support the development of Improvement Partnerships (IPs) in states and enhance Vermont's role as convener of the National Improvement Partnership Network (NIPN)

Improvement Partnerships Defined

A durable state or regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children's health care.

What Do Improvement Partnerships Do?

- Develop and test tools, measures, and strategies
- Serve as a resource for improvement assistance
- Translate knowledge through engagement of national and local experts
- Disseminate findings, spreading successful approaches and informing policy
- Serve as convener, an “honest broker”
- Provide opportunities for pediatricians to fulfill American Board of Pediatrics Maintenance of Certification Part IV requirements

Improvement Partnerships Nationwide



CHIPRA Quality Demonstrations
Strengthening the Quality of Children's Health Care

Where are They Located?

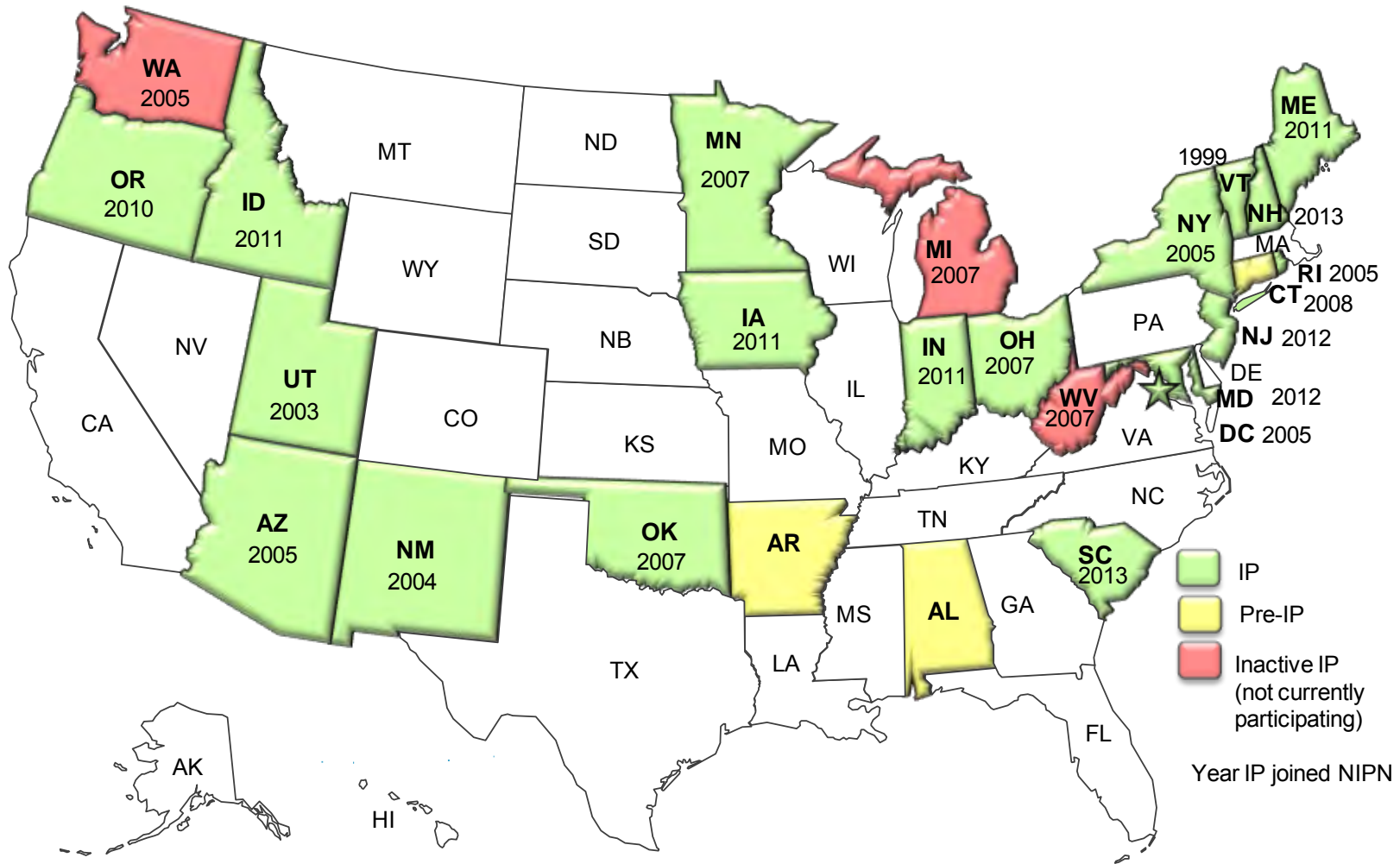
- **AAP Chapter**
 - Arizona, Iowa*, Minnesota, Rhode Island, West Virginia
- **Medicaid**
 - Connecticut, Michigan
- **Department of Health**
 - New York, Ohio, Washington
- **Academic Institution**
 - Indiana, Iowa*, New Mexico, Oklahoma, Oregon, Utah, Vermont
- **Children's Hospital**
 - District of Columbia
- **Quality Improvement Organization**
 - Maine

*Iowa's IP is a partnership between the Iowa chapter of the AAP and the University of Iowa

Advisory Group/Stakeholders

- Departments of health (Maternal and Child Health directors, Title V Directors)
- Medicaid and private insurers
- American Academy of Pediatrics and American Academy of Family Physicians State Chapter Leadership
- Parents and caregivers
- Quality improvement experts and organizations
- Chairs of departments of pediatrics, family medicine, obstetrics/gynecology, child psychiatry
- Academic health center faculty (medical & nursing schools, schools of public health)

NIPN Members

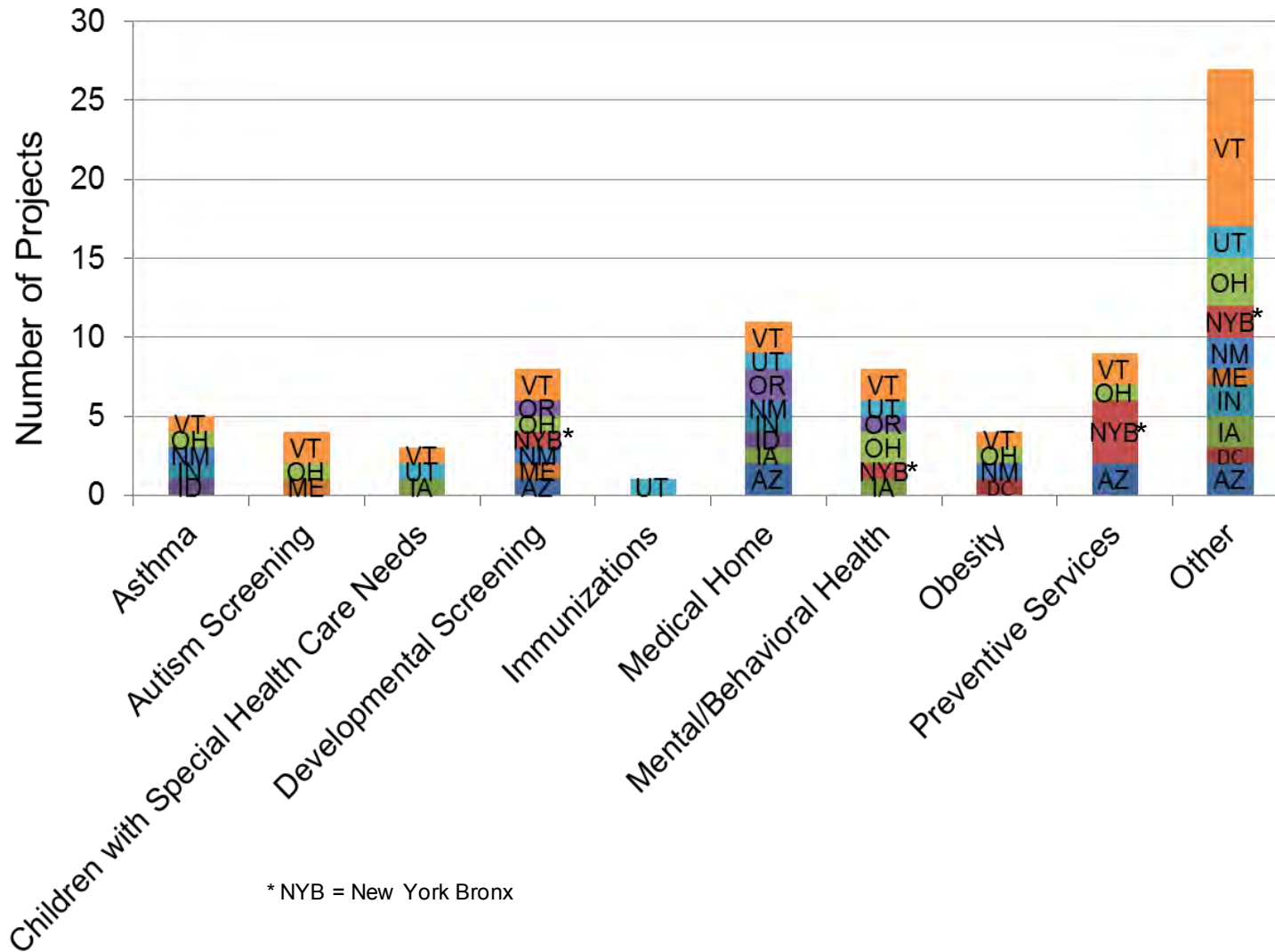


National Improvement Partnership Network (NIPN)

- Serves as convening organization for state-based IPs
- Provides technical assistance and mentorship for new/existing IPs
 - Network meetings, calls, monthly webinars
 - Core staff training
 - Annual meeting
- Facilitates information exchange and problem-solving among states and regions
- Provides individualized technical assistance (National Quality Improvement Coach)
- Supports repository for tools, materials, speakers

<http://www.nipn.org>

Strategies: State IP Project Topics



* NYB = New York Bronx

Other State IP Project Topics

“Other” IP Projects: Total of 27 projects

State	Project Topic(s)
AZ	Pediatric emergency care, care coordination
DC	Early periodic screening, diagnosis, and treatment
IA	Neurodevelopment/environmental health, late pre-term infants
IN	Relational team-based care, chronic condition
ME	Lead and anemia screening
NM	Newborn hearing screening, school-based health center quality improvement
NYB*	Newborn screening, sexually transmitted infections screening
OH	Inpatient medical errors, preterm births and infant outcomes, injury prevention
UT	Motivational interviewing, newborn screening
VT	Attention deficit hyperactivity disorder, early literacy, foster care, injury prevention, state improvement partnership programs, program evaluation, breastfeeding, leadership training, care for newborns exposed to opioids in utero, perinatal health

* NYB = New York Bronx

NIPN and Vermont's IP

- Mental and behavioral health screening per guidelines
- Shared learning through network calls
 - IPs interested in a common measure for adolescent behavioral health screening
 - Follow-up: States shared quality improvement experiences, strategies, and measures for adolescent depression screening
- VCHIP now launching our own practice network maintenance of certification project on adolescent depression screening.

Tools: NIPN Monthly All-Sites Webinars

January	NIPN 2013 Plans & Innovation Methods
February	Now You Have Hired People: How Do You Motivate and Retain Them?
March	NIPN Process Evaluation
April	MOC – Process and Opportunities
May	Future of QI in Pediatrics
June	Engaging Patients in Quality Measurement & Improvement
July	Displaying Data, Part II
September	MCH Navigator Resources and Federal Funding Update (CHIPRA Reauthorization)
October	Operation Training Debrief
November	AcademyHealth – Case Study Review
December	Connecting IPs to Title V Programs

NIPN Resource List

ListServ

Need Advice?

Have Tips To Share?

Correspond with IP's and others working on Child and Maternal Health Improvement.

Send an e-mail to

LISTSERV@LIST.UVM.EDU

Annual Operations Training

October 2nd – 4th
Washington, DC

SharePoint

Contact Information
Engaging Parents
IRB
MOCs
QI Publications
Working with Practices
IP Operations
Measures
EHR Adoption
Adolescent Depression
Past QI Coaching and All-Sites Calls
Previous Operations & National Meetings

List of IPs and IP Contact Information

QI Coaching
Support

Technical
Assistance

[NIPN Website](http://www.nipn.org)
www.nipn.org

Monthly
All-Sites Webinars

A How-to Guide

Establishing a
Child Health
Improvement
Partnership

Lessons Learned

- IPs impact care as no single agency can
- IPs convene disparate stakeholders to align priorities and find solutions for common problems
- IPs bring expertise and experience to state policy discussions
- NIPN provides a forum for sharing and learning across IPs

Shaw JS, Norlin C, Gillespie RJ, Weissman M, McGrath J. The National Improvement Partnership Network: State-Based Partnerships That Improve Primary Care Quality. *Academic Pediatrics*. 2013 (in press).

Questions

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Engaging Stakeholders in Improving Children's Health Quality Through the Use of a Learning Collaborative

CHIPRA Quality Demonstration – South Carolina
Quality through Technology and Innovation in Pediatrics (QTIP)

Francis Rushton, MD, FAAP
SC CHIPRA Grant – Medical Director

Lynn E. Martin, LMSW, ACSW
SC CHIPRA Grant- Project Director

Agenda

- Welcome and Introductions
- Background – South Carolina CHIPRA Grant
- Structure of the QTIP Learning Collaborative
- Lessons Learned
- Questions

South Carolina's CHIPRA Quality Demonstration Grant

- **CMS Child Core Measures**
To explore the feasibility of the 24 core measures in pediatric offices
- **Electronic Health Records/Health Information Technology**
To extract data related to the core measures from Electronic Medical Records and develop quality reports
- **Medical Home/Behavioral Health**
To work with Medicaid/CHIP pediatric practices on becoming patient centered medical homes (PCMHs) to include the integration of behavioral health



QUALITY
through
TECHNOLOGY
and
INNOVATION
in
PEDIATRICS

Who Makes Up QTIP

- Partnership between SC Department of Health and Human Services, SC Chapter of the American Academy of Pediatrics (SC Chapter AAP), University of South Carolina (USC) - Institute for Families in Society, USC-School of Pharmacy, Care Evolution and Truven Health Analytics
- Active Planning and Steering Committee
- Establishment of a Learning Collaborative Oversight Committee
- Together these stakeholders work to:
 - Create an outpatient Medicaid/CHIP pediatric quality improvement initiative preparing practices for health care reform and the future
 - Coordinate core measures/projects to also meet ABP Part IV requirements and support NCQA certification
 - Provide an opportunity for South Carolina pediatricians to have some control and input into the rapid changes impacting us in our offices

How QTIP Works with Practices and Stakeholders

Pediatric Practices

- 18 practices selected
- Each practice identified a QI team lead: practitioner, nurse and office manager

Plan-Do-Study-Act cycles

- Practices document quality improvement work

Maintenance of Certification credits

- Physicians can earn Part IV MOC credit on QI work

Planning & Steering Committee

- Active committee; meets quarterly

Learning Collaborative

- Semi-annual sessions attended by QI team
- Quality measures presented, expert speakers, PCMH and behavioral health concepts, information sharing, etc.

Site Visits

- QTIP team technical assistance site visits
- Peer reviewer participation
- Academic detailing
- Mental Health education and community resource meetings
- Quality Improvement coaching

Spotlight Grant Activity: Learning Collaborative

- Complements and leverages the work of the SC Chapter AAP
 - Held in conjunction with SC Chapter AAP functions twice a year
 - Agendas for the SC Chapter AAP meetings and QTIP build on each other and contain similar messaging/topics
- Method South Carolina uses to discuss:
 - Core Measures
 - Mental Health Integration
 - Patient Centered Medical Homes
 - Quality Improvement Skills
- Nine Learning Collaborative sessions are planned over the grant
 - Participating practices attend all sessions
 - Work with participating practices over a four-year period

Spotlight Grant Activity: Learning Collaborative

- Oversight provided by SC AAP committee
- Both “outside” experts and members of practice QI teams present information
- QTIP practices given opportunity to report at each learning collaborative session
- QI practice team members encouraged to visit other practices participating in QTIP
- Nature of collaborative treats participants as experts. A blog is available for practices to post information, ask questions, receive input, etc.
- Practices learning to do their own data collection including 10 chart audits

Broad Focus on Quality

- South Carolina is focusing on the 24 core measures
 - Introducing over 4 years at the nine learning collaborative sessions
 - Timing determined by “topic” area, joint projects, and/or State’s focus
 - Additional areas of focus identified with some core measures (i.e., Attention Deficit/Hyperactivity Disorder, Body Mass Index, Asthma, Preventative Dental)
 - For example, SC has provided additional areas of focus with Preventative Dental to include:
 - Risk assessment between 12-36 months
 - Referral to a dental home
 - Application of fluoride varnish
 - Discussing fluoride in the family’s drinking water source

Broad Focus on Quality

- Grassroots control
 - Each practice can select which core measures to work on
 - Individual practices decide how they work on the measures
- Half of the CMS Child Core Measures resonate with QTIP practices
- Work on core measures help practices to meet NCQA PCMH standards

Example of Work on Quality (Preventive Dental Services)

At the Learning Collaborative:

- Four additional areas of focus were introduced
- National speaker presented on caries and risk assessments
- Speakers from Dept. of Environmental Control (DHEC) presented an oral health toolkit and provided a listing of resources available

QTIP worked with DHHS and practices:

- Certification and training requirements on fluoride varnishing
- Provided training so practices could be reimbursed
- Established linkages with DHEC

Results:

- QTIP trained over 250 pediatricians and staff
- 14/18 QTIP offices routinely provide fluoride varnishing
- One of the most frequent documented PDSA topics
- 204% increase in the number of Medicaid/CHIP children receiving fluoride varnish treatments from non-dental providers
- Working with DHEC on video (sustainability)

Significant Investment Needed to Start Statewide Pediatric QI

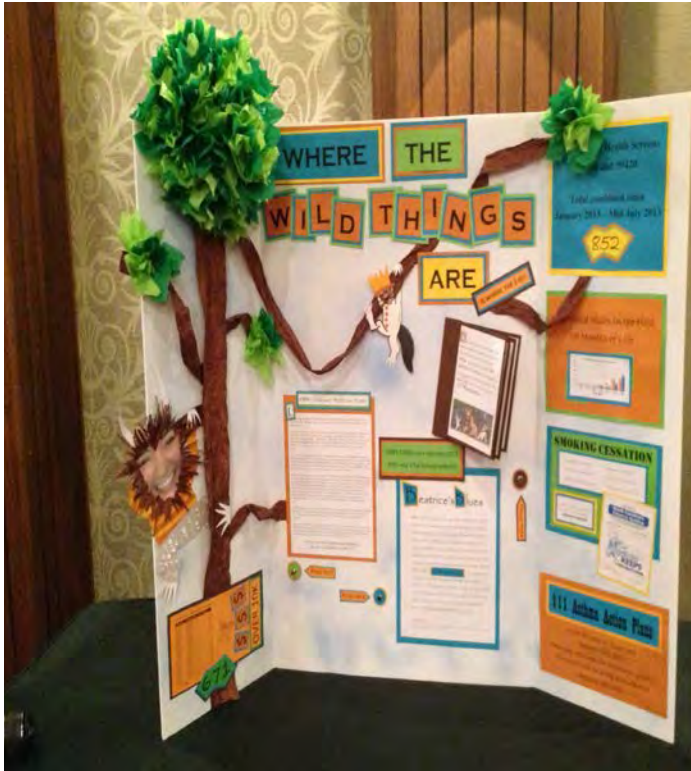
Skill Building

- Teaching model for improvement
- Developing QI teams at the same level
- Holding twice a year learning collaborative session and technical assistance visits
- Facilitating ongoing communication through blog conversations
- Holding monthly conference calls
- Conducting twice a year academic detailing

Incentives

- Participation payments
- ABP MOC IV Credit. We have portfolio status and can give credit for up to 10 topics
- Support for NCQA PCMH Standard 6
- CME credit for winter learning session
- Networking opportunity
- Provision of data

Celebrate Success



- QTIP Awards
- Storyboards
- Blog posts
- “Did you know?” slide show listing accomplishments
- QTIP Quality Improvement Coach presents a “Wows” presentation at Learning Collaborative Session
- Positive attitude at technical assistance visits

How the LC Helps Spread the Message

- Learning collaborative sessions are held in conjunction with SC Chapter AAP events
- Partnering with other entities on core measures (i.e., asthma, oral health)
- Hosting Quality Improvement workshops
- Involvement of stakeholders/Planning and Steering Committee members in the planning of the Learning Collaborative sessions and as resources to our practices

South Carolina's Lessons Learned

- Have an active Planning and Steering Committee – this helps build public and private partnerships
- Provide practices with an opportunity to share, interact, network, compare and learn from each other
- Spreading ideas and processes within the practice can be challenging
- QI team membership is important
- Communication among the QTIP practices and staff has greatly increased
- Practices learn from each other both in successes and challenges
- Time, time, time, and competing priorities...

South Carolina's Lessons Learned

- Helpful to work with the same group of practices over an extended period of time
 - Comfort level is developed and they learn from each other
 - “Natural leaders” emerge
 - Recent evaluation results show that 96% liked the networking opportunities the Learning Collaborative offered
- Be responsive and ready to change
 - Explore new ideas and structure; be adaptable to suggestions and enthusiasm
 - Build on the skills/expertise of the pediatricians – as speakers, teachers, and topic leaders
 - Turn-over in practice's QI Team members

Partnerships are Essential

- SC Chapter AAP was very helpful in engaging pediatricians
- Have a variety of organizations involved in the planning and oversight
- SC Chapter AAP helps with academic oversight, allows us to use some of their meetings for information sharing
- Partnerships with sister state agencies are essential
 - Mental Health (mental health integration, referrals)
 - Department of Environmental Control (dental, BMI)
- Partnerships with non-profits
 - Resources
 - Parent Partners
 - Project Breathe Easy

Questions

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For more information about QTIP visit:
<https://msp.scdhhs.gov/qtip/>

Family and Professional Partnerships: A Cornerstone of Medical Home Transformation

Colleen Reuland, MS, Executive Director
Oregon Pediatric Improvement Partnership
Tri-State Children's Health Improvement Consortium (T-CHIC)

Agenda

- Welcome and Introductions
- Goals of the Oregon, Alaska, and West Virginia CHIPRA Quality Demonstration Grant
- Overview of Family and Professional Partnerships
 - Data-Driven Focus on Family and Professionals Partnerships
 - Why Family Partnership is Different from Engagement
- Lessons Learned
- Questions

Tri-state Children's Health Improvement Consortium (T-CHIC) CHIPRA Quality Grant Goals

- State-to-state partnership among Medicaid/CHIP programs in Alaska, Oregon, and West Virginia
- State and not-for-profit partnership (3 states, 4 non-state partners)
- Practice-to-practice partnership (21 Medicaid/CHIP practices)
- Tri-state learning collaborative promotes innovations and activities that support CHIPRA goals (diffusion of innovation, active learning network, and rapid cycle improvement)
 - Learning collaboratives
 - Data and analytics
 - Technical assistance and infrastructure support
 - Annual conferences, communications, online repository, outreach and networking

T-CHIC Continued

- Multi-faceted set of strategies to demonstrate the impact that different ways of delivering health care and health care information can have on a child's health by:
 - Improving children's health and health care quality measurement
 - Integration of Health Information Technology (HIT) systems
 - Developing the best models of health care delivery for children and their families
- Participating states are working to improve children's health in their own state, as well as in the other consortium states

T-CHIC Medical Home Efforts

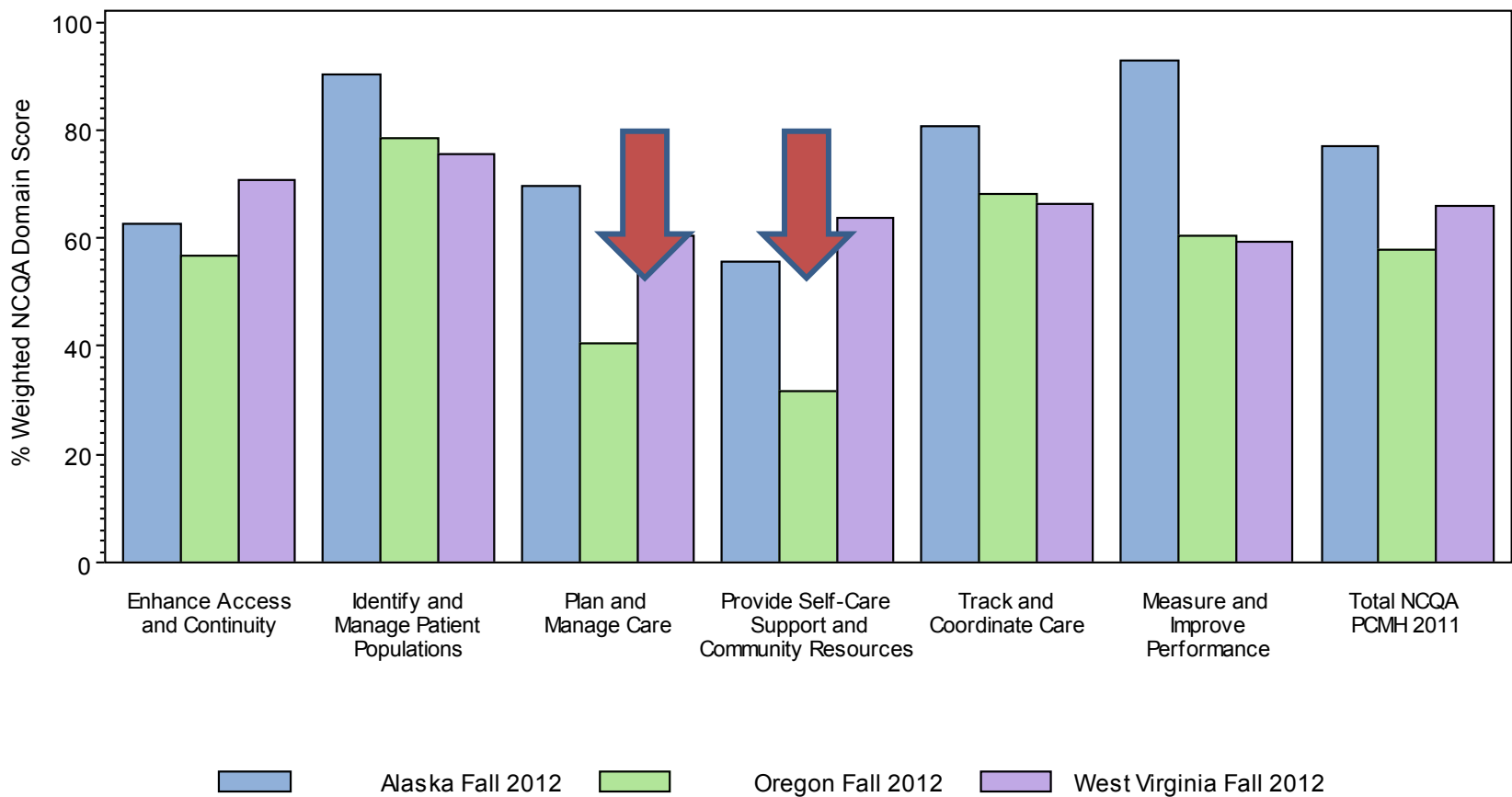
- Working with 21 Medicaid/CHIP practices to transform and improve care in a way that meets the goals of a pediatric medical home
 - Alaska: 2 practices, 1 large health system
 - Oregon: 8 practices
 - West Virginia: 10 practices
- Different medical home and care coordination models to stimulate improvements in health care delivery for children and their families
 - Alaska: Practices applied to RFP, monthly calls to share learning
 - Oregon: Learning collaborative with monthly practice facilitation and group conference calls
 - Facilitation led by Oregon Pediatric Improvement Partnership (part of the National Improvement Partnership Network)
 - West Virginia: Care coordinators in each practice, monthly calls with care coordinators

Methods T-CHIC Uses to Assess Medical Home & Identify Priorities for Improvement

- Medical Home Office Report Tool
 - Practice characteristics
 - Pediatric Medical Home Index: Revised Short Form (MHI-RSF)
 - National Committee for Quality Assurance Patient-Centered Medical Home 2011 (NCQA PCMH)
 - State-specific items
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Clinician and Group (CG) PCMH survey:
 - Included additional items focused on care coordination
 - Oversampled for Children and Youth with Special Health Care Needs (CYSHCN)

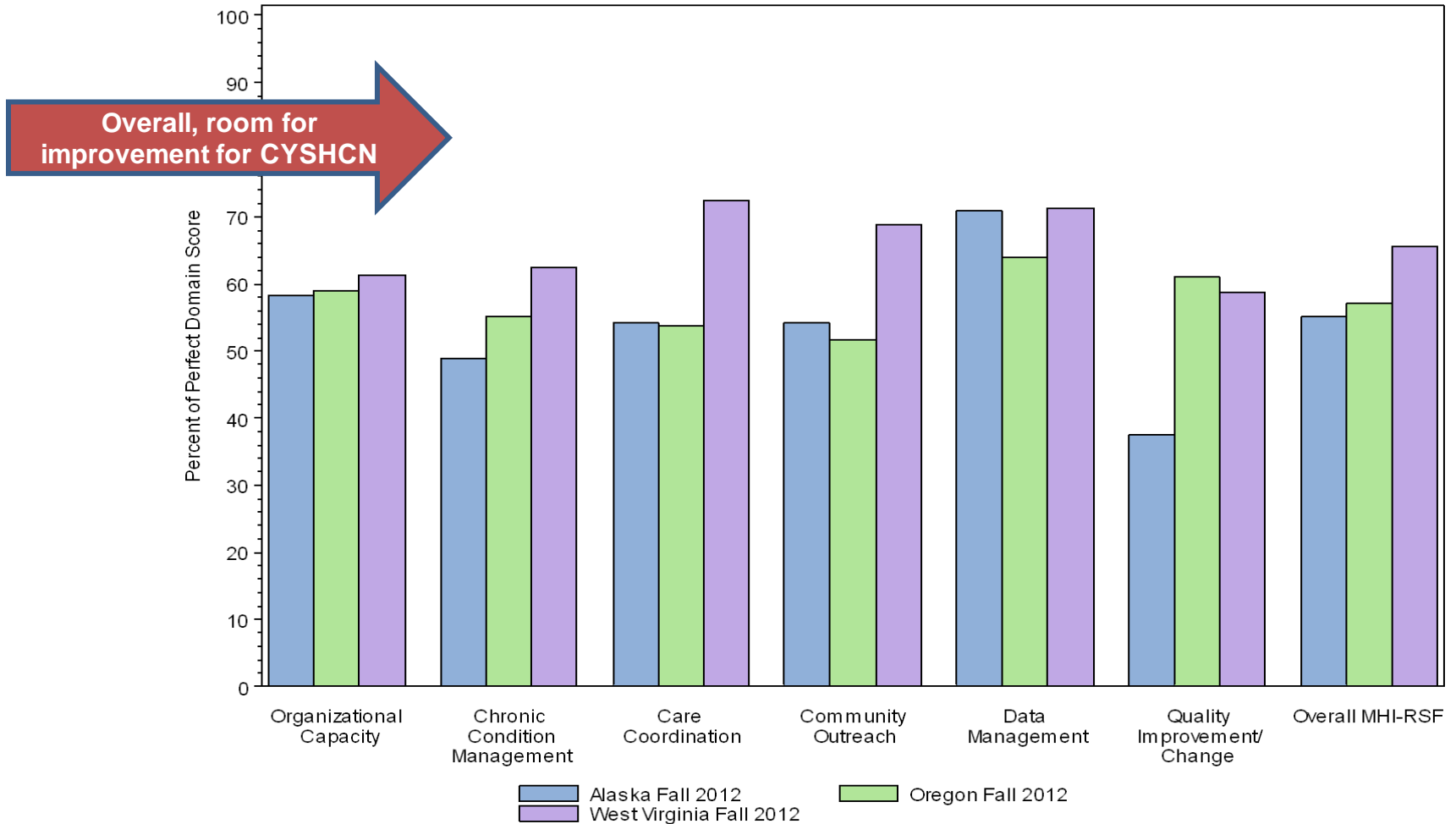
NCQA PCMH Findings: Areas Needing Most Improvement Related to Family Partnerships

Across T-CHIC: Average NQCA Fall 2012 Scores



MHI-RSF Findings: Family Professional Partnership for CYSHCN Needs Improvement

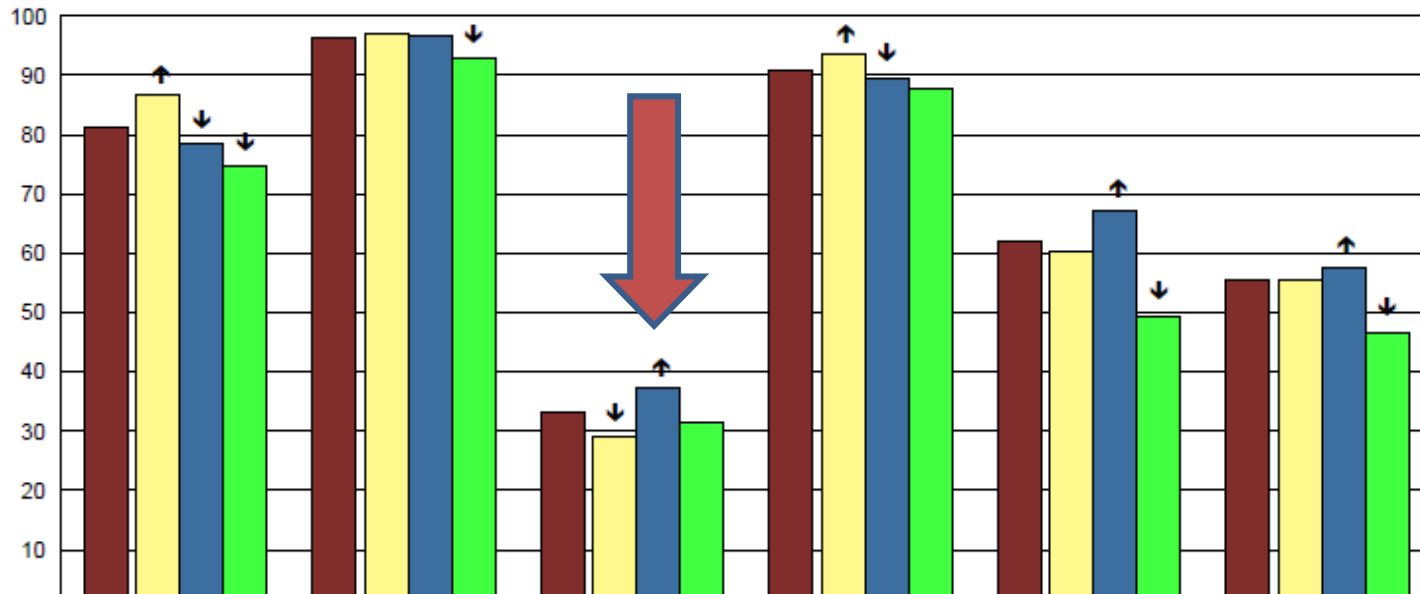
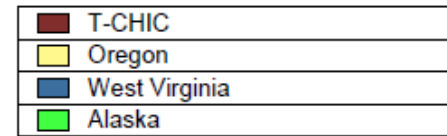
Average Across T-CHIC: Fall 2012 MHI-RSF Domain Scores by State



CAHPS CG PCMH Findings: Area Most Needing Improvement Related to Self-Management

↑↓ Statistically significantly higher/lower than T-CHIC score.

Composites



	Access	Communication	Self Management	Office Staff	Child Development	Child Prevention
T-CHIC	81.3%	96.3%	33.1%	91.0%	62.2%	55.5%
Oregon	86.6%	96.9%	29.0%	93.6%	60.2%	55.7%
West Virginia	78.4%	96.8%	37.3%	89.5%	67.2%	57.7%
Alaska	74.5%	92.8%	31.5%	87.7%	49.4%	46.7%

Shared T-CHIC Medical Home Priorities

1. Patient engagement
2. Care coordination (5 specific functions)
 - a. Utilizes standardized systems/process for identifying CYSHCN
 - b. Provides patient education and engagement materials defining medical home and assessing the patients' needs from the medical home, overall, and specifically relating to care coordination
 - c. Develops care plans with families
 - d. Manages and tracks tests, referrals, and outcomes
 - e. Coaches patients/families
3. Support of adaptive reserve in practices to ensure sustainability

T-CHIC Tracking Tool: Progress on Medical Home Priorities

- Tracking sheet mapping to each of the priorities with state indicators and practice level indicators related to processes and systems

T-CHIC Medical Home PRIORITY AREA #1: Family Engagement	TOTAL (n=21)
State-Level Project Indicators:	#yes (%)
Parents and/or Youth participate in in-person meetings in with the practices	2 (67%)
Parents and/or Youth are part of the state-team guiding the improvement efforts	3 (100%)
Practice-Level Project Indicators:	#yes (%)
Practice has an advisory committee of their patients/patient families that includes a focus on their input and guidance on the quality strategy within the practice and improvement efforts	1 (5%)
Parents and/or Youth are part of the practice-level team focused on the T-CHIC project	1 (5%)
Parents and/or Youth, served by the practice, are engaged by the practices to provide feedback to specific parts of the QI efforts (e.g. to review a shared care plan)	2 (10%)
Parents and/or Youth meeting 10% Improvement OR Level 3 Complete/ Level 4 on MHI-RSF© Item 1.5 Family Feedback	12 (57%)
Practice designs a QI project based on results from patient experience of care survey	2 (10%)

Family and Professional Partnerships: Lessons Learned with Family Engagement

- Engaging families in the quality improvement process is powerful
 - Families are keynote speakers at in-person learning sessions
 - Families serve on the Oregon project team
 - Families are engaged in the QI effort at the practice level
 - Examples:
 - Focus group on shared care plans
 - Paid parent member of the practice team
- Culture shift for both practices and providers
 - Requires time and communication

Hearing from Families to Ensure our Approach is Patient Centered

- Wanted to learn from families what it means to be engaged – positive and negative experiences
- Oregon Center for Children and Youth with Special Health Needs conducted interviews and created a video of 12 parents of CYSHCN from urban, rural, frontier, and coastal areas with varied levels of education and experience
- Video presented at annual T-CHIC Learning Session and state-specific learning sessions with the practices
 - http://www.ohsu.edu/edcomm/flash/flash_player.php?params=1%60/cdrcfinal.flv%60vod&width=640&height=360&title=Interview%20Segment

Family and Professional Partnerships: Tools and Strategies Being Used by T-CHIC Practices

- Identification of CYSHCN
 - Includes understanding the child/youth and family needs and health consequences
 - Need to ask the child/youth and family
 - Not all CYSHCN need care coordination
 - Not all children with a diagnosis have complex special health care needs
 - Some children with complex special health needs do not have complex diagnoses
- Care coordinators
 - Recognize additional staff are needed do this well
 - All 21 practices now have a care coordinator
 - Use of tools to understand and gauge families' strengths and needs (complexity scales)

Family and Professional Partnerships: Tools and Strategies Being Used by T-CHIC Practices

- Shared Care Plans
- Emphasis on shared, collaboratively developed plans vs. action plans
- Significant learning about how to feasibly and meaningfully implement these
 - Requires pre-visit planning and care coordination team
 - Time intensive
 - Anchor to child/family needs; not specific to a diagnosis
 - Care coordinators needs to be versed in techniques like motivational interviewing
 - Cumbersome to build and manage in electronic health records

Questions

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