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# **Amplify Your Impact on Child Health Care Quality:**

## Learning from the CHIPRA Quality Demonstration Grant Program

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**Webinar**

**February 11, 2016**

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# Agenda

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- **Welcome and introductions: Renee Fox, CMS, and Linda Bergofsky, AHRQ**
- **Overview of the demonstration, the national evaluation, and the customized technical assistance opportunity: Linda Bergofsky, AHRQ**
- **Lessons from the demonstration**
  - **Transforming primary care practices and using quality measures: Joe Zickafoose, Mathematica**
  - **Q&A**
  - **Improving systems for youth with complex behavioral health care needs, and using partnerships and coalitions: Grace Anglin, Mathematica**
  - **Q&A**
- **Perspectives from a non-demonstration State: Henry Ireys, Mathematica, and Jeff Schiff, Minnesota Health Care Programs**
- **Q&A and recap**

# **Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009**

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- **CHIPRA 2009 established the CHIPRA Quality Demonstration Grant Program and its evaluation**
  - **\$100 million grant program: one of the largest federal efforts to focus on health care for children**
- **Purpose: to examine promising ideas for improving the quality of children's health care provided under Medicaid and CHIP**
- **10 five-year grants awarded by CMS**
  - **18 states with demonstration dollars (6 multi-state partnerships)**
  - **February 2010–February 2015**

# Demonstration grantees\* and partnering states implemented 52 projects across 5 topic areas

States	Measures (10)	HIT (12)	Service delivery (17)	EHR model format (2)	Other (11)
Oregon*	x	x	x		
Alaska	x	x	x		
West Virginia	x	x	x		
Maryland*			x		x
Georgia			x		x
Wyoming		x	x		x
Utah*		x	x		x
Idaho		x	x		x
Florida*	x	x	x		x
Illinois	x	x	x		x
Maine*	x	x	x		
Vermont		x	x		x
Colorado*			x		x
New Mexico			x		x
Massachusetts*	x		x		x
South Carolina*	x	x	x		
Pennsylvania*	x	x		x	
North Carolina*	x		x	x	

# National Evaluation

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- **Purpose: To provide insight into best practices and replicable strategies for improving the quality of children's health care**
- **National Evaluation Team**
  - **Mathematica, Urban Institute, AcademyHealth**
  - **CMS funding, AHRQ oversight**
  - **August 2010 – September 2015**
- **Continuation of the National Evaluation**
  - **Focused on updating and disseminating lessons**
  - **Mathematica, AcademyHealth**
  - **October 2015 – June 2017**

# Evaluation Results

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- **AHRQ-hosted website:**  
[www.ahrq.gov/policymakers/chipra/demoeval/index.html](http://www.ahrq.gov/policymakers/chipra/demoeval/index.html)
  - Final and summary reports
  - Reports and resources from the States
  - 18 State Spotlights, 13 Evaluation Highlights, 2 Implementation Guides
  - Journal manuscripts
  - Special innovation features

# Broad Lessons from the Demonstration

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- **CHIPRA quality demonstration grants played a vital role**
  - Helped to keep children on State policy agendas
  - Demonstrated QI strategies to key policymakers
- **Brought “intellectual capital” to States**
  - Substantial experience
  - Application of innovative ideas
  - New or strengthened partnerships
- **“Dividends” continue in 12 States**
  - New scope-of-work provisions in State-university contracts
  - New units in State Medicaid agencies
  - Continued funding for statewide partnerships

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**Customized Technical Assistance  
to Improve the Quality of  
Children's Health Care:**

**Learn from the Demonstration  
States' Experience**



# Technical Assistance and Knowledge Transfer

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- Information about technical assistance/knowledge transfer opportunity:  
<http://www.ahrq.gov/policymakers/chipra/demoeval/whatsnew.html#ta>
- Goal: Apply lessons from the demonstration and increase successful outcomes for children
- Eligibility: Non-demonstration states and partner organizations
- Support: Team of experts, State peer-to-peer learning, no direct funding
- Duration: April 2016 – March 2017

# Lessons from the Demonstration

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- **Transforming primary care for children**
- **Using child health care quality measures**
- **Improving systems for youth with complex behavioral health care needs**
- **Using partnerships and coalitions**

# Primary Care Transformation in CHIPRA States

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- **12 States worked with primary care practices**
- **2 States worked with 22 school based-health centers**
- **Diverse strategies**
  - Learning collaboratives
  - Technical assistance & practice facilitation
  - Care coordination
  - Family engagement

# Practice Transformation Strategies (1)

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## Learning collaboratives

- Incentives for participation
- Didactics and interactive learning
- Peer networking
- Alignment with other strategies

## Technical assistance & practice facilitation

- Tailor efforts to practice
- Support QI measurement and feedback
- External vs. internal facilitation

# Practice Transformation Strategies (2)

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## Care coordination

- Promote concepts
- Support for functions and dedicated staff
- External staff

## Family engagement

- Parent advisors
- Peer support
- Surveys and focus groups

# Knowledge Transfer Examples

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**Primary care transformation**

- **Designing or adapting state-sponsored primary care learning collaboratives**
- **Developing an approach to practice facilitation**

**Quality measures**

**Youth with complex behavioral health care needs**

**Partnerships and collaborations**

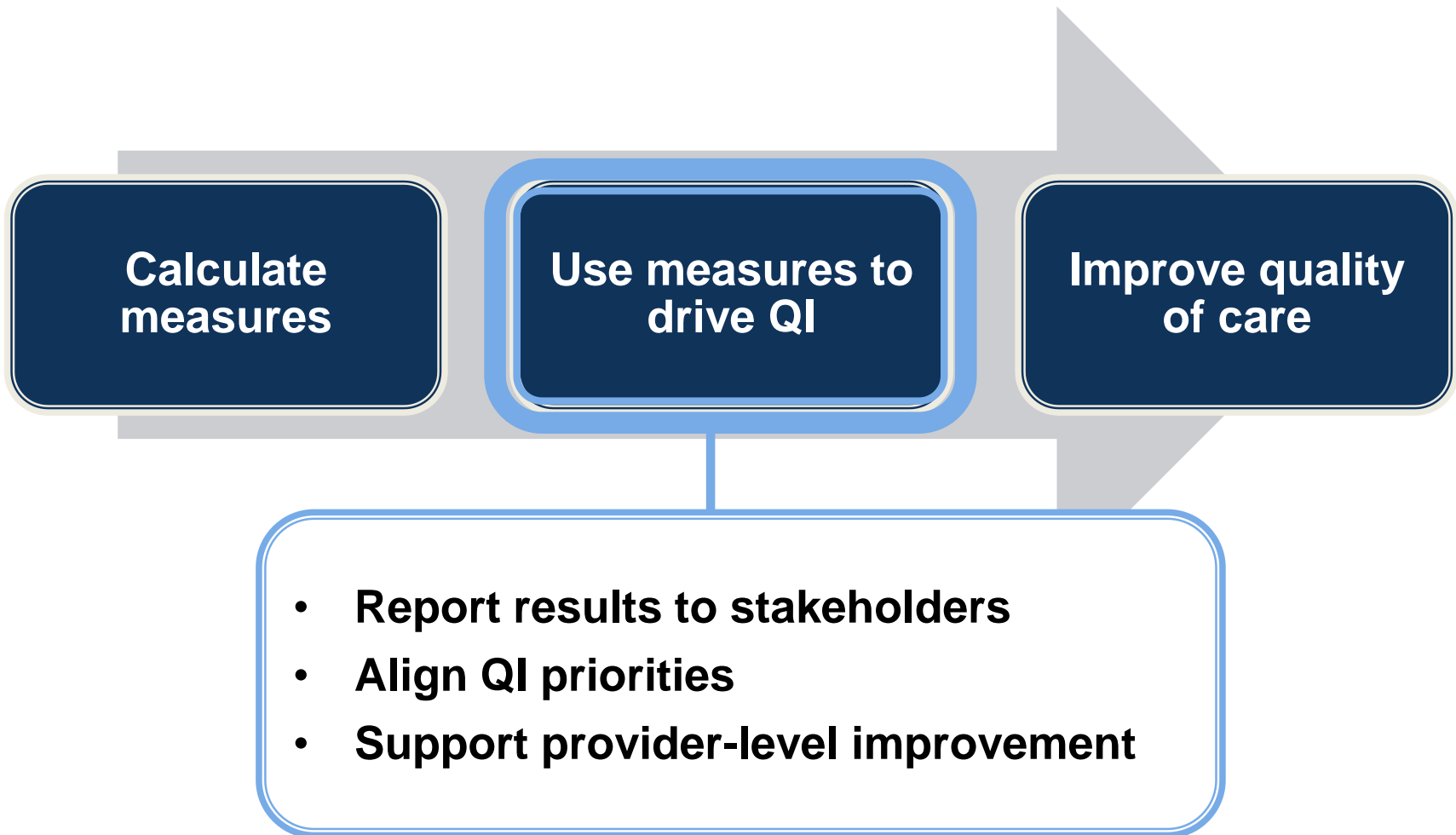
# Lessons from the Demonstration

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- Transforming primary care for children
- **Using child health care quality measures**
- Improving systems for youth with complex behavioral health care needs
- Using partnerships and coalitions

# States' Measurement and Reporting Strategies

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# Reporting Results to Stakeholders

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- **CHIPRA State strategies**
  - **Produce reports from:**
    - **Administrative data (Medicaid claims, immunization registries)**
    - **Practice data (manual chart reviews, EHRs)**
  - **Develop reports for different audiences: policymakers, health plans, providers, the public**

# Aligning QI Priorities

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- **CHIPRA State strategies**
  - **Convened multi-stakeholder QI workgroups**
  - **Encouraged consistent quality reporting standards across programs**
  - **Required managed care organizations to meet quality benchmarks**

# Supporting Provider-Level Improvement

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- **CHIPRA State strategies**
  - **Technical support**
    - Learning collaboratives
    - Individualized technical assistance
  - **Financial support**
    - Paid providers for reporting measures and demonstrating improvement
    - Changed reimbursement practices to support improvements

# Knowledge Transfer Examples

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## Primary care transformation

- Designing or adapting state-sponsored primary care learning collaboratives
- Developing an approach to practice facilitation

## Quality measures

- Adjusting measure specifications for practice-level reporting
- Engaging target audiences to design quality reports

## Youth with complex behavioral health care needs

## Partnerships and collaborations

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# Q&A

# Lessons from the Demonstration

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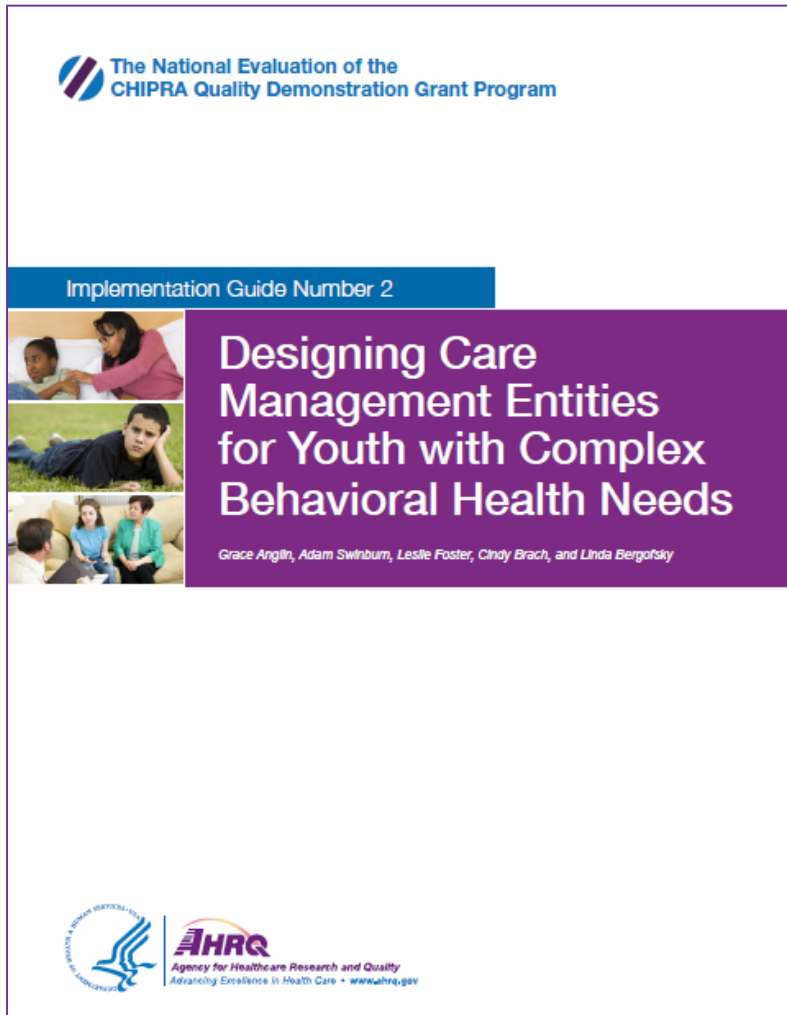
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- Using child health care quality measures
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# What Are Care Management Entities?

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- **Multiple agencies serve youth with complex behavioral health needs**
  - **Poorly coordinated services → Lower quality and higher costs**
- **CMEs help families better manage cross-agency services**
- **CMEs are structured differently but follow common wraparound principles**
  - **Connect families with a care coordinator**
  - **Develop family-driven care plans**
  - **Develop diverse care teams of providers and natural supports**

# CHIPRA States' CME Work

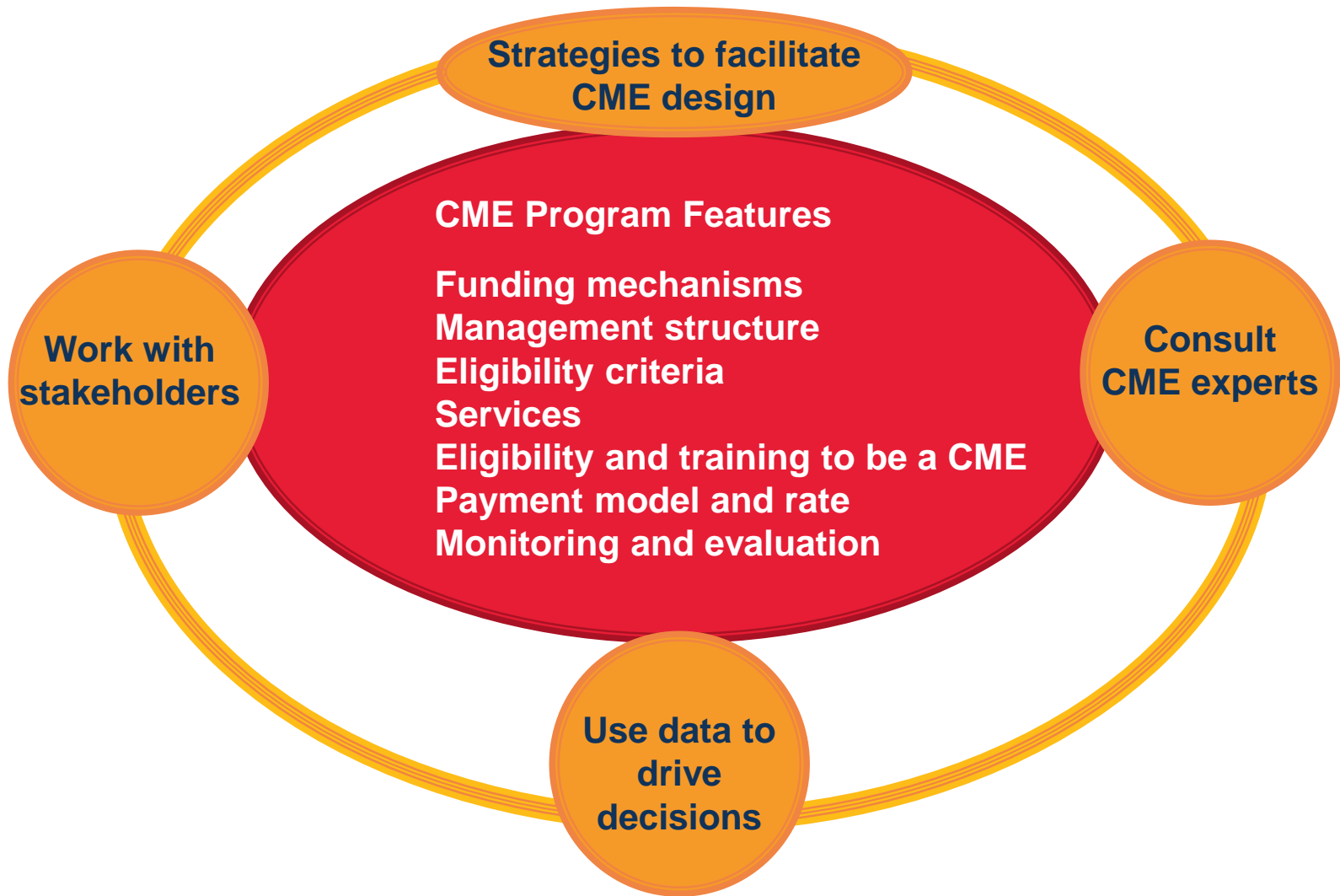


- Maryland and Georgia refined their existing CMEs
- Wyoming designed and piloted its first CME



# Designing Care Management Entities

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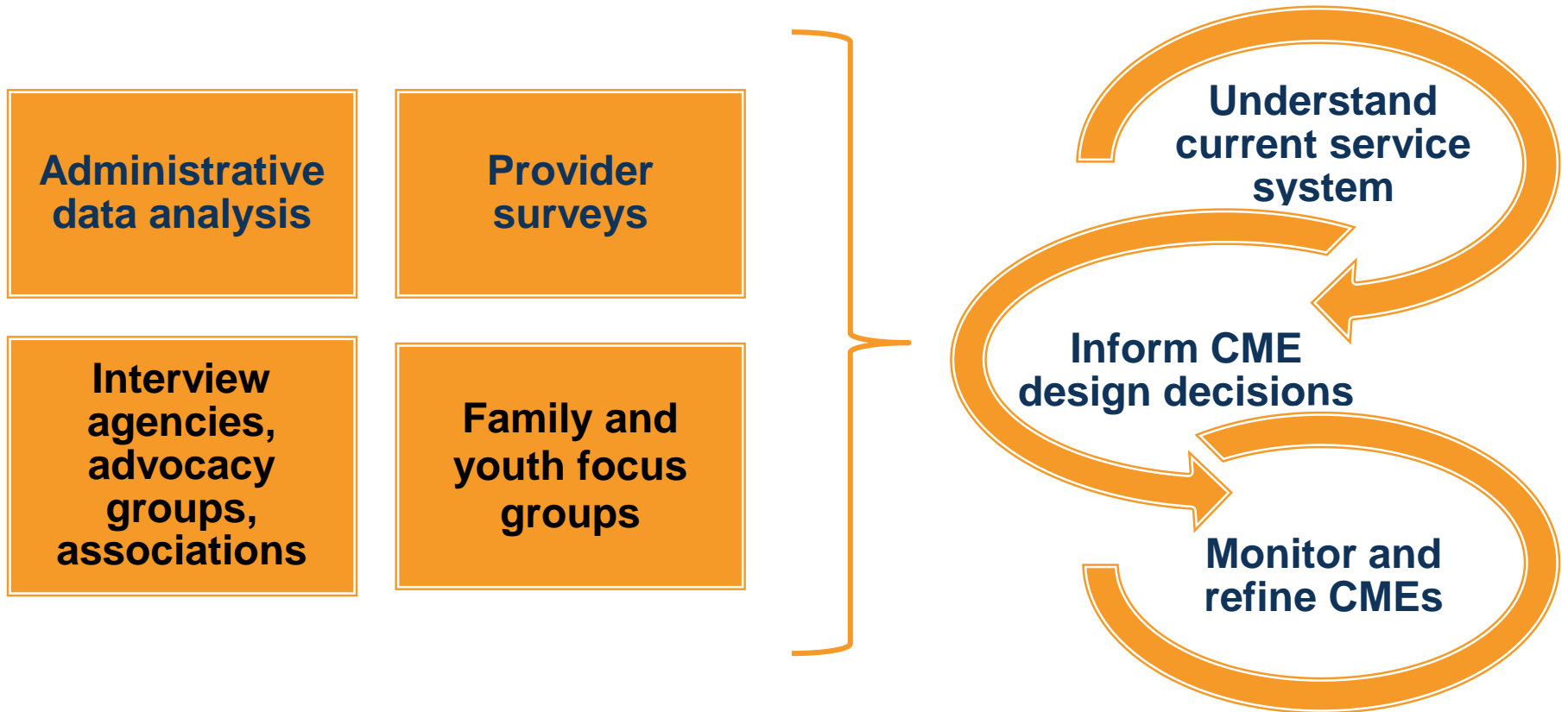


# Weighing Funding Strategies

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<b>Design feature</b>	<b>Decisions to make</b>	
<b>Number of funding agencies</b>	<b>Single agency</b>	<b>Multiple agencies</b>
<b>Federal funding</b>	<b>State-only funding</b>	<b>Federal funding</b>
<b>Payment model</b>	<b>FFS model</b>	<b>Case rates</b>

# Using Data to Drive Decisions



# Knowledge Transfer Examples

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## Primary care transformation

- Designing or adapting state-sponsored primary care learning collaboratives
- Developing an approach to providing practice facilitation

## Quality measures

- Adjusting measure specifications for practice-level reporting
- Engaging target audiences to design quality reports

## Youth with complex behavioral health care needs

- Engaging agencies and securing sustainable funding
- Collecting and linking data

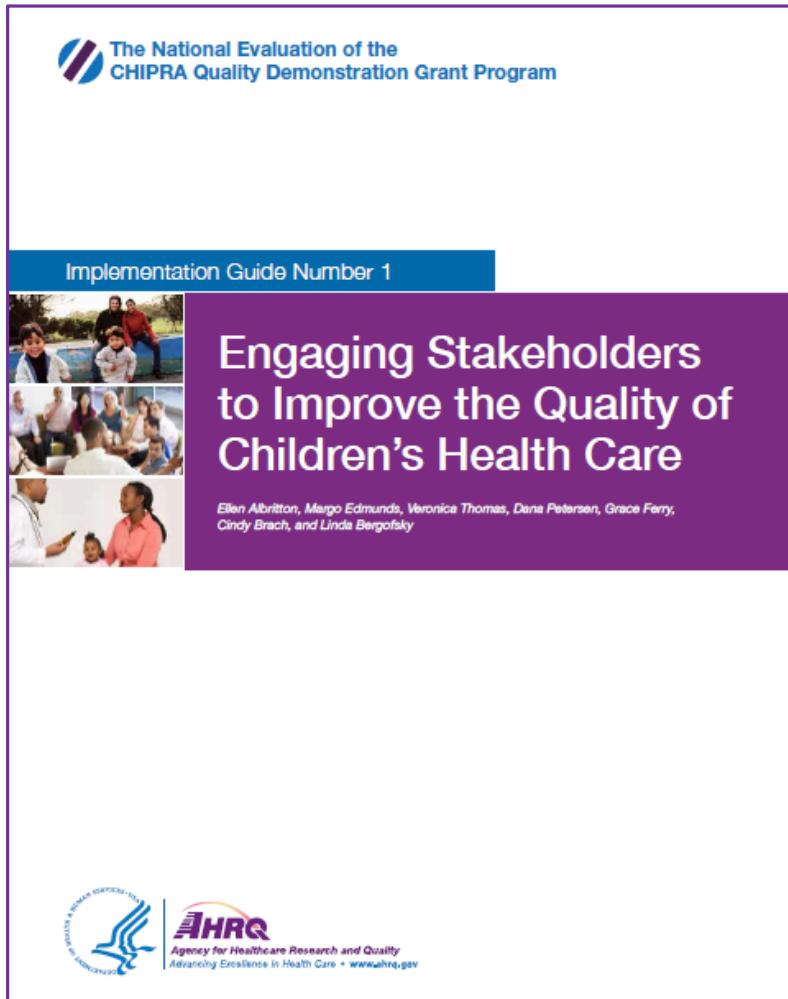
## Partnerships and collaborations

# Lessons from the Demonstration

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- Transforming primary care for children
- Using child health care quality measures
- Improving systems for youth with complex behavioral health care needs
- Using partnerships and coalitions

# Stakeholder Engagement in CHIPRA States



- Time-limited groups advised demonstration staff
- Ongoing groups prioritized efforts to improve the quality of children's health care

# Stakeholders' Role in Quality Measurement

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## Calculate measures

- Identify high-priority, actionable measures
- Weigh data usefulness, provider burden
- Improve data quality, connectedness

## Disseminate results

- Prioritize audiences for reports
- Improve report content, format
- Advertise reports, results

## Initiate QI initiatives

- Prioritize, align QI areas
- Increase provider, family buy-in
- Elevate issues on policy agenda

# Stakeholders' Role in Service Delivery QI

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## Design programs

- Help secure funding
- Identify, prioritize quality gaps
- Develop useful, engaging content

## Implement programs

- Increase enrollment
- Monitor, refine program

## Sustain programs

- Build base of support for program
- Educate decision makers on outcomes
- Identify ongoing funding



# Knowledge Transfer Examples

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## Primary care transformation

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## Quality measures

- Adjusting measure specifications for practice-level reporting
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## Youth with complex behavioral health care needs

- Engaging agencies and securing sustainable funding
- Collecting and linking data

## Partnerships and collaborations

- Identifying and engaging stakeholders
- Sustaining engagement

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# Q&A

# **Building on Lessons from the Demonstration**

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## **Perspectives from a Non-Demonstration State**

**Jeff Schiff, Medical Director, Minnesota Health Care Programs, Minnesota Department of Human Services**

**Henry Ireys, Project Director, National Evaluation of the CHIPRA Quality Demonstration Grant Program**

# Questions from Dr. Schiff

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- **How did demonstration states work on quality with stakeholders?**
  - Did stakeholders include MCOs, providers, families or others?
  - How did these states support quality improvement measurement and feedback to these stakeholders? What specifically did they do and how was it received?
  - How did states close the feedback loop?
- **How did states accomplish the task of developing and aligning QI priorities?**

# For More Information

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**CHIPRA Knowledge Transfer Opportunity**

**<http://www.ahrq.gov/policymakers/chipra/demoeval/whatsnew.html#ta>**

**CHIPRA Quality Demonstration Grant Program and National Evaluation**

**[www.ahrq.gov/policymakers/chipra/demoeval/index.html](http://www.ahrq.gov/policymakers/chipra/demoeval/index.html)**

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