The National Evaluation of the CHIPRA Quality Demonstration Grant Program

Using Quality Measures to Drive Improvement: Lessons from the CHIPRA Quality Demonstration

Presentation for the National Academy of State Health Policy's Vanguard Network and CHIP Directors

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Agenda

- **Welcome and introductions**
  - **Cindy Brach, MPP, Senior Health Policy Researcher, Agency for Healthcare Research and Quality**
- **Overview of states' strategies and lessons learned**
  - **Grace Anglin, MPH, Researcher, Mathematica Policy Research Inc.**
- **Maine's approach**
  - **Kyra Chamberlain, MS, RN, CHIPRA Project Director, University of Southern Maine**
- **Pennsylvania's approach**
  - **David Kelley, MD, MPA, Chief Medical Officer, Pennsylvania Department of Public Welfare**
- **Q&A session**

Housekeeping

- **Please mute your phone**
- **Do not put us on hold; hang up and dial back in if you need to take another call**
- **Ask questions**
  - **Submit questions throughout the presentation via the chat feature**
  - **During the Q&A, feel free to jump in with questions or "raise your hand"**

Overview of States' Strategies and Lessons Learned

CHIPRA Quality Demonstration Program

- **Congressionally mandated in 2009**
  - **$100 million program**
  - **One of the largest federal efforts to focus on child health care**

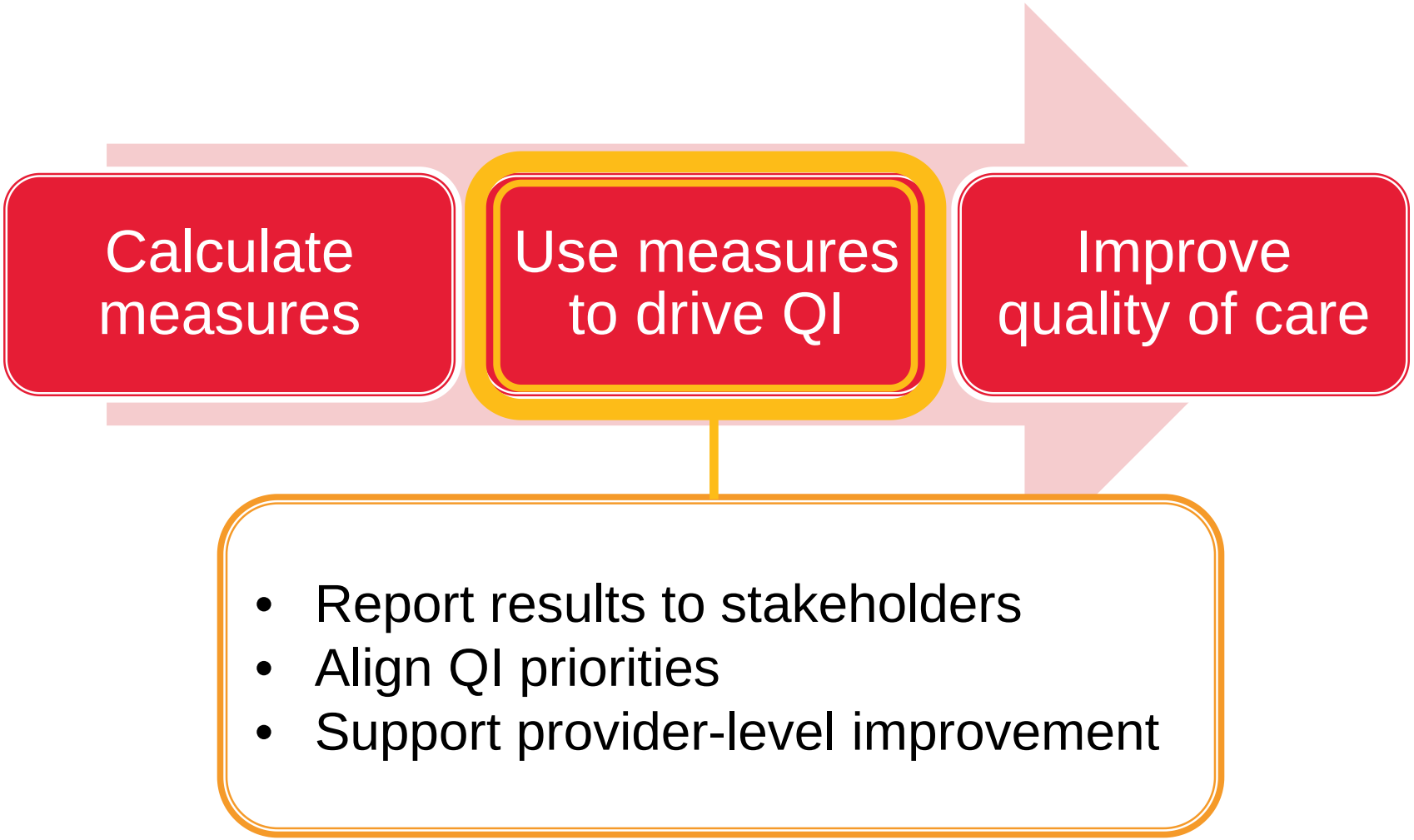
- **Five-year grants awarded by CMS**
  - **February 2010 - February 2015, with some extensions**
  - **6 grants: Multi-state partnerships**

- **National evaluation**
  - **CMS funding, AHRQ oversight**
  - **August 2010 – September 2015**
  - **Mathematica, Urban Institute, AcademyHealth**

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	

States' Quality Measure and Reporting Strategies



Reporting Results to Stakeholders

- **Goals**
  - **Document and be transparent about performance**
  - **Allow comparisons across states, regions, and health plans**
  - **Identify QI priorities and track improvement over time**

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

Reporting Results to Stakeholders

- **Lessons learned**
  - **Seek feedback from intended audience during design phase**
  - **Short reports that use graphics to display information are easier to digest**
  - **Budget adequate resources to adjust specifications for practice-level reporting**

"Measure reports [have] been useful for disseminating information about what's going on and what needs to be worked on. [Performance on] all of the measures hasn't been great, so bringing awareness to those areas has been a great opportunity for the State."
—Florida Demonstration Staff

Aligning QI Priorities

- **Goals**
  - **Foster system-level reflection**
  - **Set the stage for collective action**
  - **Create a powerful incentive for providers to improve care**

- **CHIPRA state strategies**
  - **Formed multistakeholder quality improvement workgroups**
  - **Encouraged consistent quality reporting standards across programs**
  - **Required managed care organizations to meet quality benchmarks**

Aligning QI Priorities

- **Lessons learned**
  - **Familiarizing stakeholders with the measures and gaining consensus on priorities sometimes proved challenging**
  - **Focusing discussions and reports on state priorities and context helped facilitate conversations**
  - **Several factors influenced QI priorities**
    - Measure alignment with existing initiatives and priorities
    - Room for improvement
    - Data quality
    - Cost and burden of tracking performance

Supporting Provider-Level Improvement

- **Goals**
  - **Help providers interpret quality reports and track performance**
  - **Help providers identify QI priorities and design QI activities**
  - **Encourage behavior change and use of evidence-based practices among providers**

- **CHIPRA state strategies**
  - **Technical support**
    - Hosted learning collaboratives
    - Provided individualized technical assistance
  - **Financial support**
    - Provided stipends or embedded staff
    - Paid providers for reporting measures and demonstrating improvement
    - Changed reimbursement to support improvements

Supporting Provider Improvement

- **Lessons learned**
  - **Disappointing initial results were common; may have reflected performance and/or documentation**
  - **State-produced reports are helpful for identifying QI priorities but less useful for guiding and assessing QI projects**
    - Long delays in claims processing
    - Infrequent reporting periods
  - **Helping practices run reports from their charts or EHRs provided them more real time information to track QI efforts**

"Getting feedback from someone outside [of the practice] is really the only way you can improve . . . When it comes to ourselves, we have tunnel vision."
— North Carolina Practice Manager

Supporting Provider Improvement

- **Lessons learned**
  - **Several factors encouraged providers to make and sustain meaningful changes**
    - Choosing their own QI topics
    - Focusing on one or just a few measures at a time
    - Engaging the entire care team in reviewing measures and planning changes
    - Fostering a healthy rivalry between providers
    - Receiving reimbursement for related services

"Everybody has to understand that change is not one person's job, it is the practice's job."
— South Carolina Physician

Maine's Approach:

Using Multistakeholder Groups to Engage Policymakers and Practices

Project Context

- **Measurement work of Maine's CHIPRA Grant built off longstanding cooperative agreement between Maine DHHS and University of Southern Maine's Muskie School of Public Service**
  - **Technical assistance and data analytic support using longitudinal data warehouse**
  - **Program evaluation and monitoring for Maine's Medicaid program**
  - **Calculating CMS-416 measures and producing periodic, practice-level Utilization Review and Primary Care Performance Incentive Program (PCPIP) reports**

- **CHIPRA supported the collaboration of health systems, providers, State agencies, non-profit groups, and consumers to build an infrastructure for meaningful and robust child health quality measurement**

Project Overview

- **Original multi-stakeholder Measures and Practice Improvement Committee formed to explore and obtain feedback on child health quality measures**
- **Maine Child Health Improvement Partnership formed to identify and coordinate efforts to use measures to drive quality improvement**
  - **Workgroup structure**
    - Comprised of health systems, practices, child advocacy organizations, professional associations, public and private payers, and the public health system
    - Met every 6 months
  - **CHIPRA activities**
    - Developed and periodically revised Master List of Pediatric Measures
    - Disseminated annual reports on statewide performance on child-focused measures
    - Encouraged measure alignment
    - Identified QI priorities and potential solutions

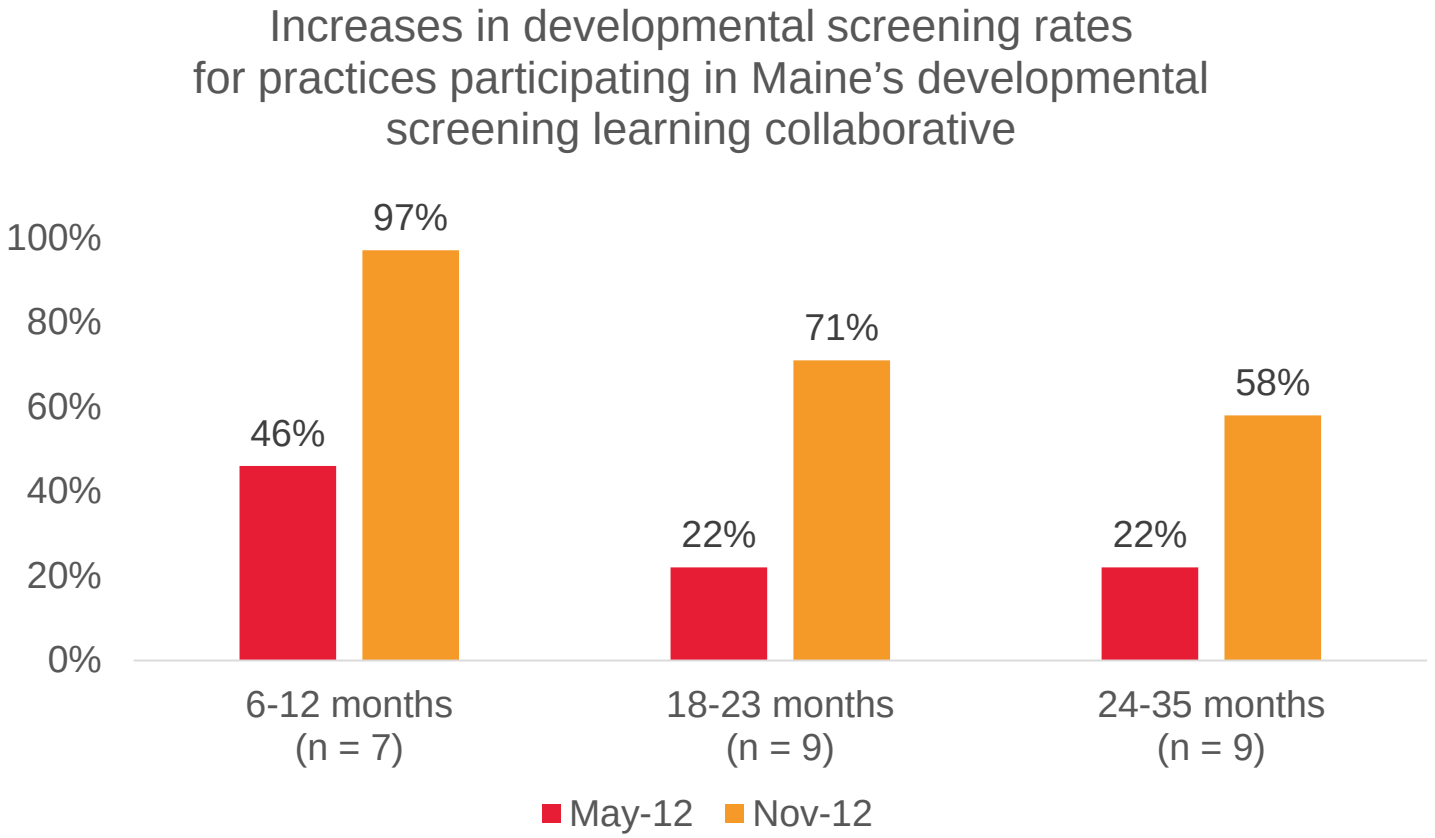
Project Overview

- **Supported the Maine Child Health Improvement Partnership**
  - **Member of the National Improvement Partnership Network**
  - **Mission is to initiate and support *measurement-based* activities to enhance child health care improvement**
  - **CHIPRA activities**
    - Hosted 3 rounds of 9-month learning collaboratives to improve performance on measures related to immunizations, developmental screening, oral health, and healthy weight
    - Advised Maine's public reporting program on child-health priorities and measures

Project Outputs

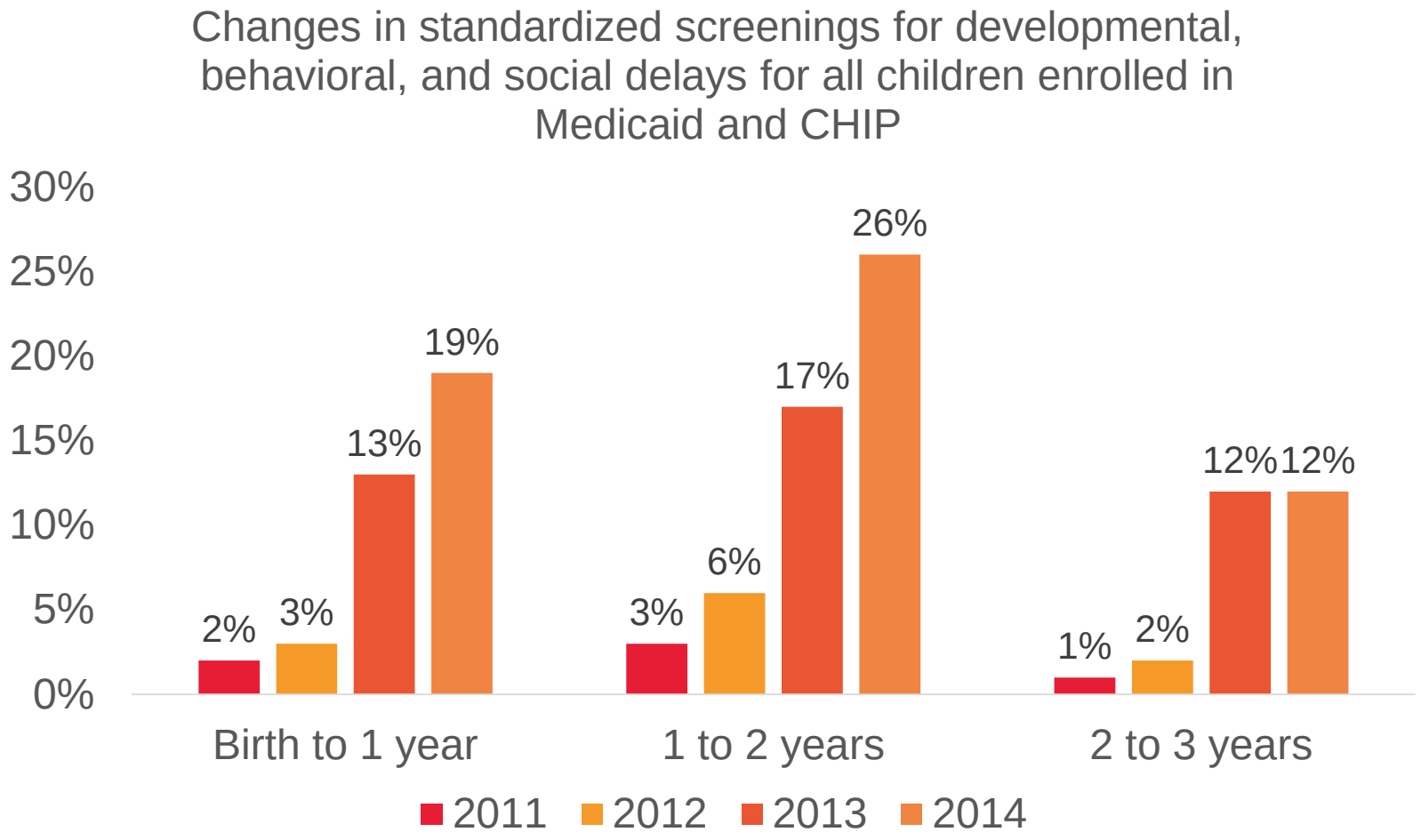
- **Increased monitoring of child-focused measures**
- **Changed billing policies to support quality improvement**
  - **PCPs can bill for oral health evaluations**
  - **Relaxed frequency providers can bill for oral health evaluations**
  - **New billing modifier distinguishes between global developmental and autism screenings**
- **Engaged 12-34 practices in each learning collaborative**
  - **Practices demonstrated improvements, most notably on developmental screening and immunizations**

Project Outcomes



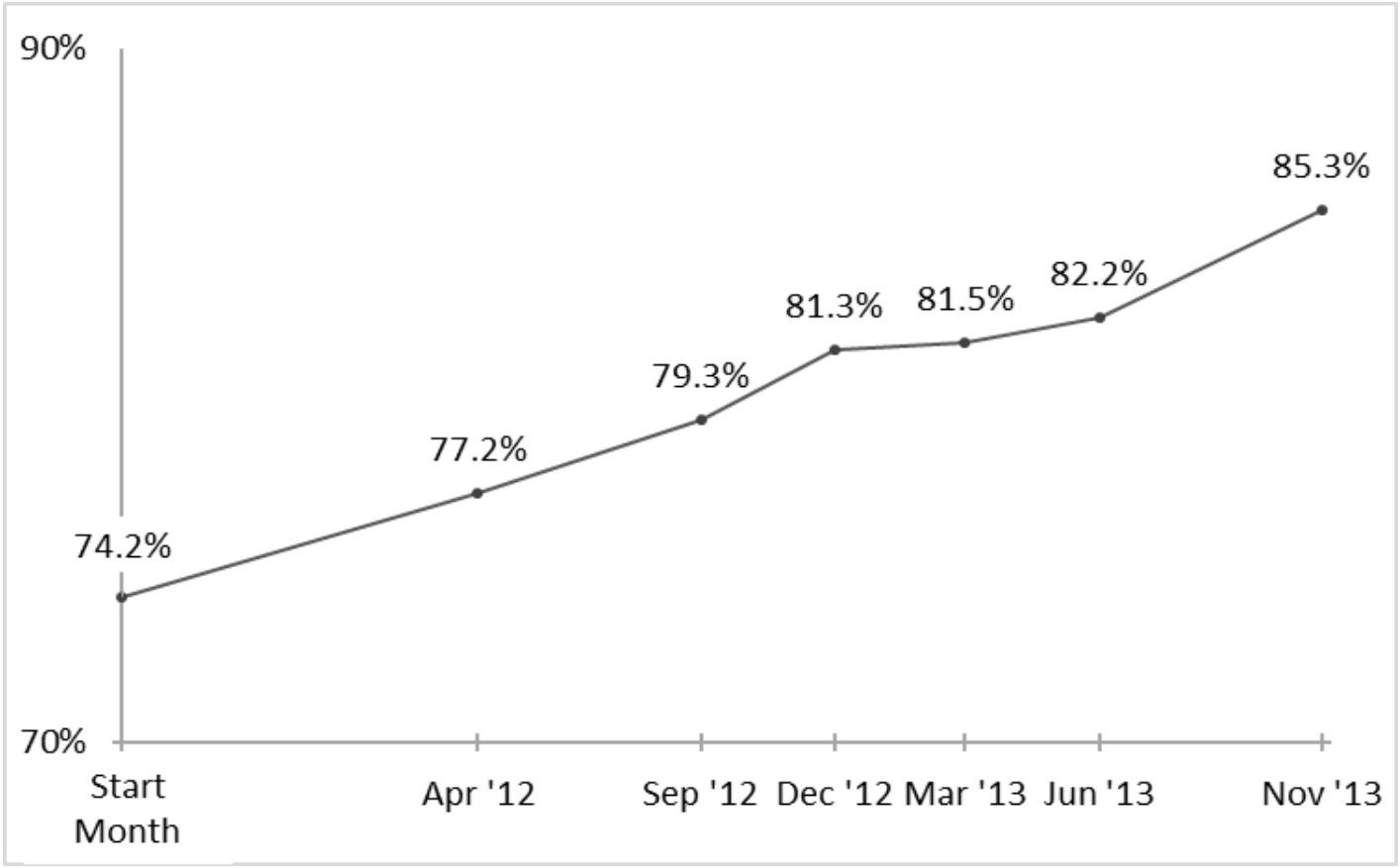
Note: Maine analyzed data for participating practices that submitted chart data for review.

Project Outcomes



Project Outcomes

Increases in immunization rates for practices participating in Maine's First STEPS Phase 1 learning collaborative from August 2011 to November 2013



Lessons Learned

- **Statewide improvement on quality measures required:**
  - **Broad stakeholder involvement**
  - **Variety of strategies**
- **Broad stakeholder involvement in priority-setting increased buy in for QI activities**
- **Changes in quality measures may reflect:**
  - **Improvements in quality of care**
  - **Improvements in documentation and billing of services**
- **Billing changes or clarifications improved data quality and encouraged practice change**

Lessons Learned

- **Measures to assess practice QI activities were selected based on:**
  - Relevance to the QI topic and project objectives
  - Availability of baseline data
  - Feasibility of reliably collecting data

- **Providers must trust and understand data to use it for QI**
  - Explain differences in measure specifications and rate calculations
  - Educate practices on how and when to use each type of data or quality measure
  - Help practices read, interpret, and use practice-level reports for QI efforts

- **Piloting changes with a subset of practices led to statewide changes**
  - Statewide rates for developmental screening continued to rise after 2011
  - Maine rose from #16 to #1 nationally for 2 Year Old Vaccine Rates (NIS 2014)

Pennsylvania's Approach:

Paying providers for reporting measures and demonstrating improvement

Pennsylvania Medical Assistance

- **Mandatory managed care**
- **Over 1.1 million children covered by Medicaid**
- **Managed Care Organizations reporting both HEDIS® and Pennsylvania Performance measures**
- **Quality measures and consumer report card published annually http://www.dhs.state.pa.us/publications/healthchoicespublications/**
- **Over 5,800 providers participating in Medicaid Meaningful Use electronic health record (EHR) program**
- **CHIPRA grantees included five high volume pediatric serving health systems, one small rural health system, and a FQHC**
- **Grantees were at widely different phases of EHR implementation**

Project Overview

- **Two health systems worked with PA Department of Human Services to establish process of extraction and reporting of quality measures**
- **Based on a standardized process, five other provider organizations reported measures annually to PA**
- **Measures had to be reported directly from the provider organization's EHR**

Performance year	Requirement for payment	Payment level	Annual cap	Qualifying measures
Base year	Reporting	$10,000 per measure	$180,000 per provider	Any Child Core Set measure
Subsequent years	Demonstrate improvement	$5,000 per percentage point improvement	$25,000 per measure; $100,000 per provider	8 high priority measures

Project Overview

High priority measures	
Childhood immunization status	Adolescent immunization status
Well-child visits in the first 15 months of life	Well-child visits in the 3rd, 4th, 5th, and 6th years of life
Developmental screening in the first 3 years of life	Adolescent well-care visit
Percentage of eligibles that received preventive dental services	Weight assessment and counseling for nutrition and physical activity for children/adolescents: Body mass index assessment for children/ adolescents

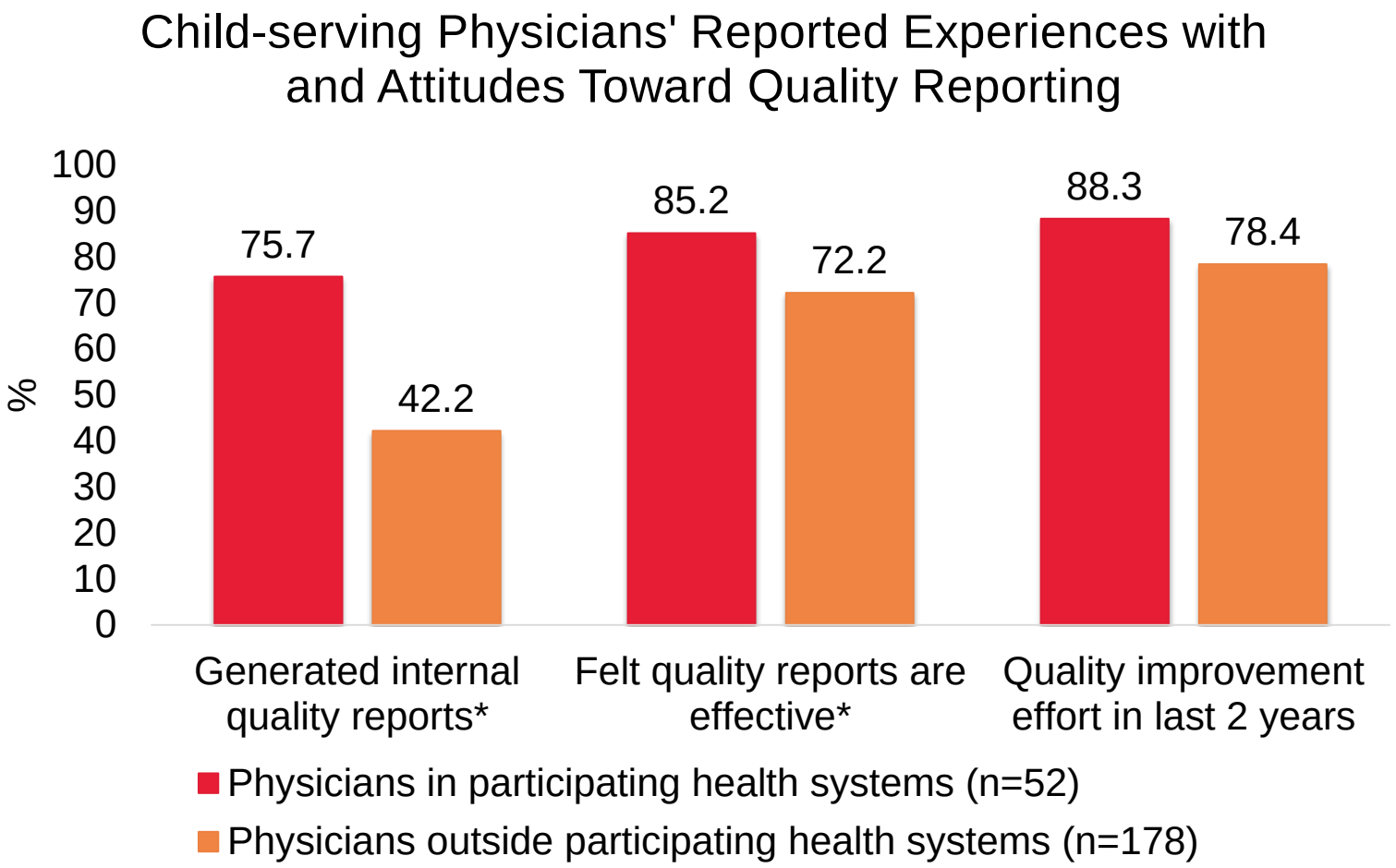
Project Outcomes

- **PA paid $935,000 in incentive payments, ranging from $65,000 to $260,000 per provider organization**
- **Participating provider organizations**
  - **Reported on 10 to 18 Child Core Set Measures**
  - **Demonstrated improvement on measures**
    - Childhood immunization status
    - Body mass index assessment
    - Well-child visits
    - Dental preventive care
- **Providers were engaged in quality reporting and QI**

Project Outcomes

Pay for Performance Measure	Average rate of improvement across grantees
Immunizations	
Childhood	10.5%
Adolescent	3.1%
Developmental screening in the first three years of life	13.8%
Body Mass Index Assessment	5.0%
Well Child Visits	
First fifteen months of life	8.65%
Children aged 3-6 years	5.0%
Adolescents	3.5%
Preventive dental services	10.2%

Project Outcomes



* = statistically significant difference ($p < 0.05$)

Source: Survey of child-serving physicians

Lessons Learned

- **Providers pursued a range of tactics to improve quality of care**
  - **Scheduling the next well-child visit before a patient leaves the office from the current visit**
  - **Placing automated reminder calls to parents**
  - **Providing parents with contact information for local dentists**
- **Provider organizations supplemented annual reporting to PA to drive clinician-level change**
  - **Produced measures monthly or quarterly**
  - **Developed clinician-level (in addition to organization-level) reports**

Lessons Learned

- **Provider organizations using EHRs with advanced reporting capabiltities were able to report more measures**
  - **Programming EHRs to extract and report quality measures can be time and resource intensive**
  - **Using internal clinical and information technology staff to program measures resulted in measures that more accurately reflected actual performance**

Q & A

For More Information

- **Visit the National Evaluation website**
  - **http://www.ahrq.gov/policymakers/chipra/demoeval/index.html**

- **Contact the speakers**
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