

Putting Quality Measures to Work:

Lessons from the CHIPRA Quality Demonstration Grant Program

Presentation for the Association of Medicaid
Medical Directors

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Agenda

- **Welcome and introductions**

- Cindy Brach, M.P.P., Senior Health Policy Researcher, Agency for Healthcare Research and Quality (AHRQ)

- **Overview of States' strategies and lessons learned**

- Joe Zickafoose, M.D., M.S., Senior Researcher, Mathematica Policy Research

- **South Carolina's approach**

- Francis E. Rushton, Jr., M.D., F.A.A.P., Medical Director, South Carolina Quality Through Technology and Innovation in Pediatrics (QTIP)

- **Pennsylvania's approach**

- David Kelley, M.D., M.P.A., Chief Medical Officer, Pennsylvania Department of Public Welfare

- **Q&A session**

CHIPRA Quality Demonstration Grant Program

- **Congressionally mandated by the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)**
 - \$100 million program
 - One of the largest federally funded efforts to focus on health care for children
- **Five-year grants awarded by CMS**
 - 10 grants, including multi-State partnerships (18 States total)
 - February 2010–February 2015, with some extensions
 - \$9 to \$11 million per grantee
- **National evaluation**
 - CMS funding, AHRQ oversight
 - August 2010–September 2015
 - Mathematica, Urban Institute, AcademyHealth

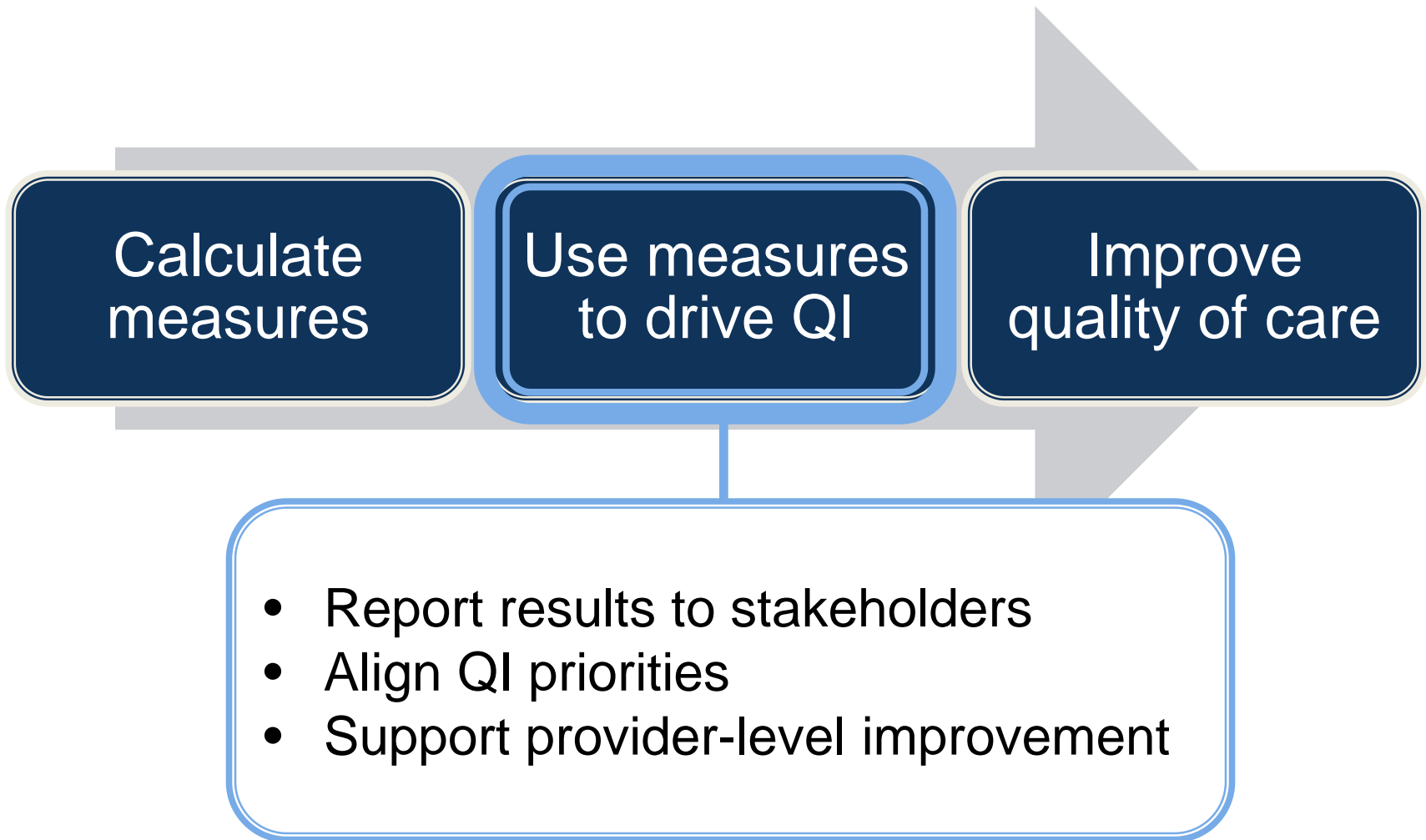
Overview of States' Strategies and Lessons Learned

Joe Zickafoose

Demonstration Grantees* and Partnering States

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' Measurement and Reporting Strategies



Reporting Results to Stakeholders

- **Goals**

- Document and be transparent about performance
- Make it possible to compare states, regions, and health plans
- Identify QI priorities and track improvement over time

- **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

Reporting Results to Stakeholders

- **Lessons learned**
 - **Adjusting specifications for practice-level reporting takes significant time and resources**
 - **Seek feedback from the intended audience during the design phase**
 - **Short reports with graphic display of information are easier to interpret**

Aligning QI Priorities

- **Goals**

- **Foster reflection across agencies and departments**
- **Set the stage for collective action**
- **Create a powerful incentive for providers to improve care**

- **CHIPRA state strategies**

- **Formed multi-stakeholder quality improvement workgroups**
- **Encouraged consistent quality reporting standards across programs**
- **Required managed care organizations to meet quality benchmarks**

Aligning QI Priorities

- **Lessons learned**

- **Challenging to familiarize stakeholders with the measures and gain consensus on priorities**
- **Helped to focus discussions and reports on State priorities & context**
- **Several factors influenced QI priorities**
 - How well measures aligned with existing initiatives and priorities
 - How much room for improvement on a measure
 - Quality of data needed to produce measures
 - How much time and funding was needed to track 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
- **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

Helping Providers Improve

- **Lessons learned**

- **It was common for practices to have disappointing results at first**
 - May have reflected performance, documentation, or both
- **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 gave them more real-time information they could use to track QI efforts**
 - Accurate reports require accurate documentation

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 entire care team in reviewing quality measures and planning changes
- Fostering a healthy rivalry within and between practices
- Receiving reimbursement for related services

Q&A

South Carolina's Approach: Engaging pediatric practices in quality improvement

Francis Rushton



Engaging Pediatricians in Quality: The South Carolina Experience

SC QTIP

Quality through Technology and Innovation in Pediatrics

Lynn Martin

Francis Rushton

How Worked with Practices and Stakeholders

Pediatric Practices

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

Plan-Do-Study-Act Cycles

- Practices document quality improvement work

Maintenance of Certification

- Physicians can earn Part IV MOC credit on QI work

Regular Contact

- Monthly conference calls
- Blog (where data and QI minutes are also posted)

Learning Collaborative

- Semiannual sessions attended by QI team
- All 24 Original CHIPRA Core measures addressed over 4 years
- Quality measures presented, expert speakers, PCMH and behavioral health concepts, information sharing, etc.

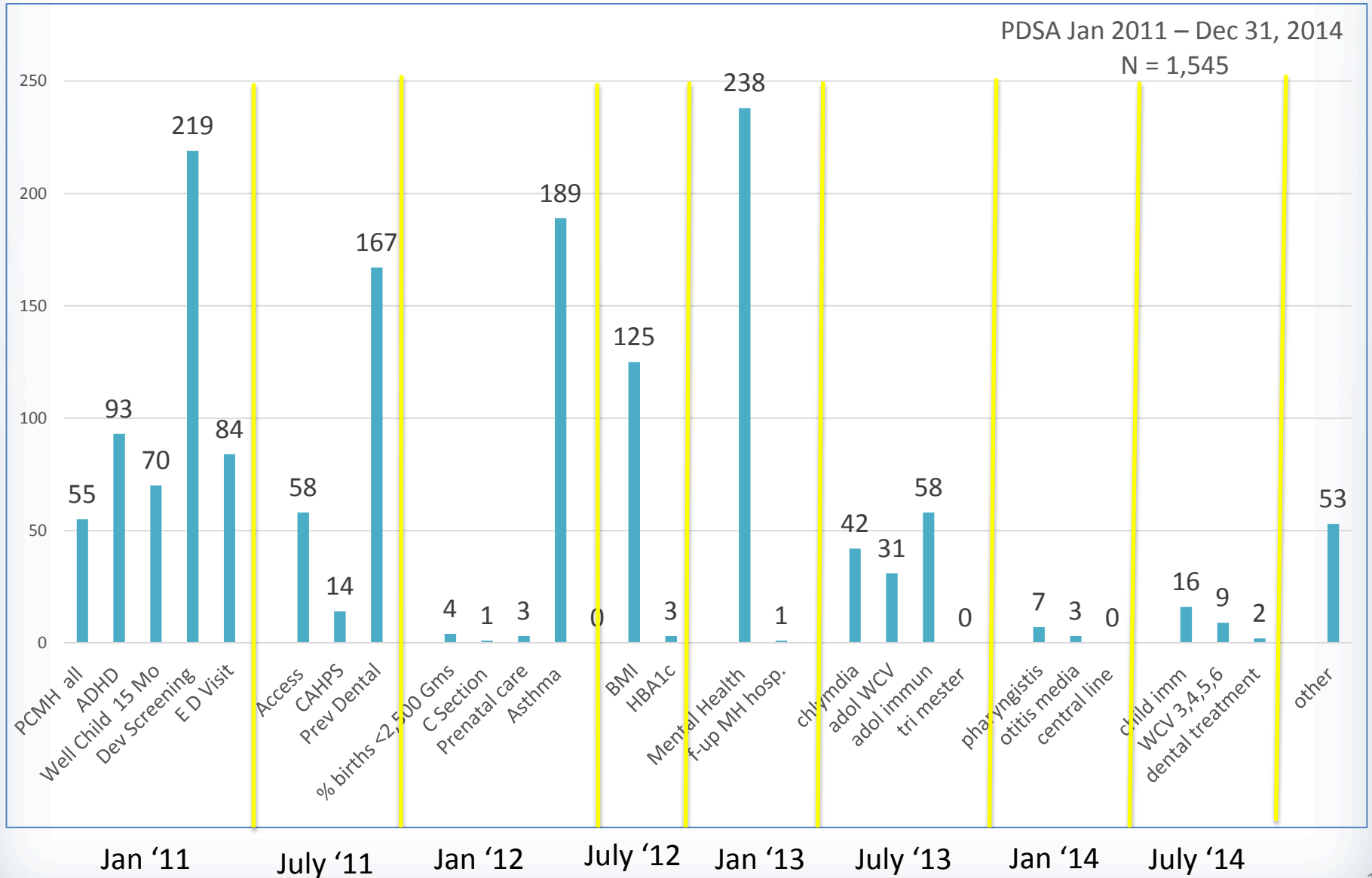
Site Visits

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

CHIPRA Core Measures

1. ADHD management
2. Development screening
3. Well-Child visit completion early
4. Well-Child visit completion middle
5. Well-Child visit completion Adol
6. Adol vaccines (HPV)
7. Chlamydia screening
8. Dental visits
9. Preventive dental visits
10. BMI
11. Mental health follow up
12. Access
13. Family centered care/ family experience
14. Central line infections
15. Childhood vaccine rates
16. Use of strep test for pharyngitis
17. C-Section rate
18. Less than 2,500 gm birthweight
19. Freq. of perinatal care
20. Onset of prenatal care
21. ER visitation rates
22. Asthma ER visitation rates
23. Asthma medication
24. Suicide evaluation in depressed patients

Documentation of work on core measures



Core Quality Measures Questionnaire: *Rated Most Useful by Providers*

Core Measure	Usefulness
Adolescent Well-Care Visits	100.00%
Follow-Up Care for Children Prescribed ADHD Medication	100.00%
Preventive Dental Services	100.00%
BMI Assessment for Children/Adolescents	100.00%
Developmental Screening in First Three Years	96.67%
Immunization Status-Childhood and Adolescents	96.67%
Well-Child Visits—15 months and 3 rd –6 th Years	96.67%
Children’s and Adolescents’ Access to Primary Care	93.33%
Dental Treatment Services	93.33%
Chlamydia Screening	90.00%
Ambulatory Care-Emergency Department Visits	86.60%

Significant Trends-in Selected CHIPRA Core Measures from CY2011–2013 Within Intervention Practices

Significance: *p-value < 0.05, ** p-value < 0.01, *** p-value < 0.001

Measure	Category	2011 Rate	2012 Rate	2013 Rate	p-value
Annual Dental Visits	ADV - Rate - Total	71.4	72.3	72.2	0.0420*
Adolescent Well-Care Visits	AWC - Reported Rate	50.7	54.9	60.9	0.0000***
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Reported Rate - BMI Percentile - Total	1.2	1.9	12.7	0.0000***
Children and Adolescents' Access to Primary Care Practitioners	CAP - Rate – 7-11 Years	93.6	94.8	94.8	0.0045**
Children and Adolescents' Access to Primary Care Practitioners	CAP - Rate - 12-19 Years	95.8	96.3	97.3	0.0000***
Developmental Screening -screened by 12 months of age	DSC1 - Reported Rate	12.6	17.9	27.7	0.0000***
Developmental Screening -screened by 24 months of age	DSC2 - Reported Rate	9.4	16.3	31.8	0.0000***
Developmental Screening -screened by 36 months of age	DSC3 - Reported Rate	1.6	3.6	10.6	0.0000***
Total Eligible Who Received Preventive Dental Services	PDS - Reported Rate	57.3	59.6	58.8	0.0000***
Well-Child Visits in the First 15 Months of Life	W15 - Six or More Visits Rate	41.9	41.8	53.0	0.0000***
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	W34 - Reported Rate	65.6	67.6	70.5	0.0000***

Proactive Vision for Pediatric Quality

If you could only have 10 parameters

1. Be able to identify a Primary Care Provider
2. Be ready for school upon entry to kindergarten
3. Screened for developmental delays
4. Linked to a dental home and receiving basic oral health services
5. Up to date in receiving pediatric well-child care
6. Screened and evaluated for obesity
7. Screened for mental health conditions including substance abuse, domestic violence and family mental illness
8. Receive mental health services when indicated
9. With special health care needs will have their care coordinated
10. With asthma will be managed effectively and control maximized

Broad Focus on Quality

- Simultaneously focusing on acute, chronic, preventive
- 24 Core CHIPRA Indicators topically are a pretty good list
- We added Behavioral Health Issues and PCMH
- Plan to introduce all of these indicators to our practices over 4 years. Have the opportunity to work with the same 18 practices for 4 years
- **Grassroots control**, they don't have to work on every indicator and how they work on them is up to each practice
- About half of the CHIPRA CORE Measures achieve resonance with our practices

Broad Focus on Quality

- CHIPRA core measures **topically** work well, but individually most have to be adapted for outpatient pediatric QI
- What can be measured at the state level is not necessarily what practices need for outpatient QI
- Focusing on multiple QI indicators at one time is stressful for our practices, but we think in the long run it is achieving better improvements in practice and greater interest in the process
- NCQA PCMH process is very cumbersome and we have had difficulty addressing this need in a learning collaborative format

Significant Investment Needed to Start Statewide Pediatric QI in SC

Skill Building

- Teaching model for improvement
- Developing QI teams at the same level
- Multiple contacts
- Twice a year learning collaborative session
- Twice a year technical assistance visits
- Ongoing blog conversation
- Monthly conference calls
- Twice a year academic detailing

Incentives

- Stipends
- ABP MOC IV credit. We have portfolio status, given over 200 certifications to date
- Lays groundwork for NCQA PCMH Standard 6
- CME credit for winter learning session
- Networking opportunity
- Provide data

Partnership with State AAP Chapter

- Essential. SC AAP was very helpful in engaging pediatricians
- SC AAP helps with academic oversight, allows us to use some of their meetings for information sharing
- Our learning collaborative sessions are linked to state chapter meetings where pediatricians usually congregate
- Working on a workshop with AAP for practice staff



Who do I ask for more information?

- More information at <https://msp.scdhhs.gov/qtip/>

Or contact

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Q&A

Pennsylvania's Approach: Paying providers for reporting measures and demonstrating improvement

David Kelley

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 an 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

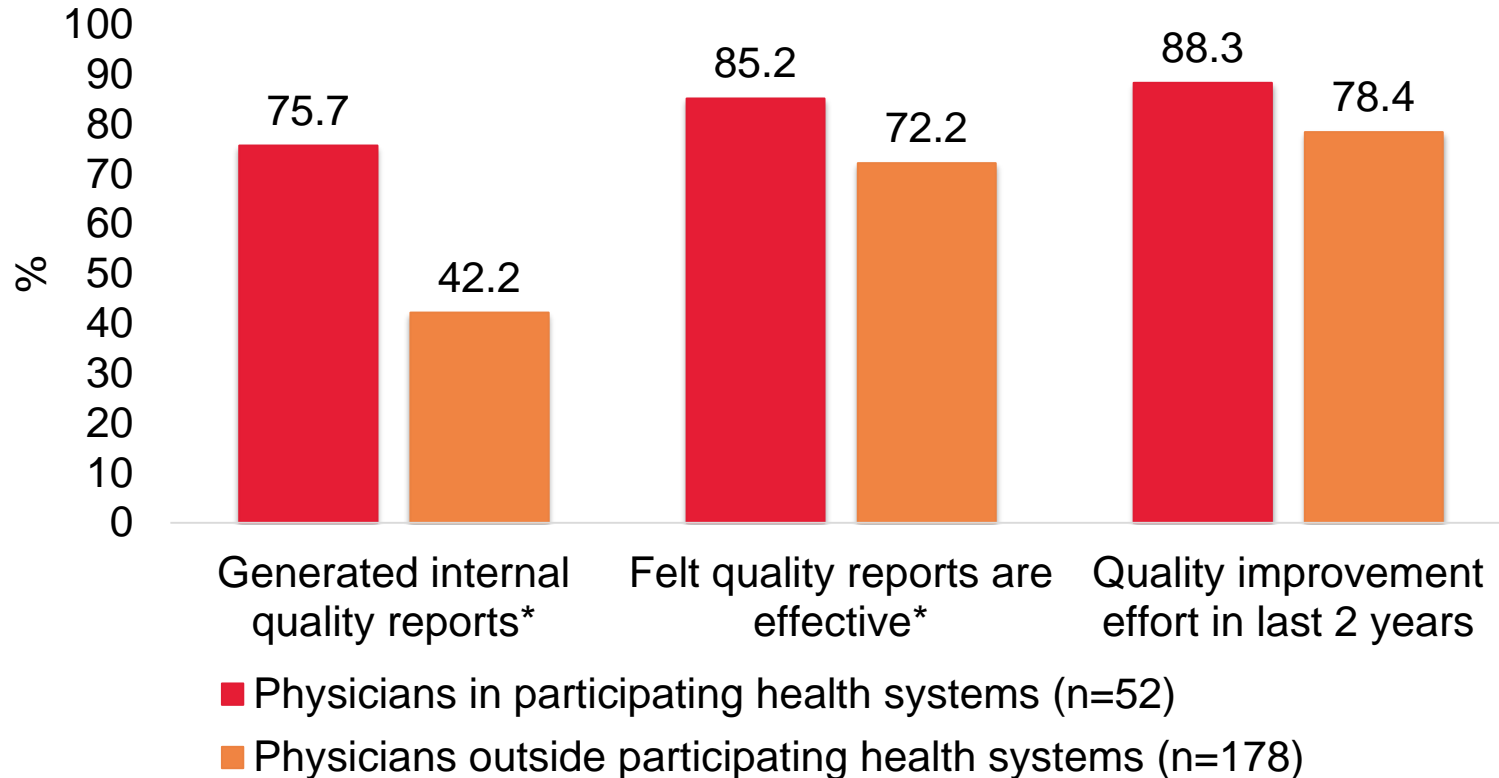
- **PA paid \$935,000 in incentive payments, ranging from \$65,000 to \$260,000 per provider organization**
- **Participating provider organizations**
 - **Reported on 10 to 18 Child Core Set Measures**
 - **Demonstrated improvement on measures**
 - Childhood immunization status
 - Body mass index assessment
 - 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 15 months of life	8.65%
Children aged 3-6 years	5.0%
Adolescents	3.5%
Preventive dental services	10.2%

Project Outcomes

Child-Serving Physicians' Reported Experiences with and Attitudes Toward Quality Reporting



* = 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 that used EHRs with advanced reporting capabilities 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

National Evaluation Website

<http://www.ahrq.gov/policymakers/chipra/demoeval/index.html>

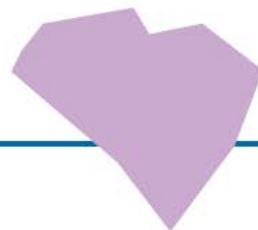
Evaluation Highlight No. 5, October 2013

How are CHIPRA Quality Demonstration States encouraging health care providers to put quality measures to work?

 The National Evaluation of the
CHIPRA Quality Demonstration Grant Program

Spotlight on South Carolina

July 2015



 The National Evaluation of the
CHIPRA Quality Demonstration Grant Program

Spotlight on Pennsylvania

July 2015



For More Information

- **Contact the speakers**
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 - David Kelley (c-dakelley@pa.gov)