# AcademyHealth State-University Partnership Learning Network (SUPLN) Web Conference

## Findings from the CHIPRA Quality Demonstration Grant Program

September 17, 2015

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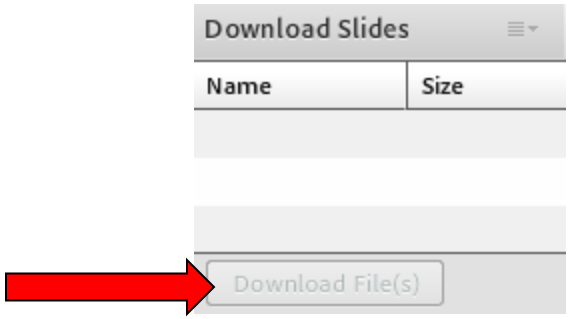




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# AcademyHealth Staff

- **Enrique Martinez-Vidal**, Vice President State Policy and Technical Assistance
- **Alyssa Walen**, Senior Manager
- **Stephanie Kennedy**, Research Assistant



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# Agenda

- **Welcome and Introduction**
- **Core Set of Children's Health Care Quality Measures for Medicaid and CHIP: Lessons from the CHIPRA Quality Demonstration Grant Program**
  - *Anna Christensen, Ph.D., Senior Health Researcher, Mathematica Policy Research*
- **SC Medicaid-USC Partnership: Implementing CHIPRA Core Measures in South Carolina**
  - *Kathy Mayfield Smith, MA, MBA, Associate Director, Medicaid Policy Research, USC Institute for Families in Society*
- **Implementing Child Health Measures at the State and Practice-level: Lessons Learned through Maine's Improving Health Outcomes for Children CHIPRA Quality Demonstration Grant**
  - *Kimberley Fox, MPA, Senior Research Associate, Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine*
- **Elizabeth Hill, Centers for Medicare and Medicaid Services**
- **Q+A and Discussion**

# Current SUPLN Members

- California (UCSF, UCD, UCLA)
- Connecticut
- Delaware
- Florida
- Georgia
- Iowa
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan (MSU, UM)
- Minnesota
- New Hampshire
- New Jersey
- Ohio
- Pennsylvania
- South Carolina
- Wisconsin

# Core Set of Children's Health Care Quality Measures for Medicaid and CHIP:

## Lessons from the CHIPRA Quality Demonstration Grant Program

**Presentation to the State-University Partnership Learning Network**

**September 17, 2015**

Anna L. Christensen, Ph.D., Senior Health Researcher,
Mathematica Policy Research

# Agenda

- Background on the CHIPRA Quality Demonstration Grants and the CMS Child Core Set
- Evaluation Findings and Lessons Learned from the CHIPRA Quality Demonstration Grant Program
- How are Demonstration States Using the Child Core Set Measures to Improve Quality?

# Background on the CHIPRA Quality Demonstration Grants and the CMS Child Core Set

# CHIPRA Quality Demonstration Grants

- 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

# Demonstration Grantees* and Partner States Implemented 52 Projects in 5 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 | |

# Child Core Set

- Set of measures for voluntary annual reporting by Medicaid and CHIP agencies (24 measures in 2015)
- Annual updates to measures based on review and public comment
- Measure areas
  - Access to care, preventive care, maternal and perinatal health, behavioral health, care of acute and chronic conditions, oral health, experience of care
- Fills a gap by providing a uniform set of state-level quality measures for children's care

# 2015 Child Core Set (1)

| NQF # | Measure Steward | Measure Name |
|---|---|---|
| **Access to Care** | | |
| NA | NCQA | Child and Adolescents' Access to Primary Care Practitioners (CAP) |
| **Preventive Care** | | |
| 033 | NCQA | Chlamydia Screening in Women (CHL) |
| 038 | NCQA | Childhood Immunization Status (CIS) |
| 1392 | NCQA | Well-Child Visits in the First 15 Months of Life (W15) |
| 1407 | NCQA | Immunizations for Adolescents (IMA) |
| 1448 | OHSU | Developmental Screening in the First Three Years of Life (DEV) |
| 1516 | NCQA | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) |
| 1959 | NCQA | Human Papillomavirus Vaccine for Female Adolescents (HPV) |
| NA | NCQA | Adolescent Well-Care Visit (AWC) |

# 2015 Child Core Set (2)

| NQF # | Measure Steward | Measure Name |
|---|---|---|
| **Maternal and Perinatal Health** | | |
| 0139 | CDC | Pediatric Central Line-Associated Bloodstream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI) |
| 0471 | TJC | PC-02: Cesarean Section (PC02) |
| 1382 | CDC | Live Births Weighing Less Than 2,500 Grams (LBW) |
| 1391 | NCQA | Frequency of Ongoing Prenatal Care (FPC) |
| 1517 | NCQA | Prenatal & Postpartum Care: Timeliness of Prenatal Care (PPC) |
| NA | AMA-PCPI | Behavioral Health Risk Assessment (for Pregnant Women) (BHRA) |
| **Behavioral Health** | | |
| 0108 | NCQA | Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD) |
| 0576 | NCQA | Follow-Up After Hospitalization for Mental Illness (FUH) |
| 1365 | AMA-PCPI | Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA) |

# 2015 Child Core Set (3)

| NQF # | Measure Steward | Measure Name |
|---|---|---|
| **Care of Acute and Chronic Conditions** | | |
| 0024 | NCQA | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC) |
| 1799 | NCQA | Medication Management for People with Asthma (MMA) |
| NA | NCQA | Ambulatory Care – Emergency Department (ED) Visits (AMB) |
| **Oral Health** | | |
| 2508 | DQA (ADA) | Prevention: Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL) |
| NA | CMS | Percentage of Eligibles Who Received Preventive Dental Services (PDENT) |
| **Experience of Care** | | |
| NA | NCQA | Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items) (CPC) |

# Measure Specifications

- Measures that states report to CMS should include data on entire population of children in Medicaid/CHIP in the state
- Two-thirds are based on HEDIS health plan measures
- Data sources
  - Primarily Medicaid/CHIP administrative data (enrollment and claims or managed care encounters)
  - Some measures can use HEDIS hybrid methods (administrative data plus medical chart review)
  - Some perinatal measures require vital records data
  - States can link to other administrative data sources, including immunization registries
  - One survey-based measure (CAHPS)
  - Two EHR measures added in 2013 and 2015

# For Assistance Reporting the Measures (1)

- **Technical specifications manual available online:** www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf

Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

Technical Specifications and Resource Manual for Federal Fiscal Year 2015 Reporting

# For Assistance Reporting the Measures (2)

- **Medicaid/CHIP Health Care Quality Measures Technical Assistance (TA) and Analytic Support Program**
  - **Established by CMS in 2011 as a capacity-building program**
  - **TA available to all states via:**
    - Resource manuals
    - Email helpdesk
    - Webinars
    - Issue briefs
    - In-person quality conferences

# For Assistance Reporting the Measures (3)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

# FACT SHEET

September 2014

## About the Technical Assistance and Analytic Support Program

The Centers for Medicare & Medicaid Services (CMS) is committed to supporting states' efforts to measure and improve the quality of health care for children and adults enrolled in Medicaid and the Children's Health Insurance Program (CHIP). CMS established the **Technical Assistance and Analytic Support (TA/AS) Program** to support states in collecting, reporting, and using measures for three core sets of Medicaid/CHIP quality measures: Adult, Child, and Health Home. This fact sheet describes the support available through CMS's TA/AS Program.

### Technical Assistance and Analytic Support Topics

TA/AS for the Medicaid/CHIP quality measures is

### How to Obtain Technical Assistance and Analytic Support

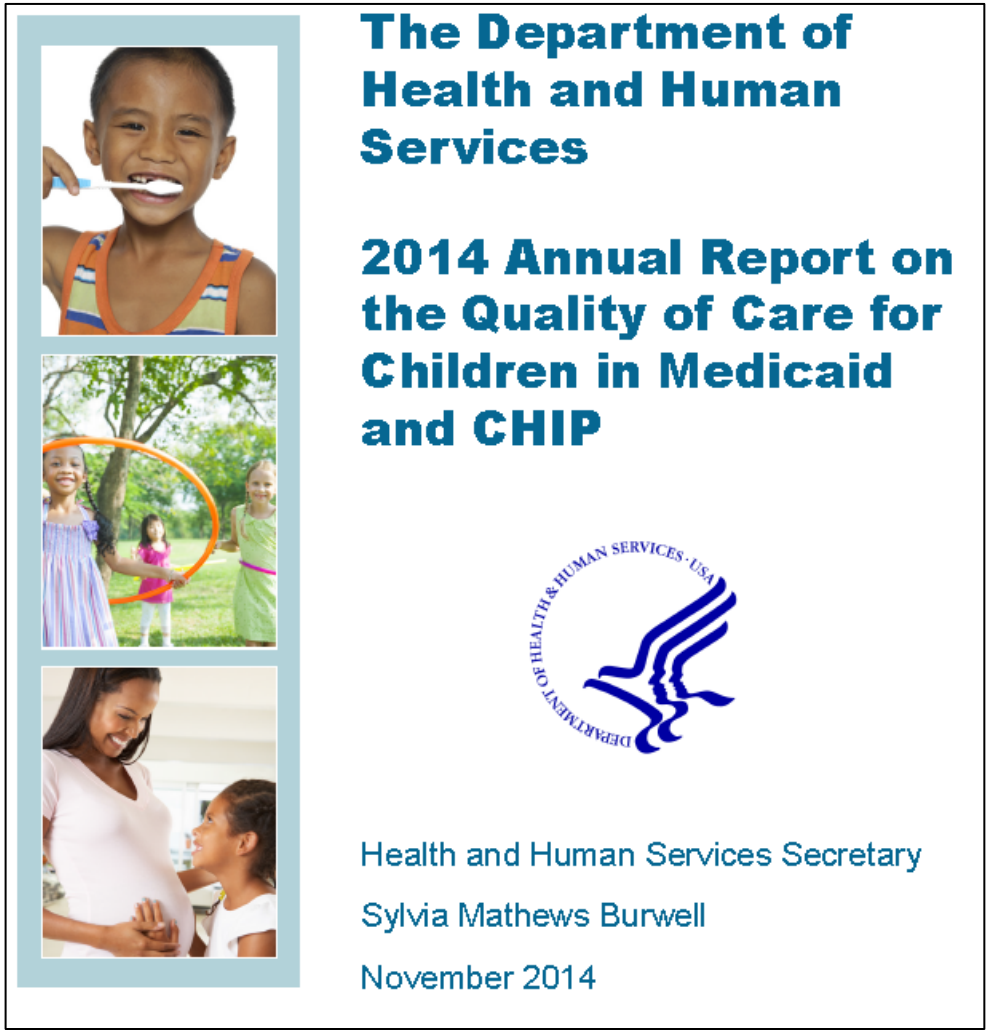
*States may submit requests for technical assistance and analytic support to the TA mailbox at MACQualityTA@cms.hhs.gov.*

- **One-on-one support** connects states with experts and resources to improve their collection, reporting, and use of Core Set measure data.
- **Virtual learning opportunities**, including webinars and learning collaboratives, provide a venue for shared

# For Measure Results

- **Child Core Set measures are publicly reported annually by HHS**

  www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2014-child-sec-rept.pdf

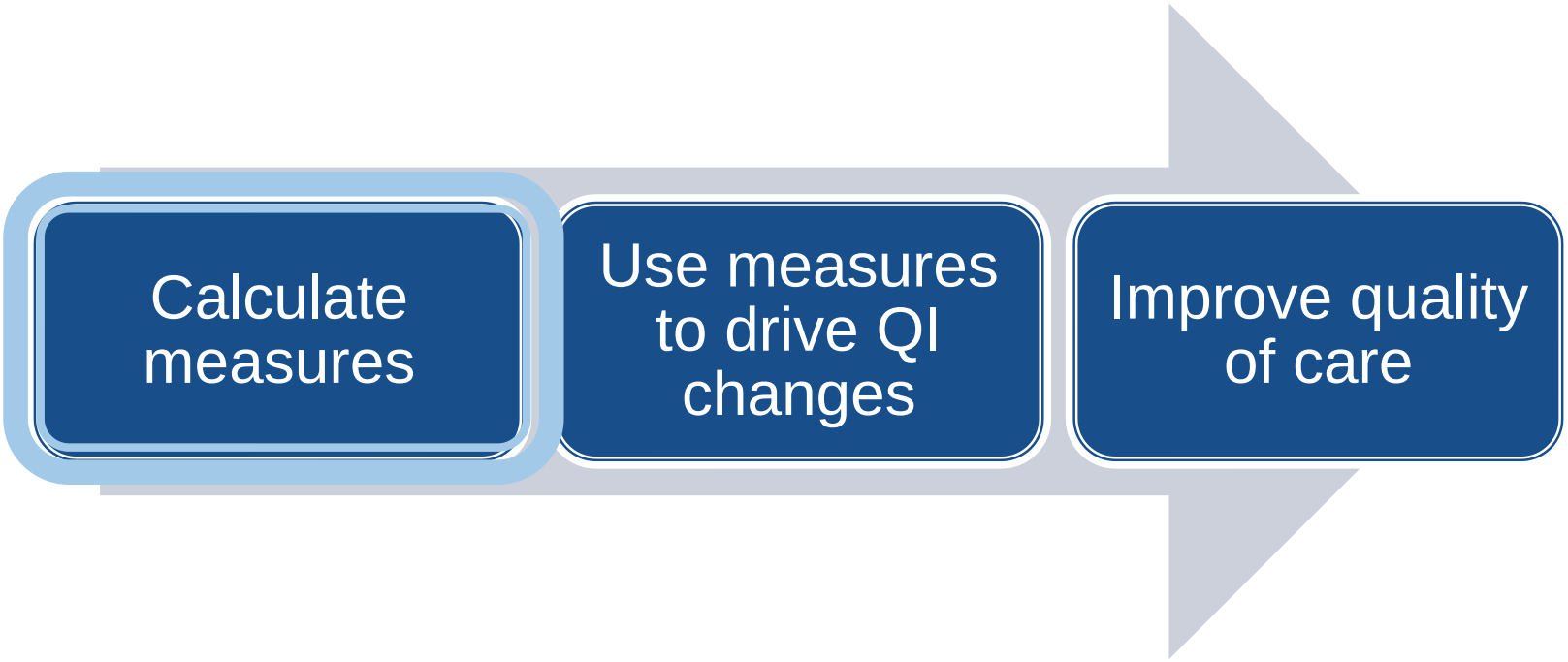


# Evaluation Findings and Lessons Learned from the CHIPRA Quality Demonstration Grant Program

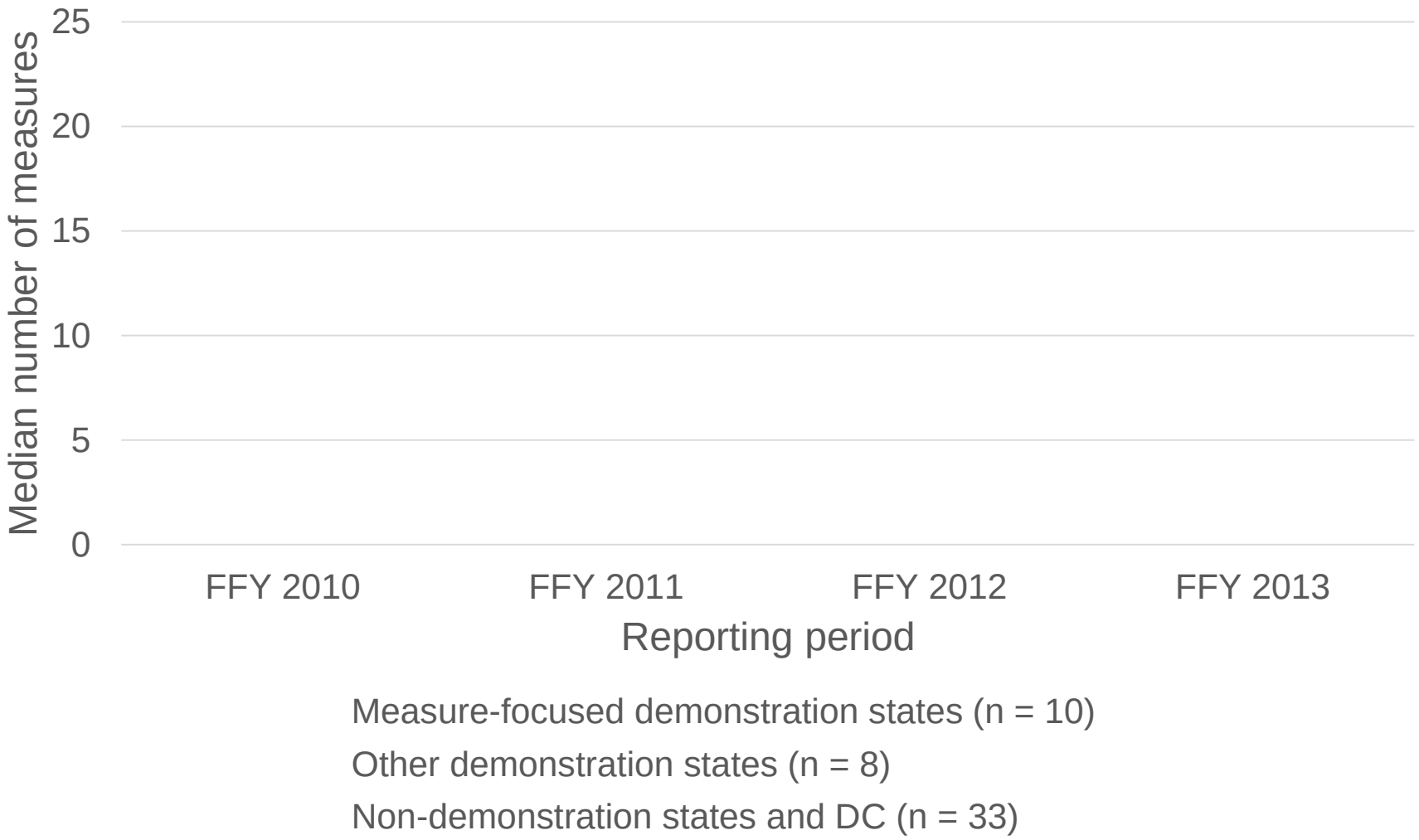
# Measure-Focused Demonstration States

- 10 states focused on calculating the Child Core Set and on using the measures for quality improvement
- Several states partnered with universities

# Measure-Focused Demonstration Activities



# Median Number of Child Core Set Measures Reported to CMS for FFY 2010–FFY 2013



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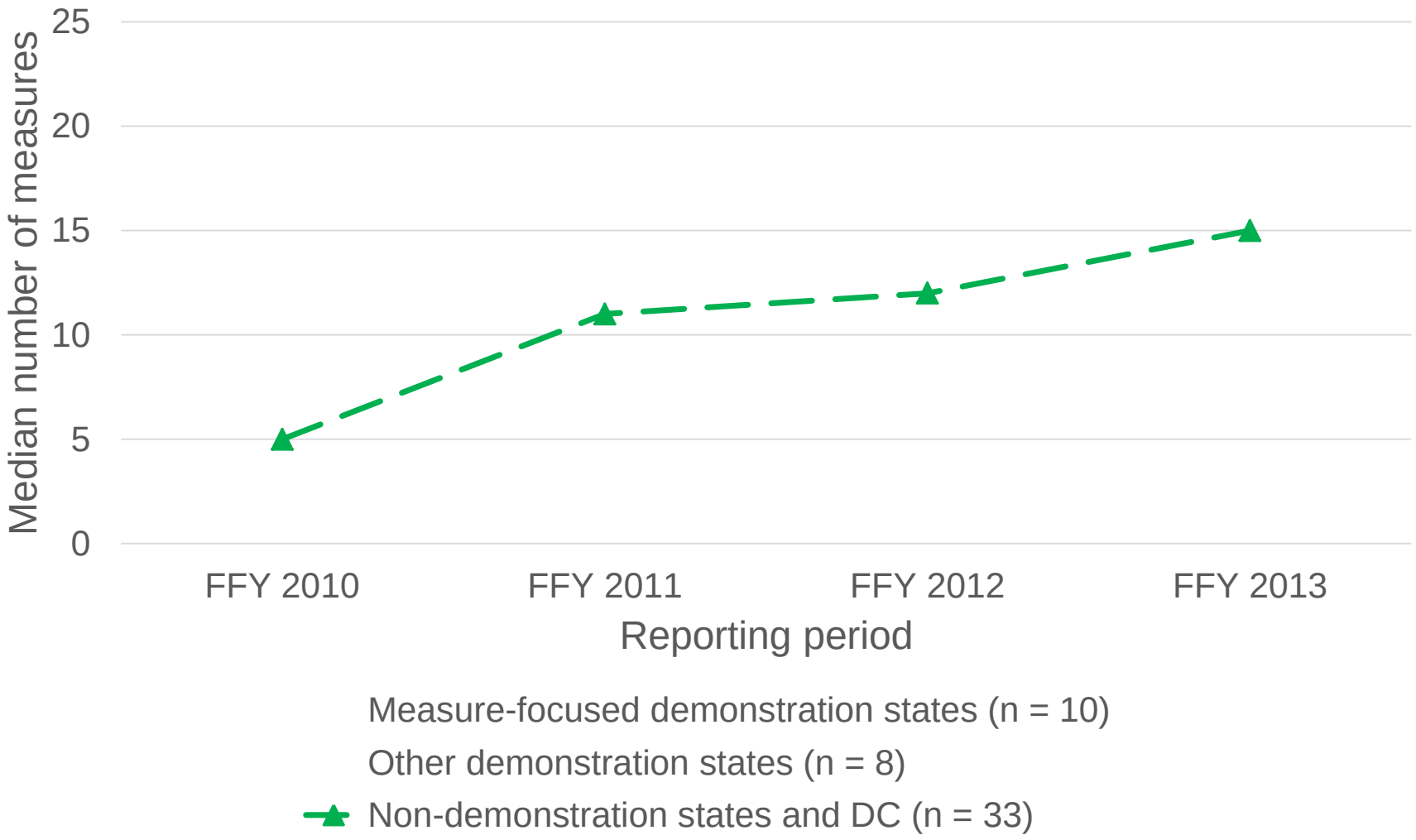

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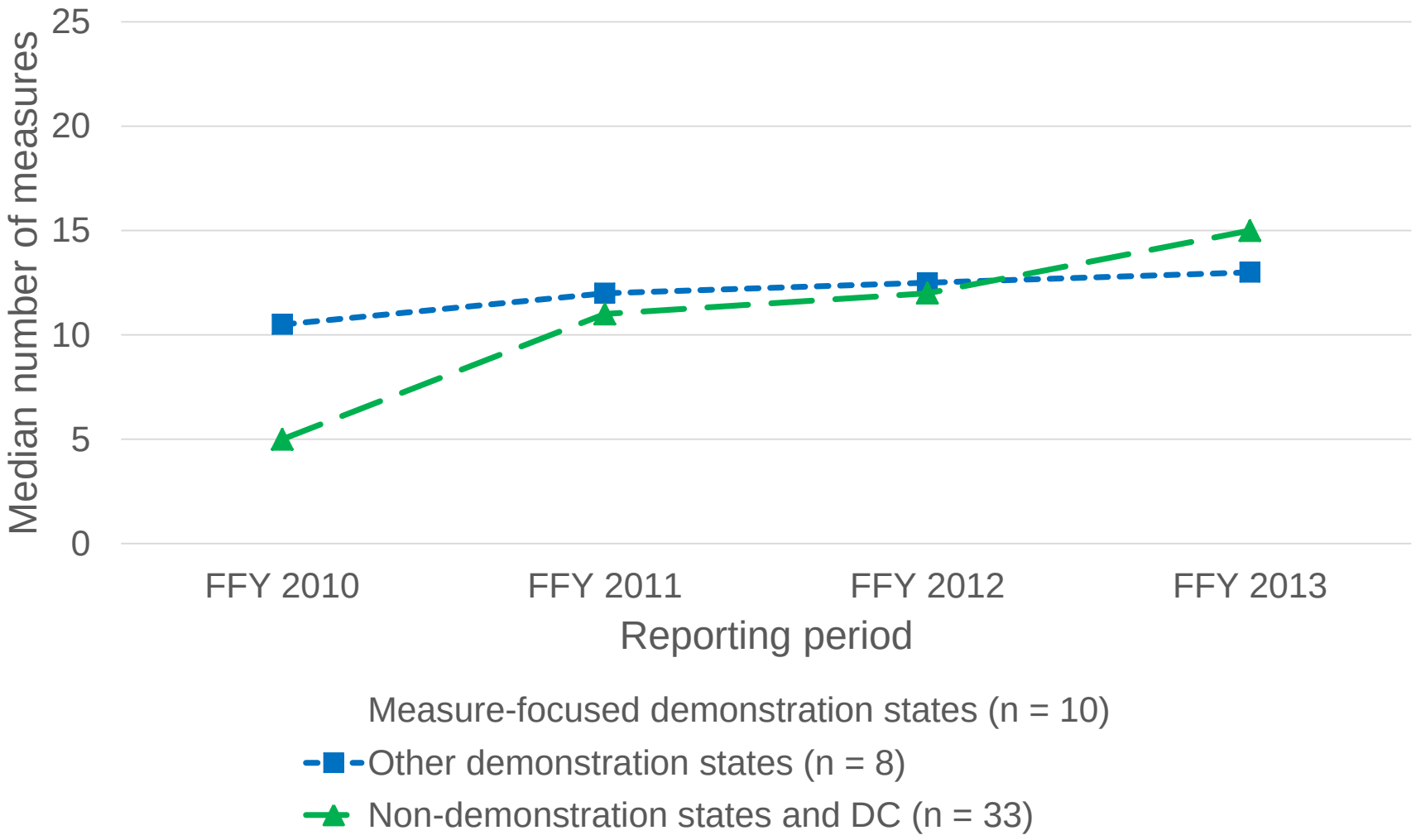

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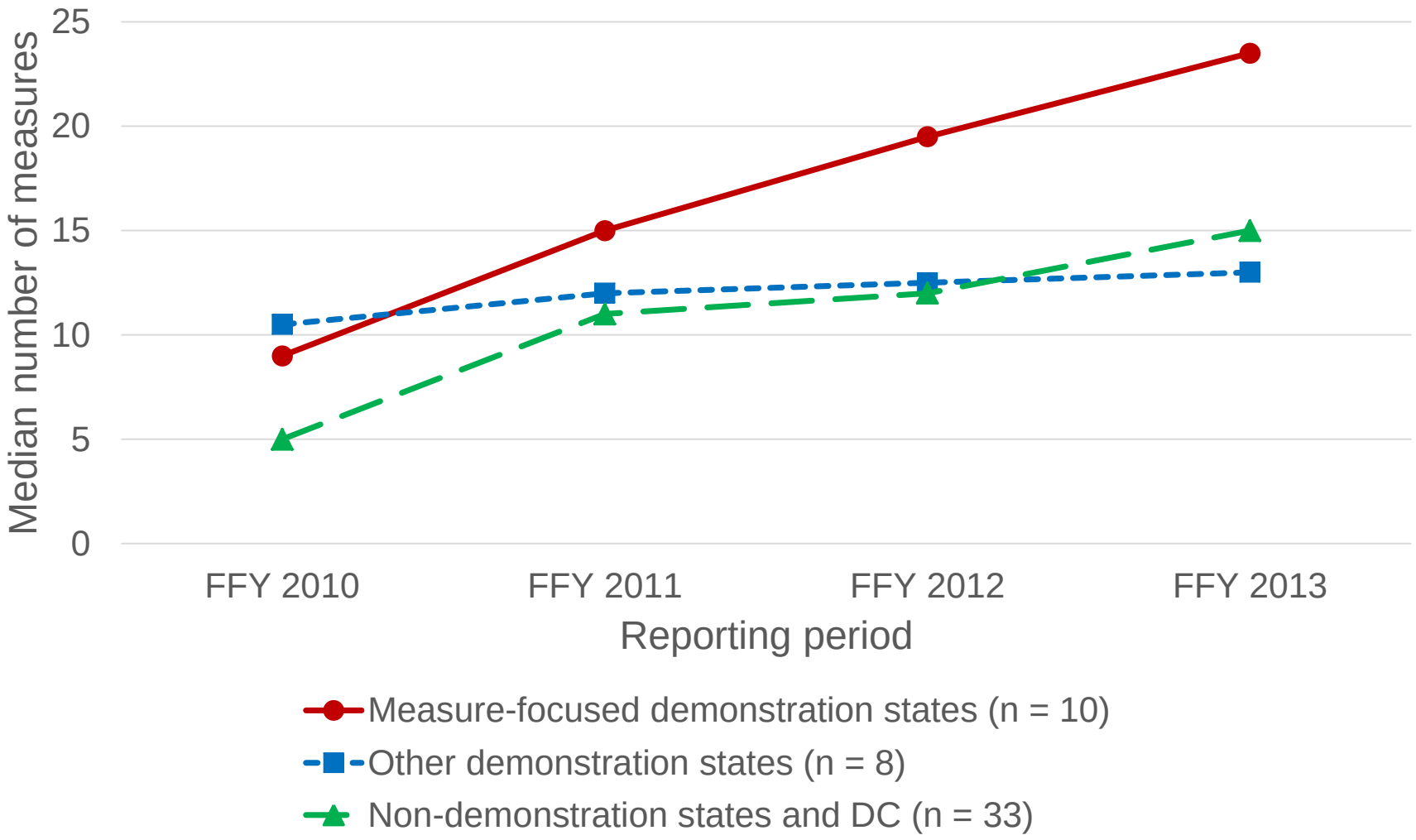


# Select Grant-Funded Activities to Expand the Reporting of Measures

- Hiring dedicated measure programmers
- Working across state agencies to link data
- Contracting with Medicaid managed care plans and external quality review organizations (EQROs) to support measure reporting
- Partnering with universities
- Fielding CAHPS survey more systematically
- Developing standard testing procedures to ensure measure accuracy

# Challenges

- Combining data from different programs/sources
  - Medicaid FFS, Medicaid MCOs, CHIP (if separate CHIP agency)
- Linking state data sources
  - e.g., vital records data, state immunization registry
- Reporting measures from EHRs
- Adapting state-level measures to the practice-level for quality improvement activities

# Key Take Aways

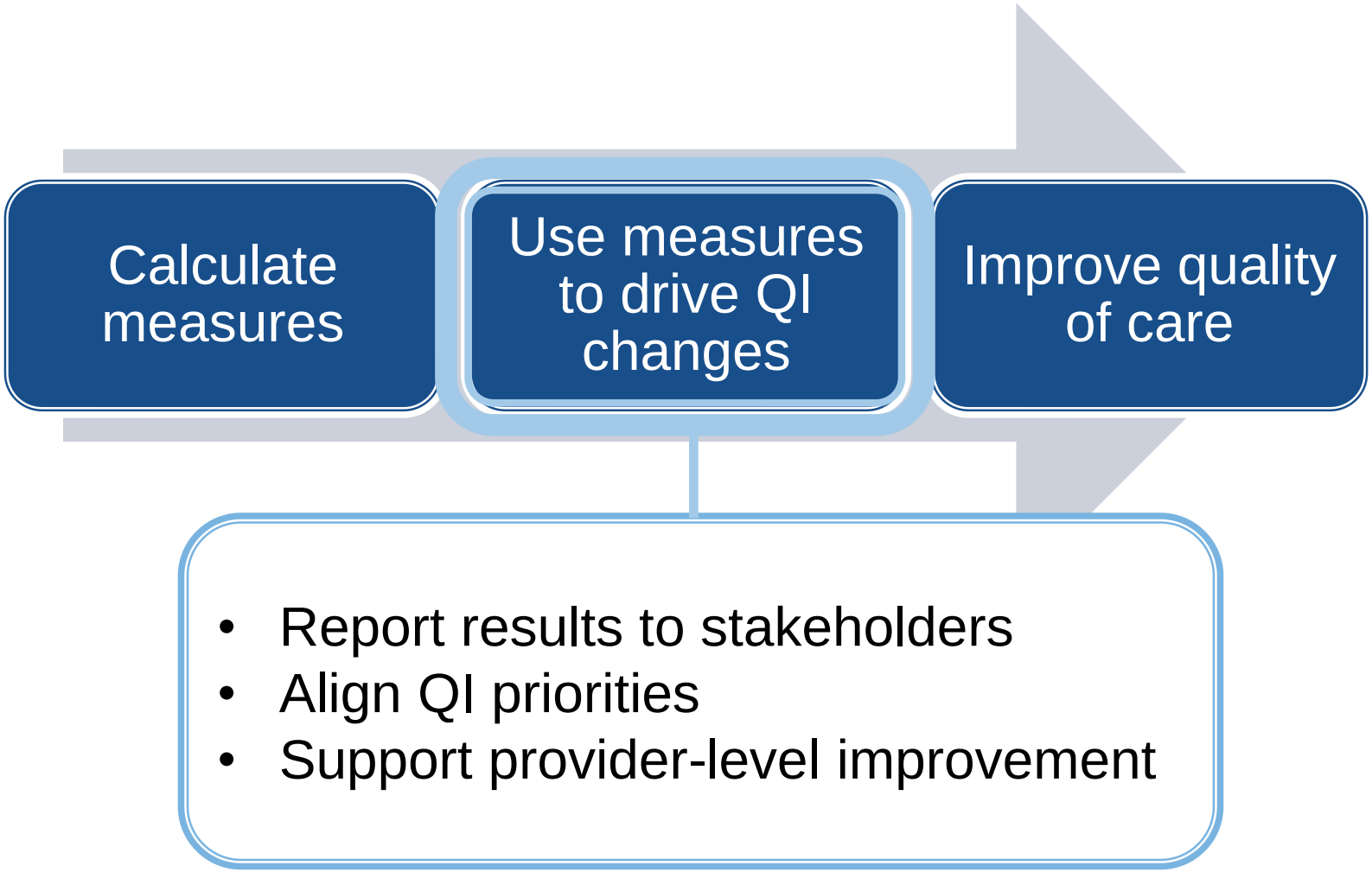
- Calculating the measures took more time and resources than states anticipated
- Some measures were more challenging than others

But…

- States can overcome many of the challenges to reporting the Child Core Set measures if they invest in data quality and reporting systems, identify staff or contractors who have expertise in quality measurement, and make use of TA and financial support

# How are Demonstration States Using the Child Core Set Measures to Improve Quality?

# 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 existing data (Medicaid claims, immunization registries)
  - Develop reports for different stakeholders: policymakers, health plans, providers, and the public

# Aligning Measures and 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 multi-stakeholder quality improvement workgroups
  - Encouraged consistent quality reporting standards across programs
  - Required managed care organizations to meet quality benchmarks

# 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**
  - **Financial support**
    - Paid providers for reporting measures and demonstrating improvement
    - Changed reimbursement to support improvements
  - **Technical support**
    - Hosted learning collaboratives
    - Provided individualized TA

# For More Evaluation Results

- View evaluation highlights and other materials on the evaluation webpage:

  www.ahrq.gov/policymakers/chipra/demoeval/index.html

# SC Medicaid-USC Partnership: Implementing CHIPRA Core Measures in South Carolina

Presented by Kathy Mayfield Smith, MA, MBA

Associate Director, Medicaid Policy Research

USC Institute for Families in Society

September 17, 2015

UNIVERSITY OF SOUTH CAROLINA

Medicaid Policy Research at the USC Institute for Families in Society

UNIVERSITY OF SOUTH CAROLINA

SOUTH CAROLINA Healthy Connections MEDICAID

State–University Partnership
Continuous since 1996

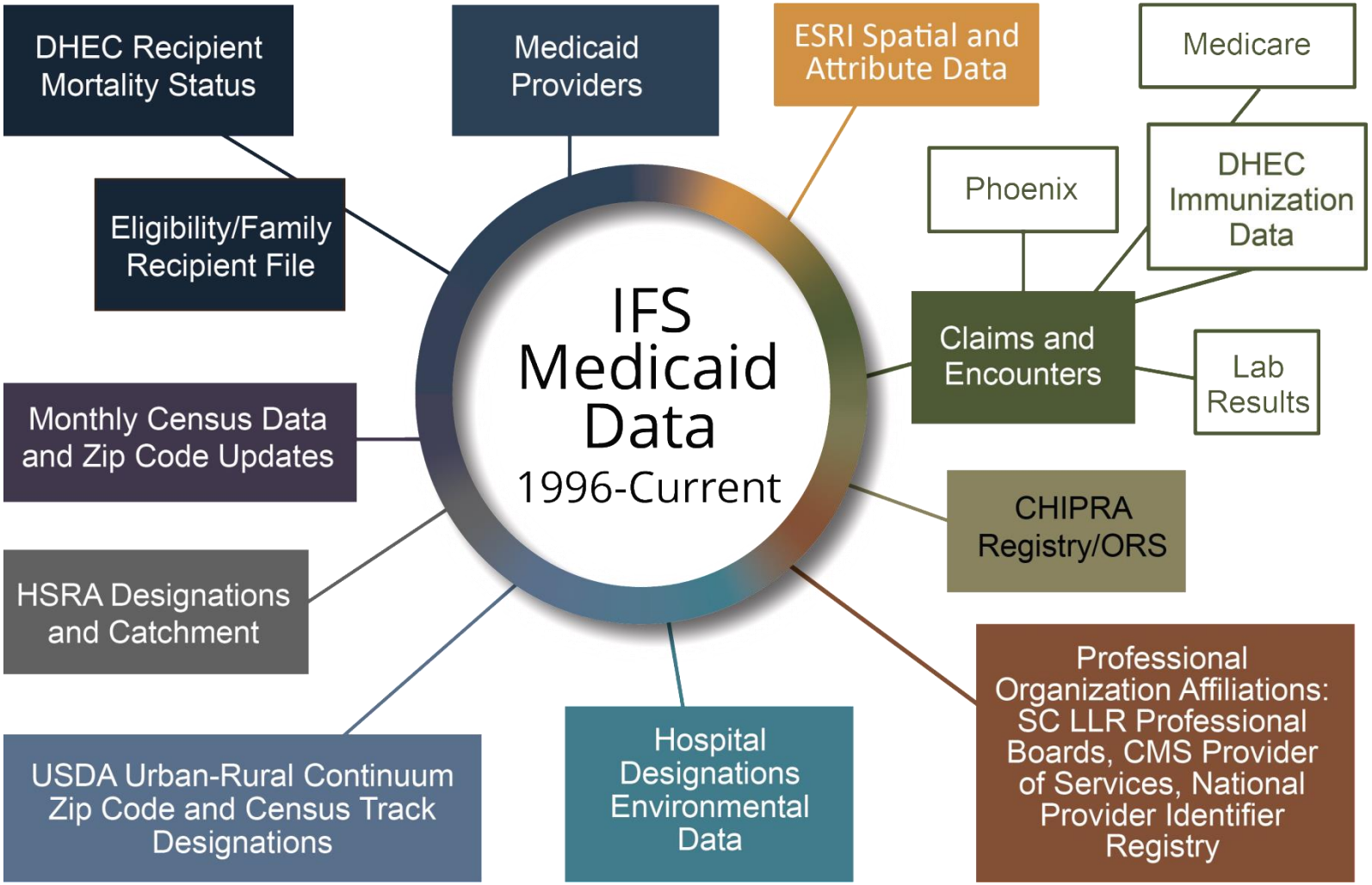
# Historical Context

SC Medicaid

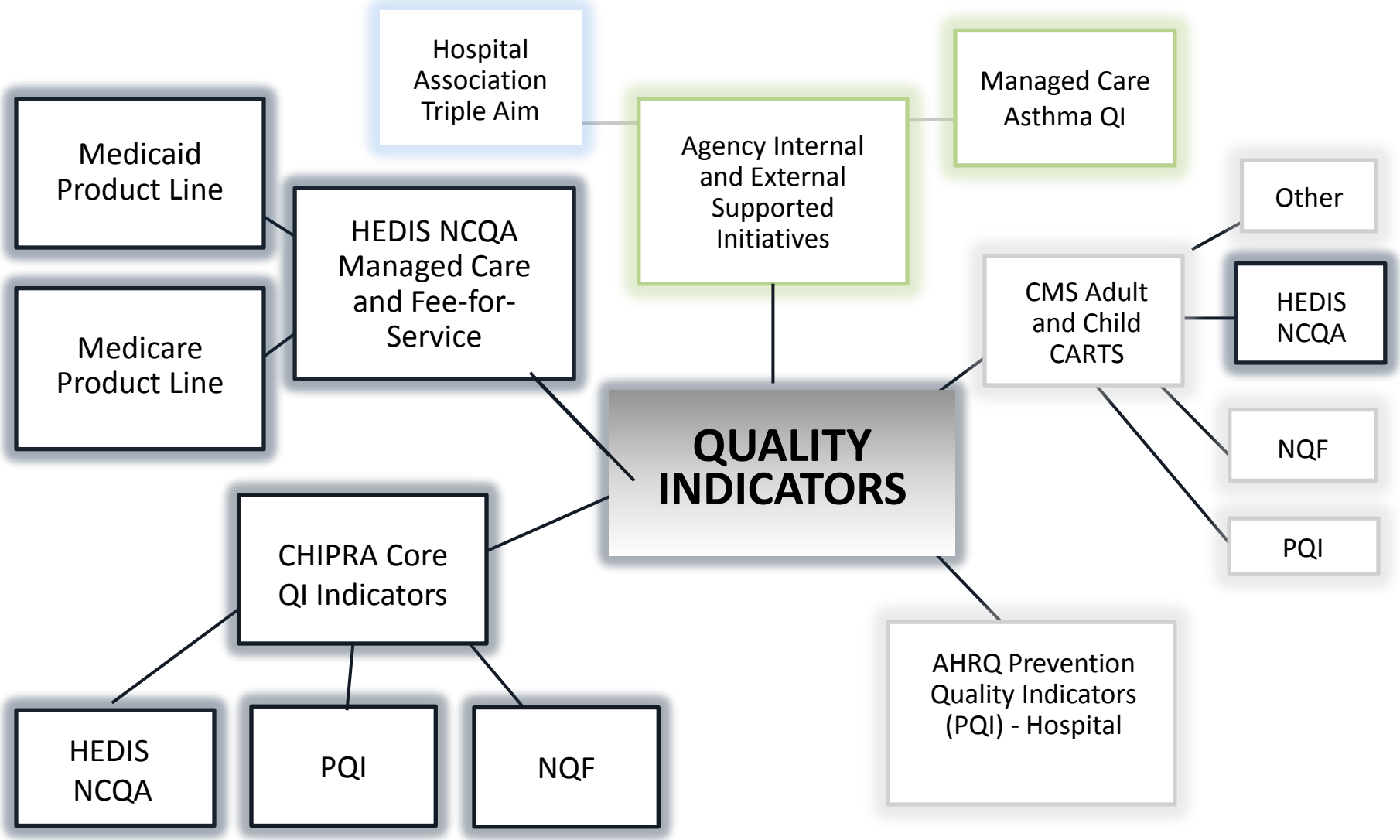
- Covers about 22-25% of population, 52% of all births
- Majority Managed Care (Capitated MCO model)
  - 72,000 (2007) – 700,000+ (2015) – 60%

- SCDHHS – University of SC Partnership
  - Data Analysis – Program and Policy
  - Technical Assistance & Evaluation Support
  - Geo-spatial analysis
  - Managed Care Quality Measure report card since 2007 (HEDIS and CAHPS)
  - CARTS quality reporting

# MPR Data and Analytic Linked Components



# Medicaid Quality Indicators Initiative



# Leveraged Partnership
# USC/IFS Role in Demonstration Grant

- Collaboration to conceptualize and write the grant
- Technical assistance and evaluation for state
- Collect - report on all CHIPRA Core measures (including CAHPS)
- Compare practices to matched comparison practices, total CHIPRA, Total MCO and Total State
- Support and participate in Learning Collaborative
- Technical assistance with practices

# SC's CHIPRA Demonstration -
## Quality through Technology and Innovation in Pediatrics (QTIP)

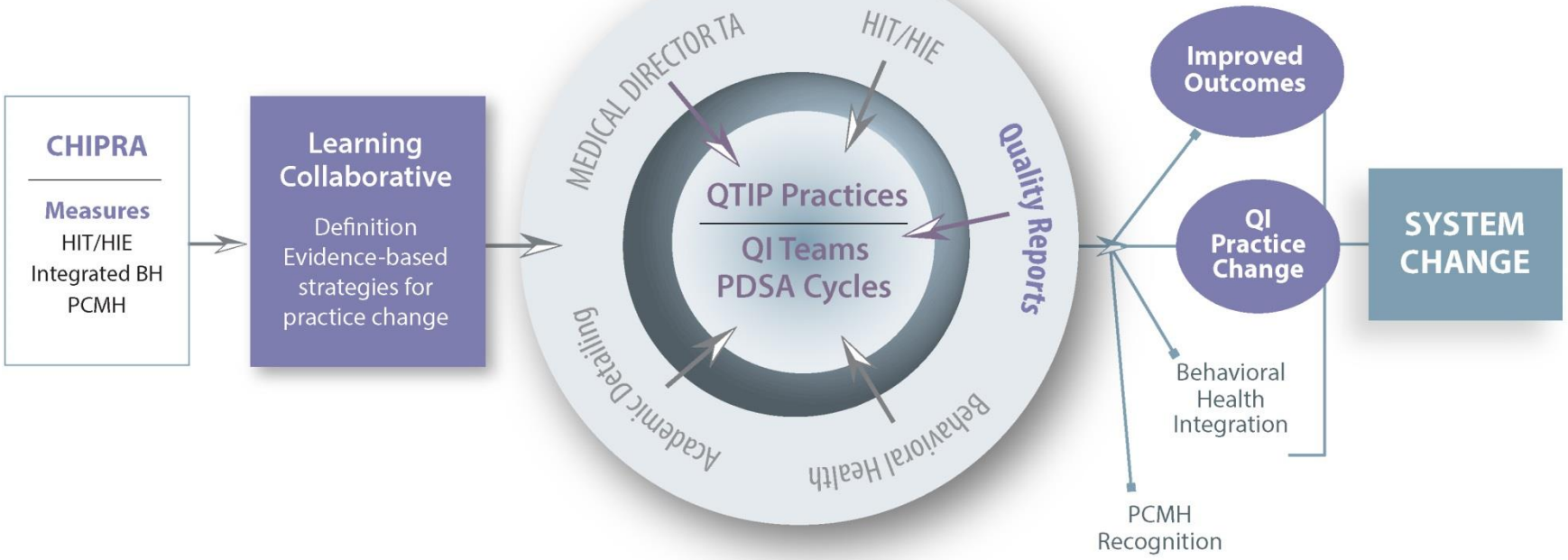
- Four integrated areas:
  - **collecting and using a set of core child quality measures to improve healthcare outcomes;**
  - enhancing HIT/HIE to facilitate quality improvement;
  - developing provider-based model of integrated primary and behavioral health care; and
  - transforming pediatric practices into patient-centered medical homes.

# SC's CHIPRA Demonstration -

## Quality through Technology and Innovation in Pediatrics (QTIP)

- 18 Child serving practices (4 years)
  - Types: Private, FQHC/RHC, Academic
  - Large/Med/Small - # clinicians – patient population
  - 5% of pediatric practices serve over 20% of all children in Medicaid
  - Rural/Urban (7% of all Urban, 2% of Suburban, 3% of all Rural)
- 15 comparison practices were matched on all characteristics
  - No academic comparison practices

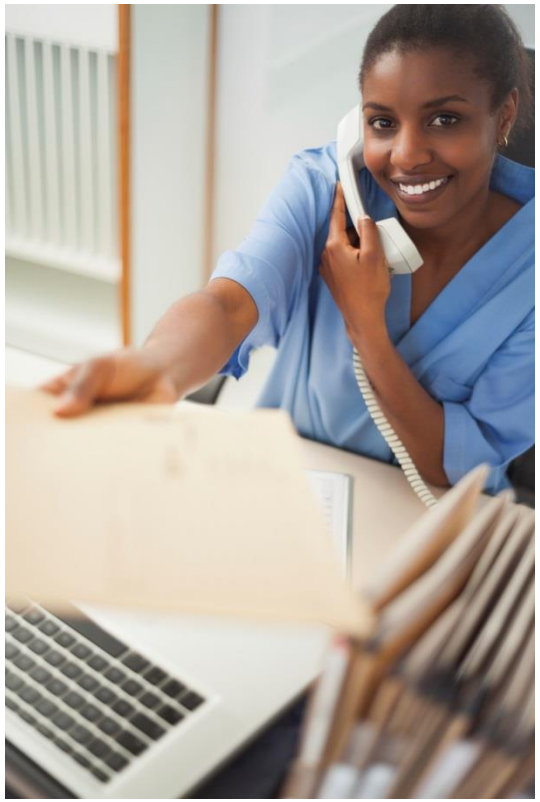
# SC's CHIPRA Evaluation Framework



# Quality Strategies

Quality improvement (QI) team formed at each practice

- Lead practitioner, typically a physician champion
- Other clinician, typically a lead nurse
- Administrative staff, typically the office manager
- All team members required to attend LCs to network, learn, and share experiences





# Quality Strategies

## Learning Collaborative (LC) framework built on SC AAP state meetings

- Semi-annual meetings
- Evidence-based pediatric practice
- Peer to peer learning experiences
- Actionable next steps
- Facilitated collaborative problem solving

# Core Measure Quality Strategies

All 24 Child Core measures

- 2-5 measures introduced by subject matter experts
- Targeted work on at least one new measure

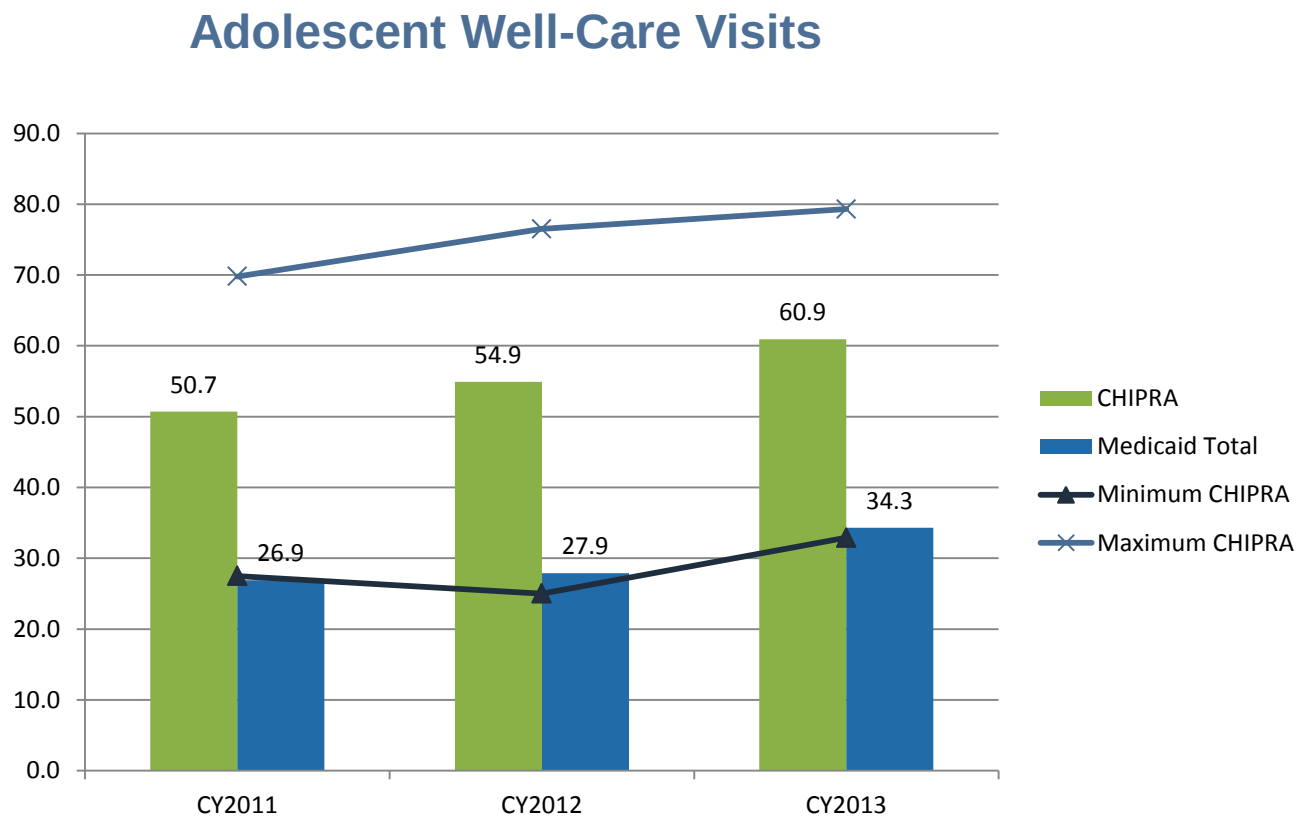
Plan, Do, Study, Act Cycles

On-site TA after LC to reinforce learning and QI skill building

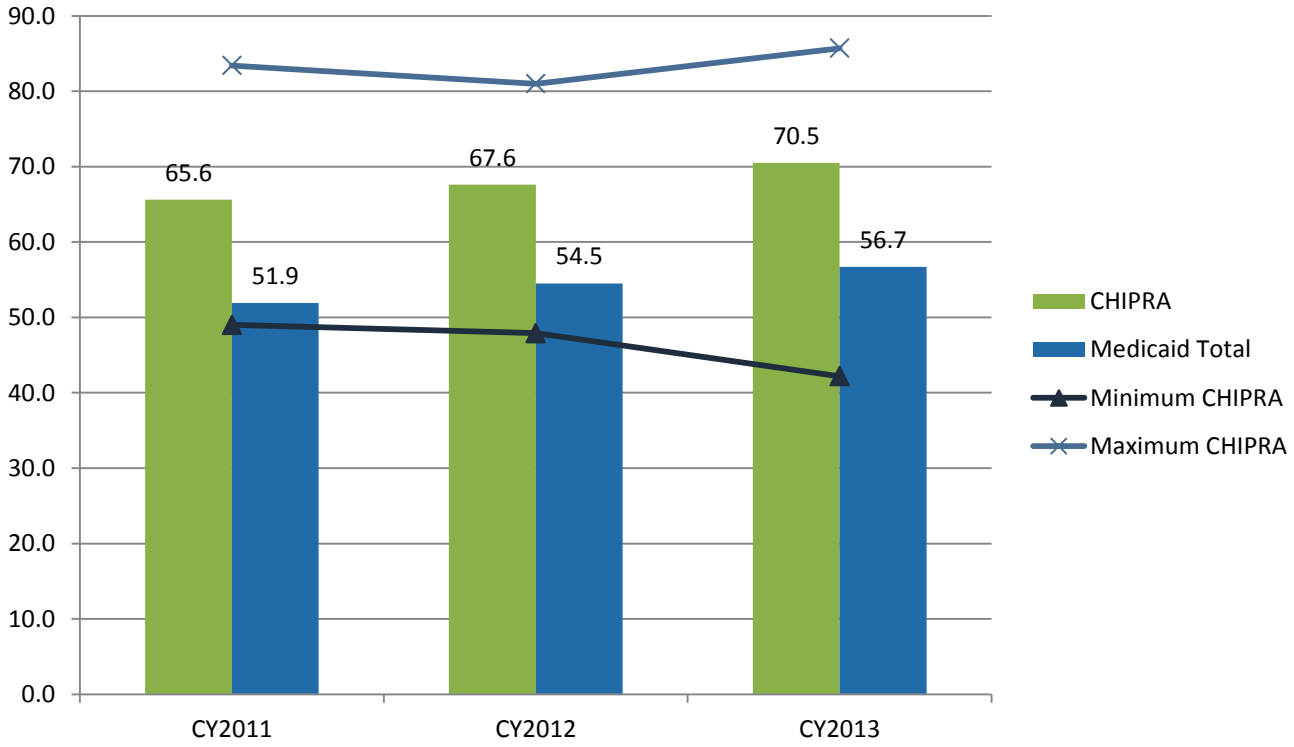
Quality Improvement Reports - practice level

- Administrative claims and encounter data
- Compared to comparison practice, total QTIP, Child State Medicaid

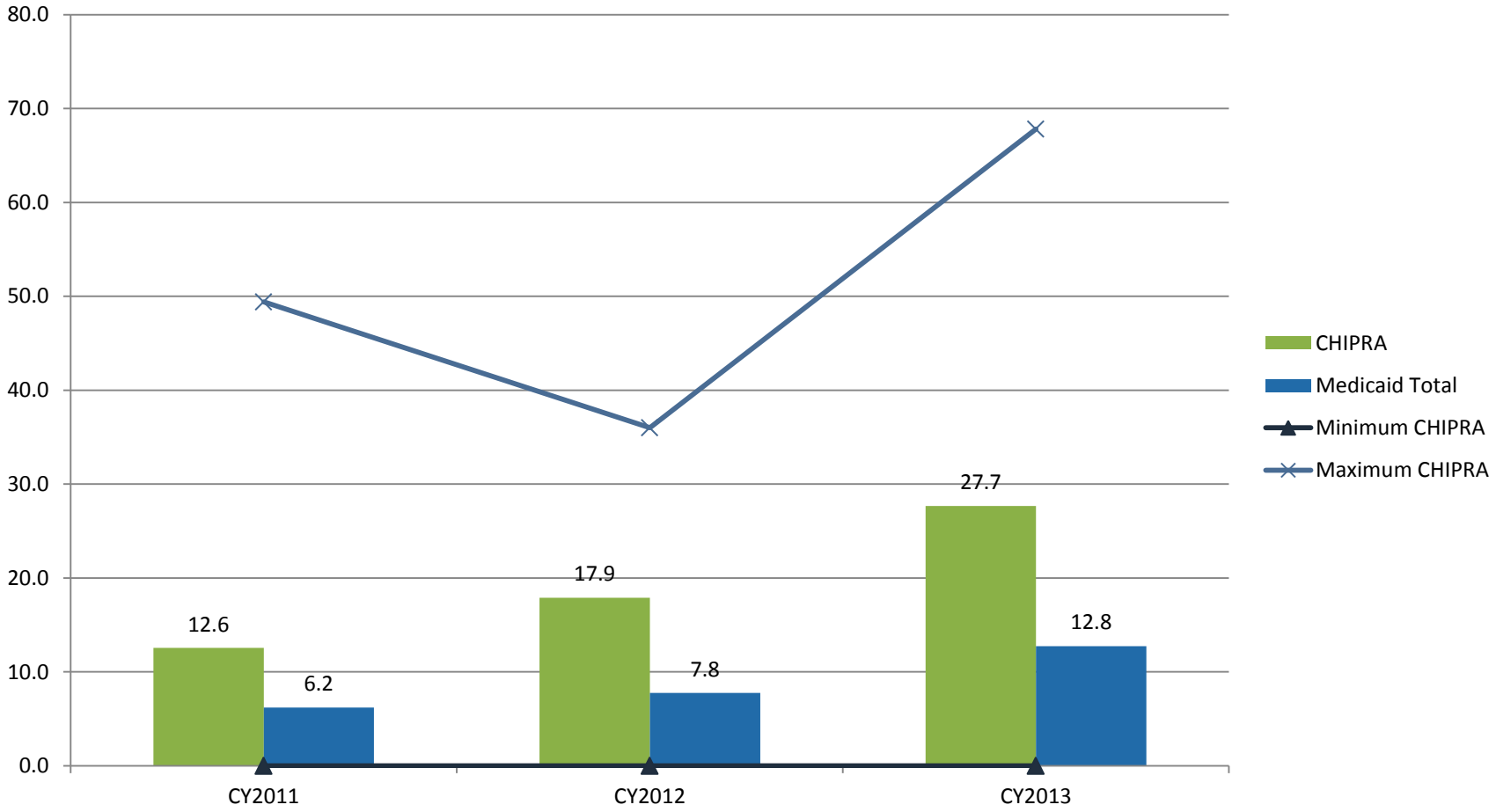
# Results - Selected Measures



# Well-Child Visits-
# Third, Fourth, Fifth and Sixth Years of Life



# Developmental Screening - Screened by 12 months of age



# Lessons Learned

Practice performance drives state performance

TA and QI tools needed for data-driven quality improvement

Continued QI effort critical to sustained high performance

QI Team critical to practice change and improved performance
- Workflow changes, staff empowerment
- Communication of changes to ensure follow-through

Barriers between physician/practice coding and MCO/State impact performance measures
- Practice workflow (staff strip quality codes traditionally not paid)
- Hospital coding practices (no more than 4)

System changes required at state and practice levels

# Successes/Outcomes

## Improved performance on quality measures

- Intervention practices showed statistically significant improvement over time on 11 measures (e.g., Dental visits, Developmental screening, all Well Care)
- Intervention practices showed statistically significant improvement over comparison on 4 measures (e.g., Weight assessment, Chlamydia screening, developmental screenings)

## Demonstrated practice performance drives state performance on quality measures

# Successes/Outcomes

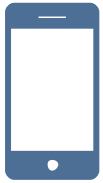
Infusion of lessons learned into SCDHHS initiatives and policy changes

- Billing and coding changes to support quality measurement
- MCO incentives/withholds encourage TA with practices
- TA quality initiatives and contracts target quality at practice level
- State Children's quality unit to continue work of QTIP

# Get in Touch

Online

ifs.sc.edu/MPR
and
schealthviz.sc.edu



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at the USC Institute for Families in Society

# Implementing Child Health Measures at the State and Practice-level

## Lessons Learned through Maine's Improving Health Outcomes for Children CHIPRA Quality Demonstration Grant

Sept 17, 2015

State University Partnership Network Webinar

Kimberley Fox
Cutler Institute for Health and Social Policy
Muskie School of Public Service, University of Southern Maine

*Funding for this work is provided under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) authorized by Section 401(d) of the Child Health Insurance Program Reauthorization Act (CHIPRA)*

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# CHIPRA Quality Demonstration grant role of State University Partnership

- Builds off longstanding cooperative agreement between Maine DHHS and University of Southern Maine, Muskie School of Public Service
  - Technical assistance and data analytic support using longitudinal data warehouse
  - Policy analyses, program development, grant writing support
  - Program evaluation and monitoring for Maine's Medicaid program.

- Unique grant requirement rewarding multi-state initiative allowed us to also partner with State of Vermont and University of Vermont.

# CHIPRA Quality Demonstration grant Role of State University Partnership (cont)

- Pre-award
  - Data warehouse and measurement experience on which to demonstrate expertise, grant application preparation in partnership with Vermont.
- Post-award
  - Cross-state grant and program administration in Maine, TA and data analytic support for child health measurement implementation at statewide and practice-level, rapid cycle evaluation.
- Value of cross-state/university partnership

# Maine's Improving Health Outcomes for Children (IHOC) Initiative

Collaborate with health systems, pediatric and family practice providers, associations, state programs and consumers to:

- Select and promote a set of child health quality measures.
  - Create Maine Child Health Improvement Partnership to identify priorities and advise on child health topics in Maine.
- Build a health information technology infrastructure to support the reporting and use of quality measurement information.
- Transform and standardize the delivery of healthcare services by promoting patient centered medical home principles in child-serving practices.
- Evaluate implementation and provide timely feedback to program and policymakers.

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# IHOC's Method for Implementing Child Health Measures

- Broad stakeholder engagement to identify/prioritize child health measures and identify gaps in care needing statewide/practice improvement
- Investigate and assess the quality of data sources and feasibility of measure calculation methods.
- Collect and analyze data to inform planning, implementation, and monitoring.
- Identify policy and payment opportunities and guide change required to support child health quality improvement and measurement efforts.
- Evaluate measure implementation to inform planning and assess effectiveness and disseminate results

# Alignment with Other Quality Initiatives in Maine

- Maine Patient Centered Medical Home Pilot and MaineCare Health Homes initiative.
- Pathways to Excellence– Public reporting initiative of quality metrics supported by employer, payer and provider coalition.
- Other AAP/Health System/State Child Quality Initiatives (AAP Asthma Collaborative, MaineHealth's From the First Tooth, *Let's Go!*, Maine Developmental Disabilities Council, ME CDC Autism).
- State Innovation Model grant

# Maine's Statewide Child Health Measurement Successes

- Developed IHOC Master List of Pediatric Measures
- IHOC measures adopted/used by other statewide quality initiatives (e.g. PTE, MaineCare Health Homes, SIM, health systems internal QI)
- Expanded number of child health statewide measures on Maine's CHIP Annual Reports to CMS.
- Produced annual "Summary of Pediatric Child Health Measures in Maine" report of CHIPRA and other child health measures.
- Investigated feasibility of using Health Information Exchange and statewide registry for child health measures not captured in claims

# Using Child Health Measures for Quality Improvement at Practice-level

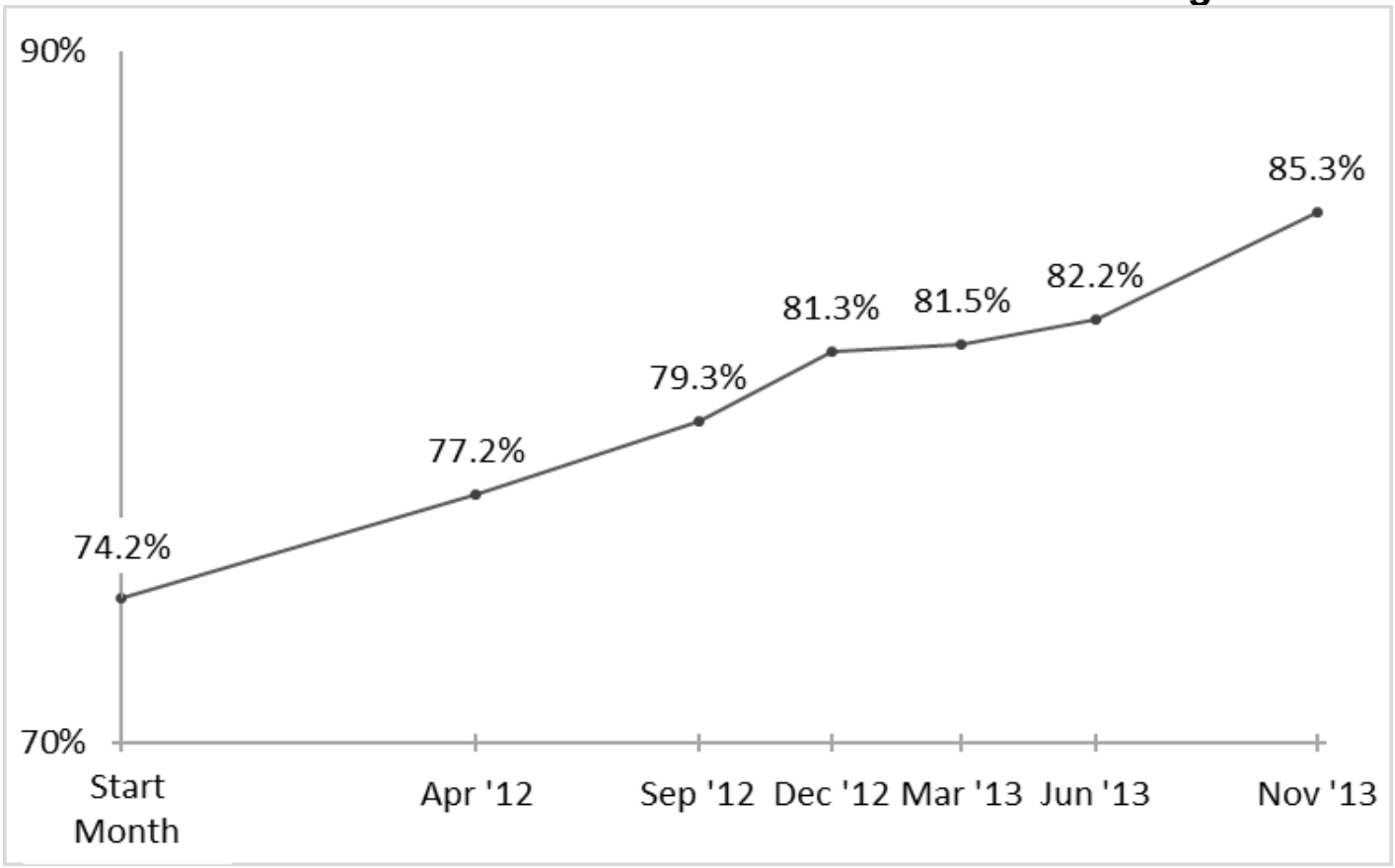
- Implemented data-driven QI learning collaborative (First STEPS)
  - 28 practices participated collectively serving 37,630 (@30%) MaineCare children
- Provided technical assistance to support state registry modifications and changes to health systems EHRs for generating practice-level IHOC child health measures (e.g. immunizations, oral health risk assessments).
- Guided MaineCare policy change and clarified billing payment to support QI and measurement (e.g. developmental screening and oral health)

# Evaluating Success of Implementing Child Health Measures at Practice-Level

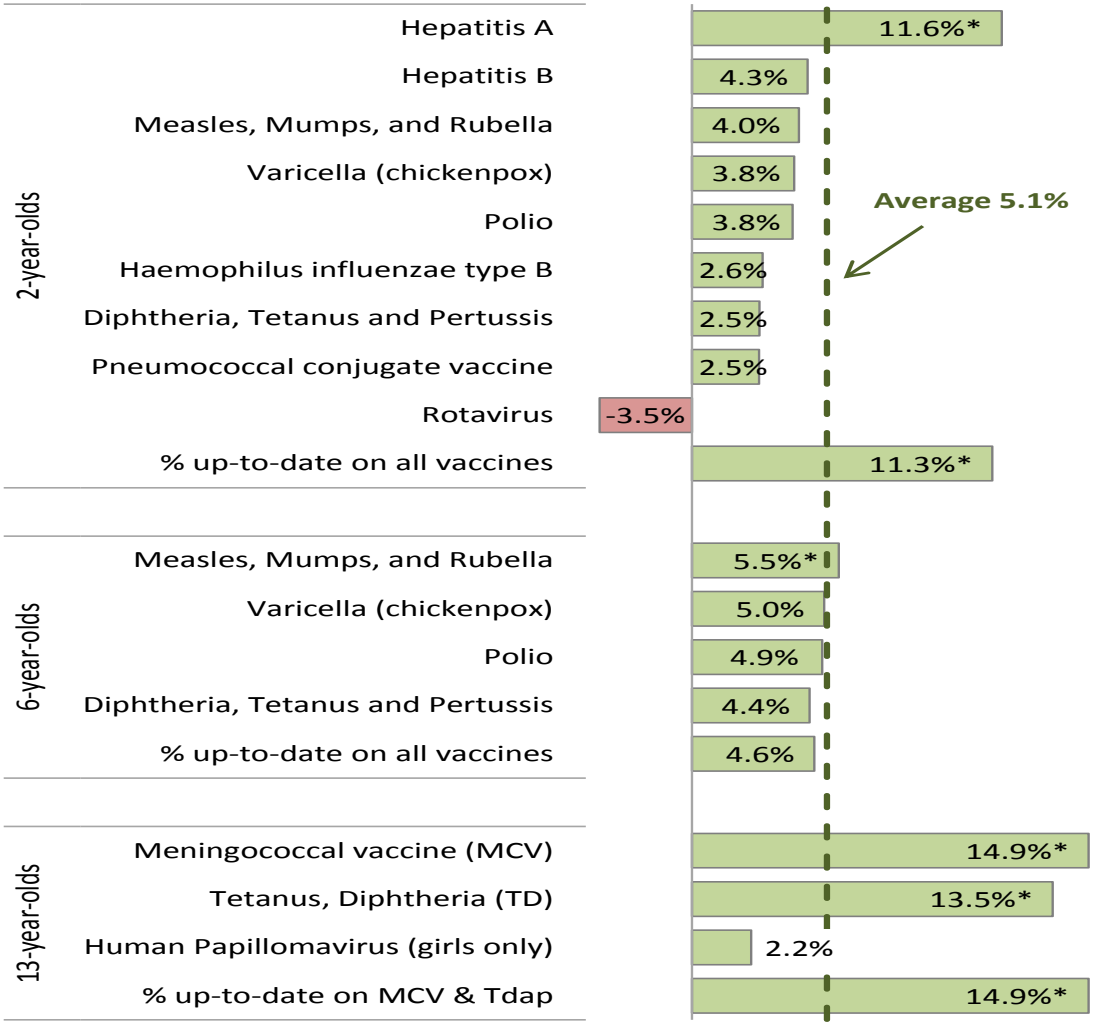
- First STEPS Phase I: Raising Immunization Rates & Building a Patient Centered Medical Home (Sept 2011 – April 2012):
  - Goal: Within 12 months to increase overall immunization rates by more than 4 percentage points.
  - Far exceeded goal during that time period and also continued to improve over more extended period.

# First STEPS Phase I Evaluation Highlights: Increase in Practice-level Overall Immunization Rates

**Immunization Rates in First STEPS Phase I Practices from Aug 2011 to Nov 2013**

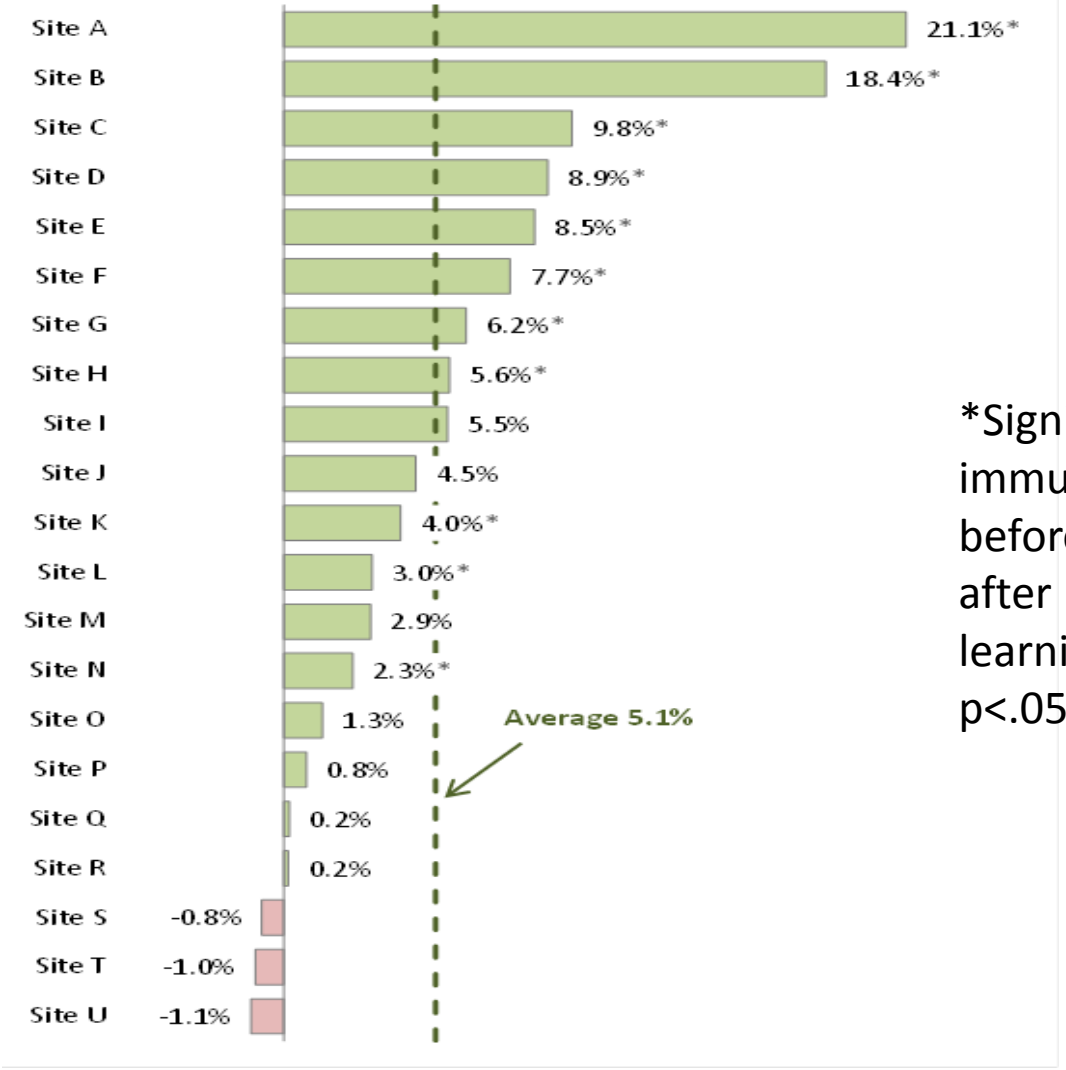


# Percentage Point Change in First STEPS Phase I Practices' Combination and Individual Rates, 8/11 – 9/12




*Significant change in immunization rate before and one year after First STEPS Phase I learning sessions, p<.05.

# Percentage Point Change in IHOC Immunization Rates by Practice Site, First STEPS Practices, (8/11 – 9/12)




*Significant change in immunization rate before and one year after First STEPS Phase I learning sessions, p<.05.

# Implementing Practice-level CHIPRA Immunization Rates

**Challenges**

- Existing registry reporting functions were based on ACIP guidelines (grace periods/age cut-offs) that meet Nat'l CDC measure criteria; reports did not support the calculation of CHIPRA measures.
- Modifying state registry to produce practice-level CHIPRA measures took longer than expected, requiring an interim approach.
- Additional challenges due to not all practices entering dose data consistently for all age groups, or for doses given in the past.
- Challenges in producing statewide CHIPRA rates from registry.

# Implementing Practice-level CHIPRA Immunization Rates

**Successes**

- Increased use of state registry/ accuracy of data reported.
- Monthly practice-level reports helpful in measuring progress toward quality improvement goals.
- Producing registry reports for pediatric practices not in First STEPS to submit rates for public reporting to Pathways to Excellence.
- Changes to registry underway so practices will be able to:
  - Produce reports based on CHIPRA measures
  - Produce reports according to MaineCare eligibility status
  - Produce reports for comparison across affiliated locations.
- Other statewide immunization measures (NIS, ACIP) have improved significantly, which has been attributed to IHOC/First STEPS.

# First STEPS Phase II: Developmental Screening Measures

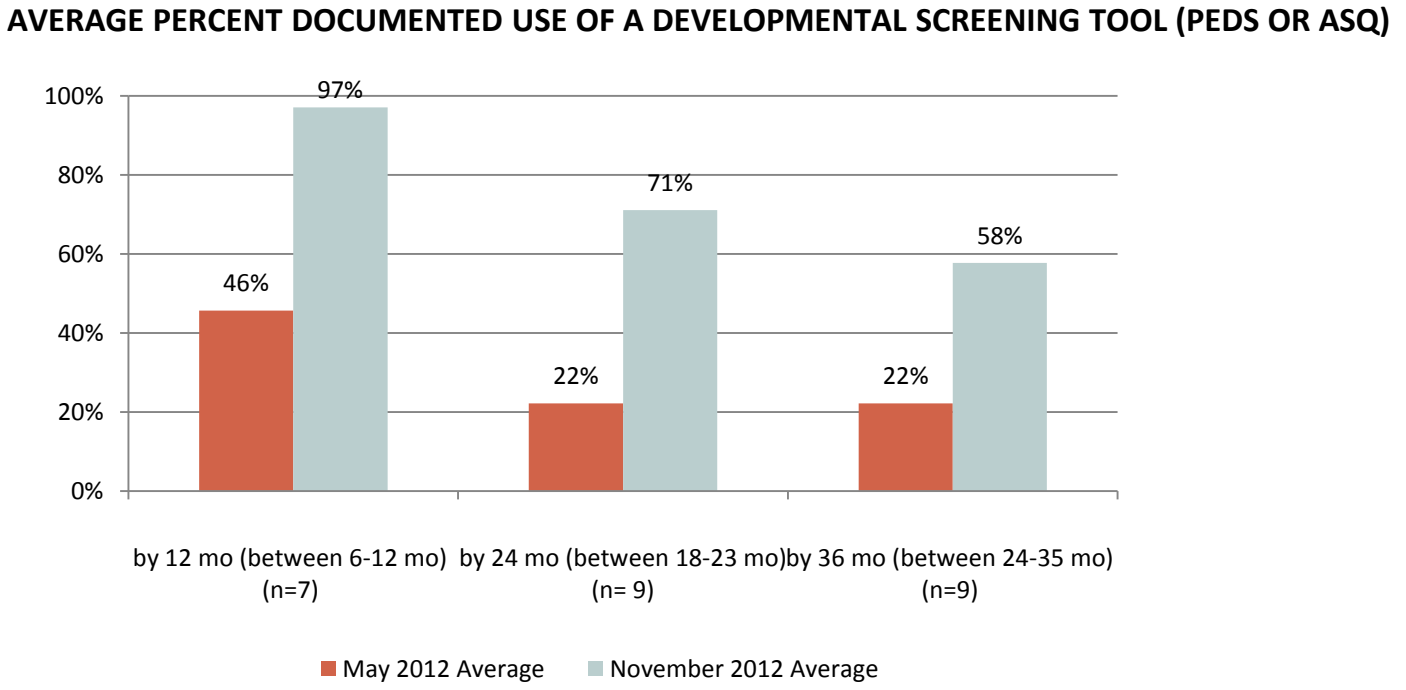
- **First STEPS Phase II: Developmental, Autism and Lead Screening (optional anemia screening)**:
  - Monthly data reports based on chart review.
  - MaineCare claims.
- **Goal for developmental, autism, and lead screening rates:**
  - Improve the rate of these screenings (according to Bright Futures guidelines) by 50% between May 2012 and December 2012.

# Measurement: Developmental Screening

- **Challenges with Claims-based measure:**
  - Extremely (and unexpected) low statewide rates.
  - Difficulty identifying specific types of screenings using the 96110 billing code as specified in the measure.
- **Policy Response:**
  - MaineCare clarified and modified the billing method for developmental and autism-specific screenings (and autism testing) for use by primary care providers.
  - Clarified existing rate structure for related screenings and tests.
  - Added modifiers* to existing billing codes to distinguish between global developmental & autism-specific screening, and follow-up autism testing.

*96110 = global developmental screening
*96110 HI = autism-specific screening
*96111 HK = autism testing

# First STEPS Phase II Evaluation Highlights: Increase in Practice-level Use of Developmental Screening Tools based on Chart Review




*Source: Chart Review data from Phase II First STEPS practices as reported in: Improving Health Outcomes for Children (IHOC) First STEPS Phase II Initiative: Improving Developmental, Autism and Lead Screening for Children Final Evaluation Report, Muskie School of Public Service, University of Southern Maine, Aug 2013*

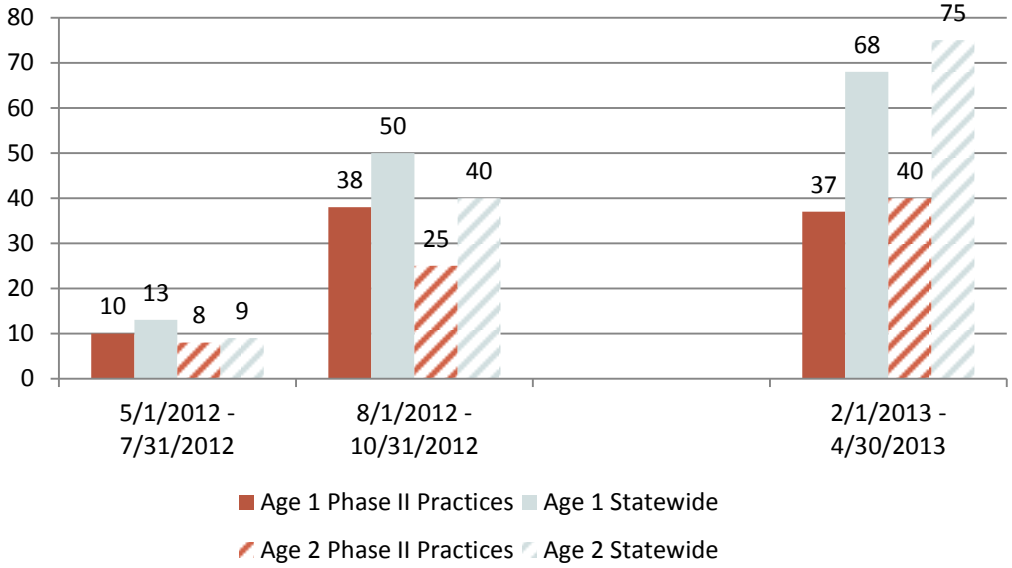
# First STEPS Phase II Evaluation Highlights: Greater Increase in Practice-level Claims-based Developmental Screening Rates than Statewide

| | First STEPS Practices | | | Statewide | | |
|---|---|---|---|---|---|---|
| | Before Phase II (5/1/11-4/30/12) | During/After Phase II (5/1/12-4/30/13) | Percent Change | Before Phase II (5/1/11-4/30/12) | During/After Phase II (5/1/12-4/30/13) | Percent Change |
| Age 1 | 5.3% | 17.1% | **223%** | 3.8% | 9.4% | **149%** |
| Age 2 | 1.5% | 13.3% | **758%** | 6.0% | 12.1% | **102%** |
| Age 3 | 1.2% | 3.3% | **173%** | 4.0% | 8.6% | **116%** |

*Source: MaineCare Paid claims analyses. Improving Health Outcomes for Children (IHOC) First STEPS Phase II Initiative: Improving Developmental, Autism and Lead Screening for Children Final Evaluation Report, Muskie School of Public Service, University of Southern Maine, Aug 2013*

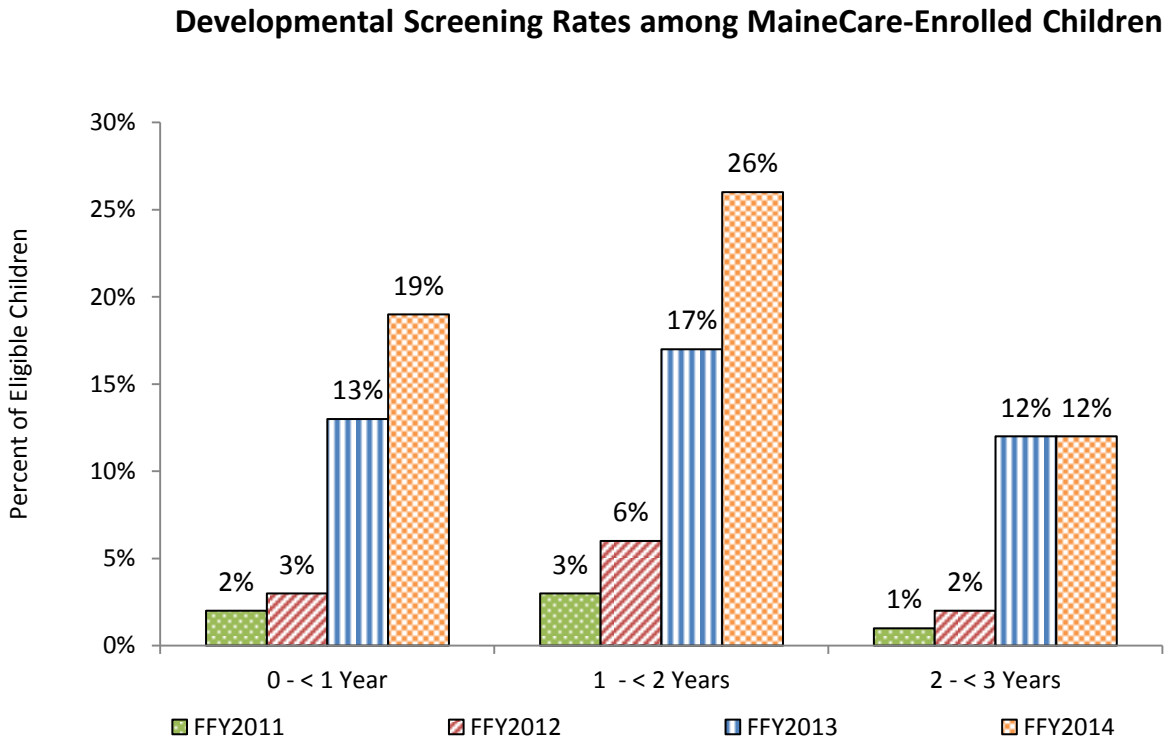
# First STEPS Phase II Evaluation Highlights: Increase in Practice-level Use of Developmental Screening Tools based on Chart Review

**NUMBER OF MAINECARE PAID CLAIMS FOR M-CHAT I AUTISM SCREENS FOR CHILDREN AGE ONE AND TWO**




*Source: MaineCare administrative claims data as reported in: Improving Health Outcomes for Children (IHOC) First STEPS Phase II Initiative: Improving Developmental, Autism and Lead Screening for Children Final Evaluation Report, Muskie School of Public Service, University of Southern Maine, Aug 2013*

# Statewide Claims-based Developmental Screening Rates Increasing




*Source: MaineCare administrative paid claims data as reported in: IHOC Summary of Pediatric Quality Measures for Children Enrolled in MaineCare FFY 2011-2014, Muskie School of Public Service, University of Southern Maine, Sept 2015.*

# Lessons Learned

- Child health measures need to be actionable and available at the practice-level to improve performance.
- Data source matters - Measures cannot be operationalized without reliable methods for capturing, collecting, calculating, and reporting the data.
- Integrating data system improvements as part of child QI efforts helps increase visibility and accuracy of data and demonstrates how data can be 'meaningfully used' to sustain quality improvement over time.
- Aligning measures across state initiatives is key for provider buy-in and to sustain quality improvement work after grant funding.

# Questions or Comments?

For more information:
Please contact: Kimberley Fox, kfox@usm.maine.edu
Or visit the IHOC website:
http://www.maine.gov/dhhs/oms/provider/ihoc.shtml

# Questions?

# Thank You!

- Please fill out the evaluation questions on screen
- Additional Questions? Contact:
  - **Alyssa Walen** (Alyssa.Walen@AcademyHealth.org)
  - **Stephanie Kennedy** (Stephanie.Kennedy@AcademyHealth.org)