Spotlight on Alaska

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from Alaska's experience in the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) from February 2010 to August 2015. For this demonstration, CMS awarded 10 grants that supported efforts in 18 States to identify effective, replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality (AHRQ) led the evaluation of the program.

Alaska's Goals: Improve the quality of care for children by—

- Helping practices implement the patient-centered medical home model.
- Increasing the use of health information technology.
- Encouraging improvement on child-focused quality measures.

Partner States: Oregon and West Virginia implemented similar projects and met quarterly with Alaska to discuss lessons learned.

Alaska supported medical home transformation

Alaska helped its three participating practices to transform themselves into patient-centered medical homes (PCMHs), a primary care model intended to improve care coordination, access to services, and patient engagement. First, the State hired facilitators to support the practices in implementing the features of a PCMH; the facilitators also helped the practices to implement quality improvement (QI) activities. Second, the State used a learning collaborative model to educate the practices about the PCMH and to provide a structure and process through which they could learn from each other. Each practice is a federally qualified health center, and they differ from one another in size and location (frontier, rural, and urban).

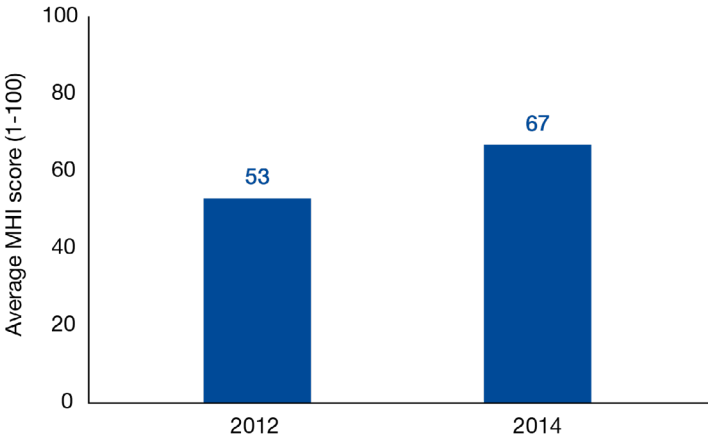
With an annual grant of $110,000 to $250,000 from the CHIPRA quality demonstration, the practices—

- **Improved care coordination for children with special health care needs.** Having learned from the State about the goals and key components of care coordination, all three practices decided to use CHIPRA quality demonstration funds to hire care coordinators. The care coordinators followed up with the children's caregivers to ensure that the children were receiving the services they needed. Care coordinators also linked children and caregivers with community resources, including parent support groups and food assistance. The practices valued the care coordinators highly, although they sometimes found it challenging to integrate them into their workflows.
- **Launched patient portals to improve communication and information sharing between families and practices.** One practice launched a portal to enhance the exchange of information between providers and patients for its entire patient population. Another practice piloted a portal with patients served by its integrated care teams. According to the practice staff, patients accepted the portals more slowly than anticipated, but they have been using them more over time.
- **Raised their Medical Home Index (MHI) scores.** All three practices reported increases in their MHI scores (Figure 1).[1] One practice was recognized as a medical home by The Joint Commission, and the other two were recognized by the National Committee for Quality Assurance (NCQA).

Alaska helped practices to use their EHRs to improve population management

Alaska initially planned to advance the use of health information technology by helping practices to: (1) use their electronic health records (EHRs) to improve population management; and (2) connect to the State's health information exchange (HIE) to improve communication between clinicians across the State. However, because the HIE focused more on connecting the State's hospitals to

Figure 1. Increase in the average Medical Home Index Score for three participating practices in Alaska



Note: Data were reported by Alaska and not independently validated.
MHI = Medical Home Index

each other and less on connecting with practices during the CHIPRA quality demonstration period, Alaska decided to focus on improving EHR use. The State—

- **Built practices' capacity to use EHRs to monitor and improve quality of care**. Two practices, for example, used their EHRs to develop registries of children with special health care needs, allowing the practices to more readily determine when these children were due for services. Two practices built developmental screening templates into their EHRs. The largest practice built a data warehouse that can generate reports, on demand, on quality measures that are specific to a team of providers, including the ability to flag children with special health care needs.

Alaska fostered improvement on child-focused quality measures

Alaska used the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) to drive QI in the three practices and at the State level as well.[2] The State—

- **Helped practices report quality measures.** Taking into consideration the cost and burden of reporting, the practices, with the State's assistance, identified and reported on the eight Child Core Set measures that they viewed as most useful for monitoring QI. Practices reported measures three times during the CHIPRA quality demonstration, improving their ability to report each time. Practices indicated that staff turnover and limited EHR capabilities to capture and report data were barriers to reporting even a subset of measures.
- **Encouraged practices to improve measure performance.** Through the learning collaborative, practices developed an understanding of how to use their data to design and monitor QI activities. One practice, after reviewing its data on well-child visits, started mailing reminder postcards to families about the visits. Using its well-child visit rate to measure performance, the practice reported an increase from 15 percent in 2012 to 28 percent in 2013 in the proportion of children up to 15 months old who had at least two well-child visits. Another practice raised its well-child visit rate for adolescents from 1 percent in 2012 to 45 percent in 2013 by working with the local school district to integrate well-child screeners into sports physicals. Practices also sought to improve their performance by completing behavioral or developmental screeners by telephone before visits.
- **Reported 16 of 26 Child Core Set measures to CMS.** Alaska worked with an experienced data analyst to overcome two obstacles to reporting measures from administrative data: incomplete or inaccurate data and difficulty linking data sources across health care agencies. In addition, the State collected and analyzed data from a modified version of the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey—Patient Centered Medical Home (CG-CAHPS-PCMH) in order to report on the patient experience measure.[3] Alaska expanded the use of this survey throughout practices in the State to use it as a measure of access in several State health programs.
- **Formed a workgroup to monitor performance across the State on developmental screening, one of the Child Core Set measures, and worked with stakeholders to develop activities to improve performance on this measure.** The workgroup found that many clinicians were not using evidence-based tools to screen children for developmental delays. To improve the quality of screenings, the State stressed the importance of using evidence-based tools to clinicians. Program staff also collaborated with Alaska Medicaid to adopt and disseminate a policy on developmental screening, which included modifying the billing code for developmental screening so that practices are able to bill for it using only one of nine standardized tools specified in the Child Core Set.

Continuing Efforts in Alaska

After Alaska's CHIPRA quality demonstration grant ended in August 2015—

- The State planned to continue improving its administrative data infrastructure in order to report additional Child Core Set measures to CMS.
- Alaska applied the lessons learned from the CHIPRA quality demonstration to other State programs, including a new PCMH Initiative and in related peer support efforts through the Alaska Primary Care Association.
- The three practices intended to continue to both monitor quality measures and to provide care coordination services and other PCMH supports; some practice staff, however, were concerned about doing so without demonstration funds. Given that the practices are federally qualified health centers, care coordination services may be provided not only to children moving forward but also to the general population.
- The State planned to continue to be involved in HIE development.
- The State planned to continue to help practices use EHRs more effectively for quality improvement.

Key demonstration takeaways

- Care coordinators helped practices to improve care for children with special health care needs. However, practices must use their own resources to sustain care coordination services after the CHIPRA quality demonstration. Practices restructured and developed integrated care teams in addition to building in care coordination services during the CHIPRA quality demonstration.
- Alaska used a subset of Child Core Set measures to drive quality improvement at the practice level (through the learning collaborative) and at the State level (through the workgroup). The State was able to do this despite reporting burden, staff turnover, EHR limitations, and administrative data issues.
- Alaska's HIE gave priority to linking with hospitals as opposed to practices, so the State was unable to connect participating practices to other clinicians through the HIE. As a result, the State focused on improving the practices' use of EHRs to support QI and population management.

Endnotes

1. For more information on the MHI, visit http://www.ncbi.nlm.nih.gov/pubmed/12882594.
2. For more information on the Child Core Set, visit https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-child-core-set.pdf
3. For more information on CG-CAHPS-PCMH, visit http://www.ahrq.gov/cahps/surveys-guidance/item-sets/PCMH/index.html and https://cahps.ahrq.gov/.

LEARN MORE

Alaska's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site available at **http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/ak.html.**

The following products highlight Alaska's experiences—

- *Evaluation Highlight No. 2: How f States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?*
- *Evaluation Highlight No. 6: How are CHIPRA quality demonstration States working together to improve the quality of health care for children?*
- *Evaluation Highlight No. 9: How are CHIPRA quality demonstration States supporting the use of care coordinators?*
- *Evaluation Highlight 11: How are CHIPRA quality demonstration States using quality reports to drive health care improvements for children?*
- *Evaluation Highlight No. 13: How did CHIPRA quality demonstration States employ learning collaboratives to improve children's health care quality?*

The information in this brief comes from interviews conducted with staff at Alaska agencies and at the participating practices, an analysis of Medical Home Index data submitted by Alaska, and a review of project reports submitted by Alaska to CMS.

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