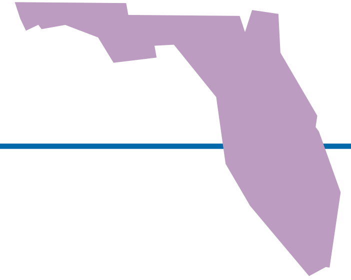


Spotlight on Florida

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from Florida's experience from February 2010 to February 2016 with the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). 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.

Florida's Goals: Improve quality of care for children by—
- Helping practices implement the patient-centered medical home model.
- Calculating, reporting, and using quality measures.
- Promoting the exchange of health information among practices.
- Facilitating quality improvement projects focused on perinatal care.

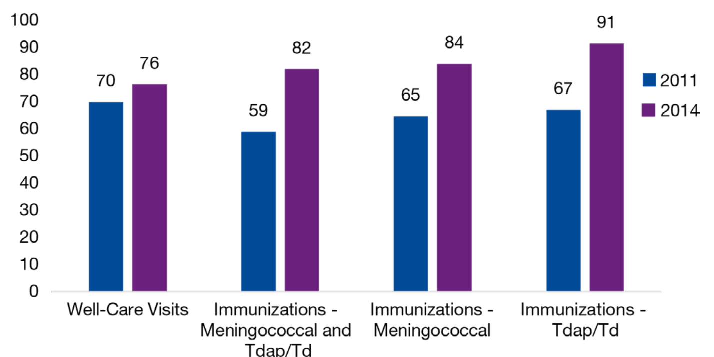
Partner States: Florida and Illinois implemented similar projects and met monthly to share lessons learned.

Florida supported practices' transformation to medical homes

In collaboration with the State, and using CHIPRA quality demonstration funds, the American Academy of Pediatrics (AAP) helped 34 pediatric primary care practices implement and strengthen components of the patient-centered medical home (PCMH) model—a specific approach to primary care designed to improve care coordination, access to services, and family-centeredness. Florida and the AAP used group learning sessions and individualized support from practice facilitators to provide practices with the strategies, tools, and resources necessary for developing and improving their medical home features. Physicians received Maintenance of Certification credit for participating. During the CHIPRA quality demonstration, Florida—

- **Fostered increases in the percentage of adolescents who received well-care and immunizations from participating practices (Figure 1)**. Florida also reported that practices in the first learning collaborative increased their scores on the Medical Home Index from 47.4 in 2011 to 68.8 in 2014. Practices improved care processes by doing the following: holding regular team meetings on quality improvement, seeking input from families on how to improve care, making more effective use of electronic health records (EHRs), introducing same-day appointments, and asking families to fill out pre-visit questionnaires to better inform the practice's approach to a patient's care. Practices reported several challenges to their work in medical home transformation, including difficulty in communicating with specialists and keeping families engaged in their own care.
- **Developed a toolkit to help practices become recognized as a PCMH.** Florida and Illinois worked together to help four practices (two from each State) gain recognition as a PCMH from the National Committee for Quality Assurance, and the States drew on this experience to develop a publicly available toolkit for facilitating PCMH recognition. The toolkit explains PCMH standards and documentation requirements, and helps practices develop a strategic plan and timeline for meeting those standards.[1]

Figure 1. Increase in the percentage of adolescents who received well-care visits and immunizations from practices participating in Florida's first PCMH learning collaborative



Note: Data were reported by Florida and not independently verified.

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Florida expanded the reporting and use of child-focused quality measures

To calculate and report additional Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set),[2] the State developed an infrastructure, collected data, and linked data from several sources, including registries, vital statistics, and administrative data files. These efforts helped Florida to identify areas for quality improvement, but the time and resources required to calculate measures and disseminate reports constrained the State's efforts to improve measure performance during the CHIPRA quality demonstration. By 2015, the State had—

- **Reported to CMS on 25 of the 26 Child Core Set measures, up from 12 in 2010**. Florida produced annual reports showing the results of quality measures for all publicly insured children; this was the first time that data were available regardless of delivery system or funding stream. The reports also showed how measure levels compared with national benchmarks. Starting in 2014, the State posted the reports on its Web site, presented results to stakeholders at conferences,[1] and published an article on its experience with the Child Core Set measures.[3] Over the course of the grant, Florida required Medicaid managed care organizations to report on many of the Child Core Set measures and to meet State-established benchmarks for performance.
- **Developed a tool to identify the quality measures that needed the most improvement.** Florida and Illinois developed a tool that helped them and other States to weigh various factors, such as whether performance on a measure was above or below the benchmark, whether the measure was a good candidate for improvement, and whether it aligned with existing QI initiatives. The States also used the tool to identify measures for further analysis by health and dental plan, child's age, and region. However, publishing the resulting analyses was significantly delayed because of concerns that doing so would breach the confidentiality of some health and dental plans.

Florida laid the groundwork for electronic data sharing among providers

The State initially planned to establish two-way electronic communication between child-serving practices, health plans, and hospitals via its health information exchange (HIE). These plans were delayed, however, due to incompatibility across stakeholders' health information systems. In response, Florida shifted its focus to preparing practices for future connection to the HIE and—

- **Enrolled 356 child-serving clinicians in its secure email service for direct messaging.** The service enables health care clinicians to share protected health information with other clinicians though a secure Web-based email system. Although 356 clinicians in the CHIPRA pilot area signed up for the service, usage was low because, according to State staff, not all enrolled clinicians saw value in the information available, or clinicians needed to communicate with colleagues who were not enrolled. Information-sharing efforts were also hindered by Federal changes in requirements which stipulated that this service would not satisfy requirements for health information exchange necessary to receive EHR meaningful use incentives, further diminishing the value of the service to clinicians.
- **Promoted the use of a patient look-up service.** The State hired an outreach contractor to encourage pediatric practices to use an HIE service to access patient information from participating hospitals' EHRs. By the end of the CHIPRA quality demonstration, eight pediatricians had registered for the service.

Florida used hospital-based QI projects to facilitate improvements in perinatal care

Florida used CHIPRA quality demonstration funds and other funds to help the Florida Perinatal Quality Collaborative (FPQC) provide technical assistance to hospitals in monitoring perinatal outcomes and in improving performance. For example, Florida used CHIPRA quality demonstration funds to hold a conference for perinatal providers, provide technical assistance to nine hospitals to improve perinatal care, and analyze hospital birth data to identify and track opportunities for improving the quality of perinatal care. According to the State and hospitals participating in FPQC QI projects, hospitals—

- **Reduced the rates of health care-associated infections in newborns.** The neonatal intensive care units in 16 hospitals implemented evidence-based practices to reduce infection, including catheter insertion protocols and techniques for maintaining a sterile environment. Over the course of 20 months, the hospitals estimated that they averted 18 deaths, 150 central line infections, and 1,200 inpatient days.[4]

- **Improved delivery room management in the "golden hour" after birth for premature and very low-birth-weight babies.** Nine hospitals participated in a QI project designed to improve delivery room management. The hospitals reported that its efforts helped clarify the role of staff before deliveries, raised the rate of compliance with delayed cord clamping, and increased use of debriefing sessions for the medical team after delivery.[4] The hospitals did not report significant improvements in temperature regulation or compliance with oxygen targets for neonatal resuscitation.

Key demonstration takeaways

- Even without explicit financial incentives, practices developed and strengthened their medical home features, and some were recognized as a PCMH by the National Committee for Quality Assurance.
- Florida drew attention to children's health care quality by reporting on all but one of the Child Core Set measures and using a subset of those measures to monitor its Medicaid and CHIP programs. The State also systematically identified priorities for improvement, but partly because of reporting delays, Florida did not implement improvement strategies during the CHIPRA quality demonstration.
- The State's efforts to encourage the use of direct, secure email messaging were impeded both by physicians' perceptions of the value of exchanging information and by changes in Federal meaningful use requirements.

Continuing Efforts in Florida

After Florida's CHIPRA quality demonstration ended in February 2016, the State planned to—

- Continue producing quality reports and using Child Core Set measures to monitor and improve its Medicaid and CHIP programs.
- Continue to make resources developed as part of the medical home learning activities available to other practices in the State.
- Continue to participate in annual meetings of the FPQC and seek additional funding for providing hospitals with technical assistance on perinatal care.
- Publish recommendations for improving the quality of care for children that are tailored to different stakeholder groups including State and Federal policymakers, health plans, providers, and families.

- Florida made demonstrable improvements in the quality of perinatal care at hospitals by leveraging the FPQC's efforts to engage hospitals in evidence-based QI projects and to provide them with technical assistance.

Endnotes

1. For reports and toolkits developed by Florida and Illinois, visit https://www.healthmanagement.com/what-we-do/government-programs-uninsured/chip/chipra-library/.
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. Knapp C, Wang H, Baker K. Measuring quality in pediatrics: Florida's early experiences with the CHIPRA Core Measure Set. *Matern Child Health J* 2014; 18(6):1300-7. PMID: 24170507.
4. Data were reported by staff of the Florida CHIPRA quality demonstration and were not independently verified.

LEARN MORE

Florida'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/fl.html.**

The following products highlight Florida's experiences—

- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 6:* How are the CHIPRA quality demonstration States working together to improve the quality of health care for children?
- *Evaluation Highlight No. 11:* How are CHIPRA quality demonstration States using quality reports to drive health care improvements for children?
- *Evaluation Highlight No. 12:* How are CHIPRA quality demonstration States improving perinatal care?
- *Evaluation Highlight No. 13:* How did CHIPRA quality demonstration States employ learning collaboratives to improve children's health care quality?
- *Article:* Devers K, Foster L, Brach C. Nine states' use of collaboratives to improve children's health care quality in Medicaid and CHIP. *Acad Pediatr* 2013;13(6):S95-102. PMID: 24268093.

The information in this brief draws on interviews conducted with staff at Florida agencies and participating health care organizations, a review of project reports submitted by Florida to CMS, and an analysis of the State's Medical Home Index data.

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or the development of this summary: Dana Petersen, Embry Howell, Christal Ramos, Emily Lawton, and Amanda Napoles. Margarita Hurtado also contributed to data collection.