



Spotlight on Illinois

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from Illinois'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). In 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.

Illinois expanded reporting and use of child-focused quality measures

Illinois drew attention to the quality of children's health care by expanding the scope of its effort to collect and report the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set).¹ The effort helped Illinois identify areas for quality improvement (QI); however, given the time and resources required to calculate measures and disseminate reports, the State faced constraints in pursuing State-level QI efforts during the grant period. Using CHIPRA quality demonstration funds, Illinois—

- **Reported on 24 Child Core Set measures to CMS by the end of the grant period, up from 10 in 2010.** Illinois hired a programmer to calculate the Child Core Set from Medicaid claims and encounter data and from data stored by other agencies in the State's data warehouse. The State annually produced and, starting in 2013, publicly disseminated the *CHIPRA Data Book*, a report that shows changes in its performance over time and compares its performance with national benchmarks.² The State also started: (1) requiring Medicaid managed care organizations to report 14 of the Child Core Set measures and to meet State-determined benchmarks for the measures, and (2) using Child Core Set measures to monitor contractors and programs operated by the State's public health and early child development departments.

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

- Calculating, reporting, and using quality measures.
- Helping practices implement the patient-centered medical home (PCMH) model and improving access to electronic information on care coordination resources.
- Establishing a perinatal quality collaborative and promoting exchange of perinatal health information.

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

- **Developed a tool to identify the quality measures that needed the most improvement in the State.** Illinois and Florida developed a tool that helped the States weigh various factors, such as whether performance on a measure was above or below a benchmark, whether the measure was a good candidate for improvement, and whether the measure 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. Based on what its staff observed, Illinois convened a work group to analyze emergency department use data and then integrated into Medicaid managed care contracts the work group's recommendations for reducing emergency department use.

The State supported practices in transforming into medical homes

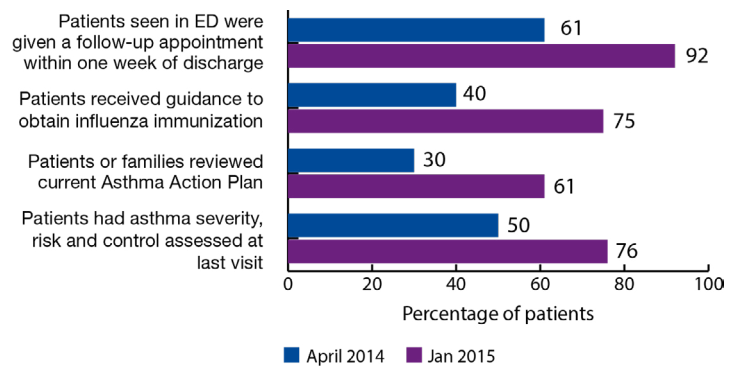
Illinois used practice-level initiatives to promote the adoption of the Patient-Centered Medical Home (PCMH) model—a primary care model designed to improve care coordination, access to services, and patient engagement. The State—

- **Hosted a structured PCMH asthma learning collaborative.** Starting in 2014, Illinois engaged 15 practices in a learning collaborative designed to promote medical home transformation and improve care for children with asthma. Practices signed a memorandum of understanding to formalize their commitment to the collaborative. The learning collaborative provided

practices with in-person learning sessions, monthly webinars, access to online medical resources, and individualized support from practice facilitators and a QI coach who mentored practices in building QI skills and implementing transformation activities. This approach was implemented after Illinois faced challenges in maintaining practice engagement in two flexible approaches to transformation that it tested earlier in the demonstration. Initially, Illinois tried to support 51 practices through a loosely structured model that provided practices with a menu of technical assistance (TA) options that they could choose to use. In 2012 and 2013, Illinois engaged a subset of the 51 practices in a more structured, but still flexible, learning group approach.

- Improved access to electronic information on care coordination resources.** To foster practices' ability to coordinate care, Illinois added information to an existing statewide database of physical and behavioral health providers and community resources. The State also trained the 15 practices in the PCMH asthma learning collaborative, other practices, and health plans on how to use the database to locate resources. In addition, Illinois trained practices to use a secure email service for clinical communications and paid for subscriptions for five practices that signed up to use it. Despite these efforts, the practices used the database and secure email infrequently, citing limited time to learn the systems and difficulty in understanding their value.
- Fostered improvements on process measures.** Despite challenges with staff turnover and in adapting and using electronic health records to support and track medical home improvements, practices that participated in the PCMH asthma learning collaborative reported improved performance on process measures related to asthma care, follow-up care after emergency department visits, and influenza immunizations (Figure 1). Practices also reported improved Medical Home Index (MHI) mean scores.
- Developed a toolkit to help practices become recognized as a PCMH.** Illinois and Florida worked together to help four practices (two from each State) gain recognition as a PCMH from the National Committee for Quality Assurance and drew on that experience to develop a PCMH recognition toolkit. The publicly available toolkit explains PCMH standards and documentation requirements and helps practices develop a strategic plan and timeline to meet those standards.²

Figure 1. Increase in the percentage of patients receiving needed services from the 15 practices that participated in Illinois's PCMH asthma learning collaborative



Note: Data were reported by Illinois and not independently validated.

In addition, in response to recommendations from a CHIPRA demonstration workgroup, Illinois started to require managed care organizations to: (1) educate practices about the PCMH model, (2) provide financial incentives to support medical home transformation, and (3) assess and monitor practices' medical home functions.

Illinois facilitated improvements in the quality of perinatal care

Illinois leveraged the CHIPRA quality demonstration staff and funding to improve the quality of perinatal care in the following ways—

- Developed educational tools for obstetric providers and for women.** To help clinicians comply with evidence-based perinatal care guidelines, Illinois developed an educational packet that outlined the minimum clinical services, laboratory tests, health education, and referrals that should be provided during all prenatal and postpartum visits, as well as the criteria for making high-risk referrals. The State disseminated the tool to all providers of perinatal care under the auspices of the Illinois Department of Healthcare and Family Services. Illinois also developed a toolkit that clinicians could use to help women both discuss their options for perinatal care and make appropriate decisions about their care.²
- Established the Illinois Perinatal Quality Collaborative (ILPQC).**³ The ILPQC's goal was to improve outcomes for infants and pregnant women. It offered technical assistance (TA) on perinatal topics and helped the staff in birthing hospitals and neonatal intensive care units (NICUs) to implement QI activities related to

infant nutrition and to reduce early elective deliveries. Teams from more than 80 hospitals participated in these activities and reported implementing improved care processes. For example, 18 hospitals in the infant nutrition learning collaborative reported feeding infants intravenously and by a feeding tube sooner than they did before participation in ILPQC. These hospitals reported also discharging a lower percentage of growth-restricted infants from the NICU.

- **Tested approaches to exchanging perinatal health information.** In view of data security and ownership issues, Illinois was not able to use the Illinois Health Information Exchange to make data on perinatal care available to perinatal providers, emergency departments, and delivery hospitals as initially proposed. Instead, in the final year of the grant period, Illinois pilot tested a smaller-scale perinatal data exchange with providers in Chicago by using the providers' local information exchange.

Key demonstration takeaways

- The use of managed care contracts was a successful way to drive statewide improvements in Child Core Set measures, medical home transformation, and perinatal health care quality.
- Despite the availability of resources intended to improve referrals and cross-clinician communication, practices used these services infrequently, citing competing demands on their time and a lack of understanding about the potential value of exchanging electronic information.
- After trying a voluntary, flexible, group learning approach to engage practices in TA and QI activities, the State found that a more structured learning collaborative was more effective in that it formalized participation commitments in advance and included individualized

Continuing Efforts in Illinois

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

- Continue to produce quality reports.
- Continue to make resources developed as part of the medical home learning activities available to other practices in the State.
- Build on lessons learned from the CHIPRA quality demonstration to design a Statewide multipayer PCMH initiative.
- Partner with Medicaid managed care organizations to continue to support practices in medical home transformation and to disseminate perinatal educational materials developed by ILPQC.
- Partner with ILPQC to improve efforts to exchange perinatal data and to offer perinatal-focused TA to hospitals.
- Publish recommendations for improving child health quality that are tailored to State and Federal policymakers, health plans, providers, and families.²

support from a practice coach. Practices participating in the structured learning collaborative reported improvements on the Medical Home Index and in several processes to improve asthma care.

- Illinois facilitated improvements in the quality of perinatal care not only by offering educational materials and QI tools to clinicians but also by launching a collaborative that engaged 80 hospitals in data-driven QI projects.

Endnotes

1. For more information on the Child Core Set, visit: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-child-core-set.pdf>.
2. For reports and toolkits developed by Florida and Illinois, visit: <https://www.healthmanagement.com/what-we-do/government-programs-uninsured/chip/chipra-library/>.
3. For more information on the Illinois Perinatal Quality Collaborative, visit <http://www.ilpqc.org/>.

LEARN MORE

Illinois's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site at

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

The following products highlight Illinois'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?
- *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 Illinois agencies and participating health care organizations and a review of project reports submitted by Illinois to CMS.

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