

## Spotlight on Massachusetts

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from Massachusetts's experience from February 2010 to May 2015 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.

### Child-serving practices strengthened their medical home features

Massachusetts helped 13 practices implement components of the patient-centered medical home (PCMH) model—a primary care model aimed at improving care coordination, access to services, and patient engagement. Through a learning collaborative, the State educated the practices on the medical home model and provided a structure and process through which the practices could learn from each other. Practices each received \$1,150 per month to support their work in the learning collaborative. Under the demonstration, practices—

- **Developed quality improvement teams.** Each practice's quality improvement (QI) team included a senior leader, a clinician champion, a practice facilitator (a staff member assigned to lead QI projects), and two family partners (caregivers who volunteered to advise the practice on QI projects). These teams calculated quality measures, set QI priorities, and implemented workflow changes. Some practices experienced challenges with family partner turnover, in part due to difficulty in defining the role of families as improvement partners. In addition, the extent to which senior practice leaders engaged with QI teams sometimes waned because of competing priorities. In response, demonstration staff created a family partner workgroup and a senior leadership workgroup, each of

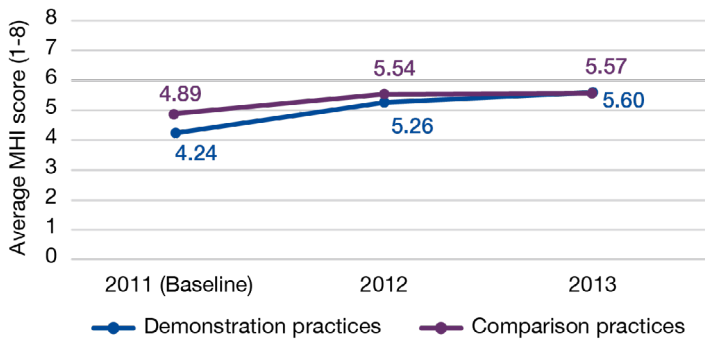
#### Massachusetts' Goals: Improve quality care for children by—

- Helping practices implement the patient-centered medical home model.
- Reporting on child-focused quality measures.
- Developing a coalition to lead quality improvement efforts in the State.

which held learning collaborative breakout sessions and conference calls to discuss strategies for sustaining the engagement of these two groups.

- **Improved care coordination for children.** Practices modified the job responsibilities of existing staff to include care coordination, rather than hiring care coordinators. The Staff's new duties included following up with caregivers of children diagnosed with conditions such as autism, attention deficit hyperactivity disorder, and asthma to see if children received the services they needed. To develop practices' care coordination capabilities, the State paired practices with experienced care coordinators employed by its Department of Public Health. A few practices expressed concern about continuing their enhanced care coordination activities after the demonstration ended because they were not being reimbursed for these activities.
- **Improved EHR use.** Most practices started extracting data from their electronic health records (EHRs) to identify children with special health care needs. Some practices used their own funds to hire new employees to help them use EHRs more effectively.
- **Increased medical home features.** Demonstration practices increased their Medical Home Index scores at a faster rate than comparison practices (Figure 1).<sup>1</sup> Drawing on its demonstration experience, Massachusetts developed resources to facilitate practice transformation, including implementation guides on family engagement and measurement and tools for developing care teams and care plans.<sup>2</sup>

**Figure 1. Increase in the average Medical Home Index score in Massachusetts's participating practices**



Note: Data are reported by Massachusetts and not independently validated.

## Massachusetts produced quality reports for clinicians, families, and policymakers

To drive QI activities, Massachusetts calculated the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)<sup>3</sup> and produced quality reports that compared practices' performance to national benchmarks. Using demonstration funds, the State—

- Collected and reported to CMS on 22 out of 26 Child Core Set measures.** The State reported on Medicaid, CHIP, and commercially insured patients by linking data from several sources, including the 13 demonstration practices, health plans, and the State's database that stores Medicaid and commercial data. Moreover, to report on the patient experience measure, Massachusetts fielded the Consumer Assessment of Healthcare Providers and Systems (CAHPS)—PCMH Survey, a standardized survey on caregiver perceptions of care in Medicaid and CHIP.<sup>4</sup> The process of interpreting measure specifications and developing data use agreements for accessing data from multiple sources (such as commercial health plans, the Department of Public Health's birth registry, and the State's hospital discharge data set) was more time-consuming than expected.
- Produced quality measure reports on Medicaid, CHIP, and commercially insured patients for practices, policymakers, and families.** The State conducted interviews with 10 practices and 5 policymakers, as well as focus groups with 30 families to guide the development of reports on quality measures. In reports for policymakers, the State added information both on why measures are important and on steps policymakers could take to improve performance. The State also developed a companion guide for families to help them interpret the reports.

## Massachusetts formed the Child Health Quality Coalition to lead the State's child health QI efforts

Using CHIPRA quality demonstration funds, Massachusetts formed a multi-stakeholder group—the Child Health Quality Coalition—representing clinicians, payers, State and local government agencies, family advocacy groups, and individual parents and families.<sup>5</sup> The coalition—

- Identified priorities for child health QI.** To build group trust and support for coalition activities, the State used a neutral convener and allowed the coalition to set its own agenda. The coalition reviewed data from local and national sources and identified three priorities for its work: (1) promoting care coordination, (2) reducing unnecessary emergency department visits, and (3) building measurement capacity.
- Developed resources to help practices and families improve care coordination.** The resources included a template that allowed practices and families to assess a child's needs for different care coordination activities, as well as a communication guide that facilitates effective communication among a child's primary care provider, specialty care providers, school, and family. To encourage adoption of the resources, the coalition posted them on its Web site and educated providers and families on how to use them.
- Advised Massachusetts on other initiatives.** These other initiatives focused on engaging families in mental health programs, designing alternative payment arrangements for providers who serve children, and improving the Office of Disability's transition-planning checklists for children with disabilities.

## Key demonstration takeaways

- Massachusetts indicated that families' input on PCMH transformation, quality reporting, and QI priorities proved helpful. Even though some practices needed guidance on how to work with family partners as a member of their QI teams, the State reported that practices recognized the value of engaging families in QI activities.
- Practices reported that designating staff to provide care coordination improved care. However, without payment for care coordination, some practices may need to shift staff time from these activities to other services for which they can receive payment.

- The State increased the quality, transparency, and visibility of children’s health by forming a multi-stakeholder coalition and producing reports for practices, families, and policymakers that cover Medicaid, CHIP, and commercially insured populations. The State reported that it would need to identify other sources of funding to continue the coalition’s work beyond the demonstration.

## Endnotes

1. For more information on the Medical Home Index, visit <http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/highlight02.html>.
2. Resources are available online: Family Engagement Guide (<http://www.nichq.org/resource/family-engagement-guide-role-family-health-partners-quality-improvement-within-pediatric>); Transformation crosswalk (<http://www.nichq.org/resource/nichq-ncqa-medical-home-transformation-crosswalk>); Medical home transformation resources (<http://static.nichq.org/medical-home>).
3. For more information on the Child Core Set, visit: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-child-core-set.pdf>.
4. Massachusetts used the Consumer Assessment of Healthcare Providers and Systems (CAHPS)—PCMH Survey. For more information, visit <https://cahps.ahrq.gov/>.
5. For more information on the coalition, visit <http://www.masschildhealthquality.org/>.

### Continuing Efforts in Massachusetts

After Massachusetts’ CHIPRA quality demonstration ended in May 2015—

- Practices planned to maintain the changes they made, such as new care coordination activities, and pursue additional QI activities.
- The State planned to continue to disseminate tools developed under the Demonstration to support practice transformation.
- Massachusetts planned to continue to monitor Child Core Set measures for children covered by Medicaid and CHIP, but it will not continue to produce reports for stakeholders.
- The Child Health Quality Coalition planned to investigate funding sources, including dues from member organizations, philanthropy, and grant funding, to continue its work and share newly developed products with practices and families throughout the State.

## LEARN MORE

Massachusetts’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/ma.html>.

The following products highlight Massachusetts’s experiences —

- *Evaluation Highlight No. 1:* How are CHIPRA demonstration States approaching practice-level quality measurement and what are they learning?
- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 4:* How the CHIPRA quality demonstration elevated children on State health policy agendas.
- *Evaluation Highlight No. 9:* How are CHIPRA quality demonstration States supporting the use of care coordinators?
- *Evaluation Highlight No. 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?
- *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.
- *Implementation Guide No. 1:* Engaging Stakeholders to Improve the Quality of Children’s Health Care.
- *Reports from States:* Massachusetts produced reports on the collection and use of core measures for families and providers, findings from the patient experience survey, and the learning collaborative to improve quality of care.

The information in this brief draws on interviews conducted with staff in Massachusetts agencies and participating practices, an analysis of Medical Home Index data submitted by Massachusetts, and a review of project reports submitted by Massachusetts to CMS.

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or the development of this summary: Mynti Hossain, Grace Anglin, Rebecca Peters, Adam Weiss, and Emily Hayes. Margarita Hurtado also contributed to data collection.