Spotlight on Pennsylvania

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from Pennsylvania'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.

Pennsylvania's Goals: Partner with large health care systems to improve the quality of care for children by—

- Implementing electronic screening questionnaires.
- Encouraging improvement on child-focused quality measures.
- Improving electronic health record (EHR) functionality.

Health systems developed and implemented electronic screening questionnaires

Pennsylvania partnered with the Children's Hospital of Philadelphia (CHOP) and Geisinger Health System to develop and implement electronic screening for developmental delays, autism, attention deficit hyperactivity disorder, adolescent depression, and postpartum depression. Using CHIPRA quality demonstration funds, Pennsylvania, CHOP, and Geisinger—

- **Developed electronic screening questionnaires** that parents or other caregivers complete through a secure online portal at home or on a tablet computer in the waiting room. The system automatically scores and uploads the screener to the electronic health record (EHR) so that the provider can review results during the visit. When appropriate, the EHR automatically suggests tools that providers can use to address concerns (such as automated referral letters to early intervention programs).
- **Implemented electronic screening in 86 primary care sites** at CHOP and Geisinger. The two health systems administered more than 115,400 electronic screenings. CHOP used demonstration funding to enhance and expand a pre-existing screening project and reported an increase in its documented rate of developmental screening for children under age 3 from 6.7 percent in 2011 to 48.2 percent in 2013.

  Even though the screening offers promise for pediatric conditions, providers indicated that sustaining electronic screening for postpartum depression was challenging because child-serving providers often are unable to bill for the service.
- **Helped two additional health care systems in the State implement electronic screening.** The additional health care organizations developed electronic templates, worked with vendors to integrate screeners into their EHRs, and encouraged providers to use the new screeners. The health systems reported that EHR limitations and competing organizational priorities posed challenges to implementing electronic screeners.

Pennsylvania financially rewarded health care organizations for improvement on child-focused quality measures

Pennsylvania provided incentive payments to six health systems and a federally qualified health center for reporting selected measures from the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) by using data from their EHRs and demonstrating improvement on those measures.[1,2] Health systems received $935,000 in incentive payments, ranging from $65,000 to $260,000. With this support and their own resources, the health systems—

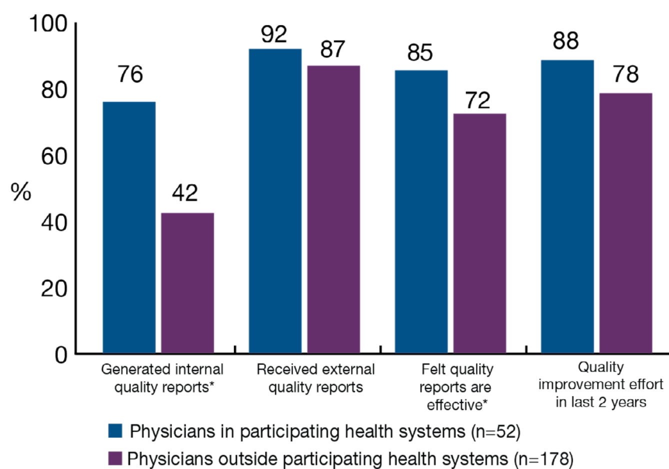
- **Reported on 10 to 18 Child Core Set measures.** Health systems indicated that two tasks in particular were resource-intensive: (1) changing how patient data were recorded in EHRs in order for measures to be calculated, and (2) programing EHRs to generate quality measures. Most health systems were unable to automate quality measure

reporting; as such, health systems reported quality measures annually instead of quarterly as initially envisioned. Compared with their counterparts, health systems using EHRs with advanced reporting capabilities were able to report more measures. Providers in health systems that used internal clinical and information technology staff to program measures indicated that the measures more accurately reflected actual performance than did measures programmed by contractors or EHR vendors.

- **Engaged practices in quality reporting.** Child-serving physicians in health systems participating in the State's financial incentive program were more likely than their counterparts in other health systems to generate internal quality reports and indicate that quality reports were effective (Figure 1).[3]

- **Worked to improve performance on quality measures.** Specifically, Pennsylvania focused on improving performance on measures related to childhood immunization status, body mass index assessment, well-child visits, and dental preventive services. For example, one health system hired a dental hygienist to work with primary care practices to provide dental preventive services. To improve on well-child visits, another health system worked with clerical staff to develop new procedures to contact patients overdue for visits.

Figure 1. Child-serving physicians' reported experiences with and attitudes toward quality reporting in Pennsylvania



*Note: * = statistically significant difference (p = <0.05)*
Source: Cross-sectional survey of pediatricians and family physicians who provide primary care to publicly insured children in Pennsylvania.

Providers implemented new EHR features to better capture information about children

Pennsylvania worked with four health systems and a federally qualified health center to test the usefulness of CMS's Model Children's EHR Format (Format), a set of recommended requirements for EHRs used by child-serving providers.[1,4] With support from the CHIPRA quality demonstration, the health systems—

- **Incorporated new Format requirements into their EHR systems**, including patient portals, alerts for immunizations, and fields for tracking social and family history. Pennsylvania initially planned for each health system to implement all of the new Format requirements; however, providers ultimately implemented a subset of the requirements that most aligned with their organizational priorities. Health systems indicated that changing their EHRs was a slow, difficult process. Challenges included vendor resistance to making changes, staff availability to implement changes, and provider resistance to change. Providers were more receptive to EHR changes when clinical and information technology staff worked together to prioritize and implement changes.

Key demonstration takeaways

- Health systems implemented electronic screeners to improve screening rates.

- Under the CHIPRA quality demonstration, health systems started tracking additional Child Core Set measures and implemented quality improvement efforts to improve performance. Health systems indicated that programming their EHRs to calculate measures was resource-intensive and would have been difficult without the financial assistance provided through the grant.

- Improving existing or implementing new electronic systems was challenging for health systems, given competing demands for resources and providers' time, as well as vendors' resistance.

- Health systems that involved cross-functional teams—including clinical staff at different levels, information technology experts, and administrators—in quality measurement and information technology efforts made more improvements than their counterparts who relied on vendors or less integrated teams to complete the work.

Endnotes

1. Geisinger and CHOP helped lead the quality measurement and electronic screening work. The following health care organizations also participated in these project activities and piloted the EHR Format: St. Christopher's Hospital for Children, Hamilton Health Center, Hershey Medical Center, Children's Hospital of Pittsburgh, and Pocono Medical Center.
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. We conducted a cross-sectional survey of pediatricians and family physicians that provide primary care to publicly insured children in Pennsylvania. The final sample included responses from 54 providers in participating health systems (32 percent response rate) and 178 in nonparticipating health systems (44 percent response rate). We used survey weights to calculate univariate statistics. We used the test of proportions to compare responses from intervention versus nonintervention physicians.
4. The current version of the Format is available at https://www.ahrq.gov/policymakers/chipra/ehrformatfaq.html.

Continuing Efforts in Pennsylvania

After Pennsylvania's CHIPRA quality demonstration grant ended in February 2016, most participating health systems planned to—

- Continue using electronic screening questionnaires and, in some cases, develop electronic screening questionnaires for more conditions or implement screeners in additional practices.
- Continue efforts to improve performance on Child Core Set measures, though health systems reported that their efforts would be more limited because Pennsylvania did not plan to continue making incentive payments.
- Continue improving their EHRs to serve children better.

LEARN MORE

Pennsylvania'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/pa.html.**

The following products highlight Pennsylvania's experiences—

- *Evaluation Highlight No. 1:* How are CHIPRA demonstration States approaching practice-level quality measurement and what are they learning?
- *Evaluation Highlight No. 5:* How are CHIPRA quality demonstration States encouraging health care providers to put quality measures to work?
- *Evaluation Highlight No. 10:* How are CHIPRA quality demonstration States testing the Children's Electronic Health Record Format?
- *Special Innovation Feature:* Introducing electronic screening tools for developmental delay and autism into pediatric primary care.
- *Article:* Zickafoose JS, Ireys H, Swinburn A et al. Primary care physicians' experiences with and attitudes toward pediatric quality reporting. *Acad Pediatr* 2016;16(8):750-759.

The information in this brief comes from interviews conducted with staff at Pennsylvania agencies and the participating health care organizations, a survey of child-serving providers, and review of project reports Pennsylvania submitted to CMS.

The following staff from Mathematica Policy Research contributed to data collection or the development of this summary: Grace Anglin, Leslie Foster, and Mynti Hossain.