

Spotlight on Utah

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

Engaged child-serving practices statewide in quality improvement (QI)

Utah worked with the existing Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) to engage child-serving practices in data-driven, evidence-based QI projects under the demonstration. Formed in 2003, UPIQ is a statewide improvement partnership (IP) that brings together a broad group of stakeholders—such as clinicians, hospitals, and health plans—to identify strategies for improving the quality of pediatric care. Utah and UPIQ—

- **Enhanced and spread pediatric QI capacity in Utah.** Using demonstration funds, UPIQ hired a program manager and QI coaches, developed learning curricula, and offered at least two learning collaboratives per year on a variety of child health topics, such as PCMH transformation, improving immunization rates, and care coordination for children with special health care needs (CSHCN). Utah offered clinicians Maintenance of Certification credits for their participation in the learning collaboratives and reported that doing so supported clinicians' engagement. As of February 2016, UPIQ had involved more than 250 clinicians from over 90 practices (representing two-thirds of Utah's pediatric practices) in QI activities.

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

- Developing a regional pediatric quality improvement (QI) partnership.
- Helping practices implement the patient-centered medical home (PCMH) model.
- Promoting the use of health information technology (IT).

Partner States: Utah and Idaho implemented similar projects and met regularly to discuss shared lessons.

- **Helped Idaho establish its own IP.** Utah and UPIQ staff used their experiences and lessons learned to mentor Idaho CHIPRA demonstration staff. They helped Idaho develop an IP and hire and train staff, and they co-facilitated the first learning collaborative hosted by Idaho's IP.

Child-serving practices strengthened their medical home features

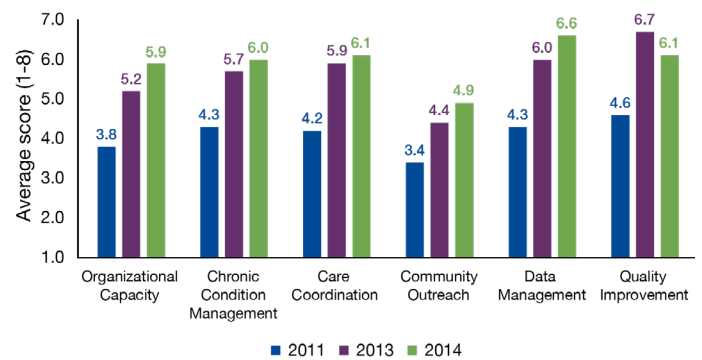
Using demonstration funds, UPIQ convened 12 child-serving practices (nine primary care practices and three specialty care practices) in a 3.5-year learning collaborative to strengthen components of the PCMH model, an approach to primary care aimed at improving care coordination, quality, and patient engagement. The learning collaborative included four sequential trainings, one each focused on improving referral processes, developing care plans, planning for transitions to adult health care, and managing chronic conditions. Participating practices—

- **Built QI capacity.** Practices received technical assistance through group learning sessions and Webinars with experts, online training modules that clinicians could complete to earn Maintenance of Certification credit, and individualized support from QI coaches. Practices learned how to implement QI projects and use data from electronic health records to track progress toward their

goals. Practices had access to a Web-based platform to report on the progress of QI efforts. Participants needed ongoing coaching between group learning sessions to help them disseminate newly-learned QI techniques to other staff in their practices.

- Improved care coordination for CSHCN.** All 12 practices used demonstration funding to hire care coordinators to strengthen care coordination for CSHCN. Common coordination activities included calling caregivers ahead of visits to identify high-priority issues, thereby permitting clinicians to prepare to discuss such issues during visits, and helping patients' families access health care and community resources. Initially, State demonstration staff hired and embedded care coordinators in practices. When some practices reported challenges in integrating the externally-hired coordinators into the practice teams and workflows, the State allowed practices to select and employ their own care coordinators. All practices committed to sustaining the care coordinator positions with their own funds after the demonstration ended.
- Engaged families in practices.** Utah encouraged practices to engage family partners (typically parents of CSHCN) to advise them on how to provide more family-centered care and provide peer support to other families. Family partners were trained by and received ongoing support from an organization that specializes in supporting families in navigating health care and family support for CSHCN. Families also received stipends to partially compensate for their time working with the practice. Practices reported that they benefited from their family partner; however, some faced challenges integrating them into their practice. Challenges included clinicians' resistance to working with lay advisors and difficulty in finding parents with available time and the appropriate skills (such as the ability to communicate effectively with other parents). To increase the effective use of family partners, the State engaged a coordinator who oversaw family involvement in the practices and provided training to the partners and practice staff. The coordinator also established a peer network, allowing parent partners to share experiences and learn from each other.
- Improved quality of pediatric health care.** The practices improved their self-reported Medical Home Index (MHI) scores on all six domains over the course of the demonstration (Figure 1).¹

Figure 1. Increases in Medical Home Index domain scores for 12 practices that participated in Utah's PCMH learning collaborative



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

Utah used IT to improve the quality of care for children

Utah used IT to improve the exchange of health information and enhance care coordination among clinicians and with patients and their families. The State—

- Laid the ground work for interstate health information exchange and shared immunization data with Idaho.** Utah initially planned to develop a State health information exchange (HIE), link it to Idaho's HIE, and share public health information, such as immunization data, across States. However, Utah's HIE development fell behind schedule because of vendor turnover and prolonged data-sharing negotiations with provider groups, including the State's largest tertiary health care system. In light of the delays, Utah established an alternative mechanism for sharing immunization data with Idaho and used a direct file transfer to send records to Idaho's Department of Health and Welfare for more than 10,000 Idaho children who had been immunized in Utah.
- Developed and tested a portable pediatric medical record.** Utah planned to create and implement a portable medical record that would summarize the information available in the HIE for a given child so that the child's clinician and family would have access to updated health information at each visit. Given the delays in HIE development, Utah demonstration staff entered practice-level data manually into the portable medical record to test its usefulness. At the end of the grant period, Utah was working with a large pediatric provider network

to test the ability to auto-populate the portable medical record by linking to the network's electronic health record.

- **Enhanced its online resource to help physicians and parents care for CSHCN.** Utah hired staff to enhance the content and functionality of the Medical Home Portal,² an existing resource that provides information on care and community resources for CSHCN. Portal staff reported that they were able to expand the site's content by at least three-fold and that site use more than doubled during the demonstration; however, they noted that repeat use by clinicians and caregivers has been lower than expected. Nearly 1 million unique users visited the portal during the course of the CHIPRA quality demonstration. Additional States have contracted with Utah to develop local resource pages. The portal now hosts a regional consortium of States' information.

Key demonstration takeaways

- By leveraging an existing improvement collaborative, the Utah demonstration reached more than 250 clinicians across 90 practices through pediatric-focused learning collaboratives.
- Practices that participated in the PCMH learning collaborative built QI capacity and enhanced their medical home features.
- Some practices experienced challenges in using family partners as a mechanism for improving family engagement and family-centeredness.

Continuing Efforts in Utah

After Utah's CHIPRA quality demonstration ended in February 2016—

- UPIQ planned to seek funding to continue working with pediatric practices and offering learning collaboratives.
 - All practices expected to continue to support care coordinators.
 - Utah planned to use funding from the Health Resources and Services Administration (HRSA) to facilitate monthly meetings of a statewide network of care coordinators to share resources and successes.
 - Utah intended to continue supporting efforts to enhance the State HIE and exchange health information with Idaho.
 - Utah expected to continue populating and managing the Medical Home Portal and exploring sustainability and expansion opportunities.
 - The State planned to seek funds to support the development, testing, and scaling of the portable pediatric medical record.
- Despite delays in executing its HIE, Utah developed a portable pediatric medical record and found an alternative method for securely transmitting immunization data to Idaho.

Endnotes

1. For more information on the MHI, visit <http://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/demoeval/what-we-learned/highlight02.pdf>.
2. For more information on the Medical Home Portal, visit <https://ut.medicalhomeportal.org/>.

LEARN MORE

Utah'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/ut.html>.

The following products highlight Utah's experiences—

- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homes in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 3:* How are CHIPRA quality demonstration States working to improve adolescent health care?
- *Evaluation Highlight No. 6:* How are CHIPRA quality demonstration States working together to improve the quality of health care for children?
- *Evaluation Highlight No. 7:* How are CHIPRA quality demonstration States designing and implementing caregiver peer support programs?
- *Evaluation Highlight No. 9:* How are CHIPRA quality demonstration States supporting the use of care coordinators?
- *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 in Utah agencies and participating practices, an analysis of Medical Home Index data submitted by Utah, and a review of project reports submitted by Utah to CMS.

The following staff from Mathematica Policy Research contributed to data collection or the development of this summary: Dana Petersen, Mynti Hossain, Veronica Barrios, and Betsy Santos.