This brief highlights the major strategies, lessons learned, and outcomes from Florida’s experience during the first 5 years of 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 is leading the evaluation of the program.

**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 model (PCMH)—a specific approach to primary care designed to improve care coordination, access to services, and family-centeredness. Through two rounds of learning collaboratives, Florida and the AAP provided practices with the strategies, tools, and resources necessary for developing and improving their medical home features and offered technical assistance via group learning sessions and individualized support from practice facilitators who mentored practices in implementing quality improvement (QI) activities. Through this support, practices—

- Raised their Medical Home Index (MHI) scores (Figure 1). Florida improved care processes by more effectively using their electronic health records (EHRs), introducing same-day-appointment slots, and asking families to fill out pre-visit questionnaires. Because Florida does not give payment incentives to practices for being recognized as a PCMH by the National Committee for Quality Assurance, most practices did not seek recognition, but five have received it, and several more are working toward it.

**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 State:** Florida and Illinois implemented similar projects and met monthly to share lessons learned.

**Florida expanded 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), the State developed infrastructure, collected data, and linked data from several sources, including registries, vital statistics, and administrative data files. By 2014, the State had—

- Reported to CMS on 25 of 26 Child Core Set measures, up from 12 in 2010. Florida produced annual reports showing changes in quality measures and how they compared with national benchmarks. The State posted these reports on its Web site, presented results to stakeholders at conferences, and published an article on its experience with the Child Core Set measures.
- Developed a tool to identify the quality measures that needed the most improvement. Florida used the tool 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 State also used the tool to identify measures for further analysis by health and dental plan, child’s age, and region. However, Florida’s ability to target the measures of interest for improvement has been hindered by concerns that publishing the resulting analyses may 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, or clinicians needed to communicate with colleagues who were not enrolled. Information-sharing efforts were also hindered by Federal changes in requirements that stipulated that the service could not be used for meaningful use, 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 enroll in and use a look-up service at the point of care in order to access patient information in hospital electronic health records (EHRs). The service is available to pediatricians if they are enrolled, if the hospital is enrolled, and if the caregiver has provided consent. As of early 2015, eight pediatricians were using the service.

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

Demonstration staff and funding helped the Florida Perinatal Quality Collaborative (FPQC) to provide technical assistance to hospitals in monitoring perinatal outcomes and in improving performance. 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 practices proven to reduce infection, including catheter insertion protocols and techniques for maintaining a sterile environment. Over the course of 20 months, hospitals averted an estimated 18 deaths and avoided 150 central line infections as well as 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 reported that participation in a QI project designed to improve delivery room management resulted in better rates of infant temperature regulation, compliance with oxygen targets for neonatal resuscitation, delayed cord clamping, and a team debriefing session after delivery.5

Key demonstration takeaways

- Even without explicit financial incentives, practices developed and strengthened their medical home features, and some were recognized as a PCMH. However, the absence of incentives makes it unlikely that these efforts will expand beyond the demonstration practices.

- Florida drew attention to children’s health care quality by reporting on all but one of the Child Core Set measures. The State also systematically identified improvement priorities but has delayed further action because of confidentiality concerns related to publicly reporting measures at the health plan level.

- 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.

Figure 1. Increase in the average Medical Home Index score for practices participating in Florida’s PCMH learning collaboratives

Note: Data were reported by Florida and not independently verified.
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
4. Data were reported by Florida CHIPRA quality demonstration staff and were not independently verified.

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.

Continuing Efforts in Florida
Florida will continue to pursue its CHIPRA quality demonstration activities until February 2016 under a grant extension approved by CMS. Moving forward, Florida plans to—
• Continue producing quality reports and start using several child-focused measures to monitor another demonstration that is testing new approaches to financing and delivering Medicaid and CHIP services.
• Continue to promote the electronic exchange of health information among providers.
• Pilot a new medical home facilitation program that draws on resources and lessons learned from the demonstration’s PCMH learning collaboratives.
• Have the FPQC extend the “golden hour” project and continue working with the nine participating hospitals to implement process improvements and track outcomes.

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?
• Reports from Florida: A report from the Florida Perinatal Quality Collaborative is publicly available.