Amplify Your Impact on Child Health Care Quality:
Learning from the CHIPRA Quality Demonstration Grant Program

Webinar
February 11, 2016
Agenda

• Welcome and introductions: Renee Fox, CMS, and Linda Bergofsky, AHRQ

• Overview of the demonstration, the national evaluation, and the customized technical assistance opportunity: Linda Bergofsky, AHRQ

• Lessons from the demonstration
  – Transforming primary care practices and using quality measures: Joe Zickafoose, Mathematica
  – Q&A
  – Improving systems for youth with complex behavioral health care needs, and using partnerships and coalitions: Grace Anglin, Mathematica
  – Q&A

• Perspectives from a non-demonstration State: Henry Ireys, Mathematica, and Jeff Schiff, Minnesota Health Care Programs

• Q&A and recap
Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009

• CHIPRA 2009 established the CHIPRA Quality Demonstration Grant Program and its evaluation
  – $100 million grant program: one of the largest federal efforts to focus on health care for children

• Purpose: to examine promising ideas for improving the quality of children’s health care provided under Medicaid and CHIP

• 10 five-year grants awarded by CMS
  – 18 states with demonstration dollars (6 multi-state partnerships)
  – February 2010–February 2015
Demonstration grantees* and partnering states implemented 52 projects across 5 topic areas

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<th>States</th>
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<th>HIT (12)</th>
<th>Service delivery (17)</th>
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National Evaluation

• Purpose: To provide insight into best practices and replicable strategies for improving the quality of children’s health care

• National Evaluation Team
  – Mathematica, Urban Institute, AcademyHealth
  – CMS funding, AHRQ oversight
  – August 2010 – September 2015

• Continuation of the National Evaluation
  – Focused on updating and disseminating lessons
  – Mathematica, AcademyHealth
  – October 2015 – June 2017
Evaluation Results

  - Final and summary reports
  - Reports and resources from the States
  - 18 State Spotlights, 13 Evaluation Highlights, 2 Implementation Guides
  - Journal manuscripts
  - Special innovation features
Broad Lessons from the Demonstration

• CHIPRA quality demonstration grants played a vital role
  - Helped to keep children on State policy agendas
  - Demonstrated QI strategies to key policymakers

• Brought “intellectual capital” to States
  - Substantial experience
  - Application of innovative ideas
  - New or strengthened partnerships

• “Dividends” continue in 12 States
  - New scope-of-work provisions in State-university contracts
  - New units in State Medicaid agencies
  - Continued funding for statewide partnerships
Customized Technical Assistance to Improve the Quality of Children’s Health Care:

Learn from the Demonstration States’ Experience
Technical Assistance and Knowledge Transfer

• Information about technical assistance/knowledge transfer opportunity: http://www.ahrq.gov/policymakers/chipra/demoeval/whatsnew.html#ta

• Goal: Apply lessons from the demonstration and increase successful outcomes for children

• Eligibility: Non-demonstration states and partner organizations

• Support: Team of experts, State peer-to-peer learning, no direct funding

• Duration: April 2016 – March 2017
Lessons from the Demonstration

- Transforming primary care for children
- Using child health care quality measures
- Improving systems for youth with complex behavioral health care needs
- Using partnerships and coalitions
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Primary Care Transformation in CHIPRA States

• 12 States worked with primary care practices

• 2 States worked with 22 school based-health centers

• Diverse strategies
  – Learning collaboratives
  – Technical assistance & practice facilitation
  – Care coordination
  – Family engagement
Practice Transformation Strategies (1)

- Incentives for participation
- Didactics and interactive learning
- Peer networking
- Alignment with other strategies

Learning collaboratives

- Tailor efforts to practice
- Support QI measurement and feedback
- External vs. internal facilitation

Technical assistance & practice facilitation

The National Evaluation of the CHIPRA Quality Demonstration Grant Program
Practice Transformation Strategies (2)

- **Care coordination**
  - Promote concepts
  - Support for functions and dedicated staff
  - External staff

- **Family engagement**
  - Parent advisors
  - Peer support
  - Surveys and focus groups
Knowledge Transfer Examples

- Designing or adapting state-sponsored primary care learning collaboratives
- Developing an approach to practice facilitation

Primary care transformation

Quality measures

Youth with complex behavioral health care needs

Partnerships and collaborations
Lessons from the Demonstration

• Transforming primary care for children

• Using child health care quality measures

• Improving systems for youth with complex behavioral health care needs

• Using partnerships and coalitions
States’ Measurement and Reporting Strategies

- Calculate measures
- Use measures to drive QI
- Improve quality of care

- Report results to stakeholders
- Align QI priorities
- Support provider-level improvement
Reporting Results to Stakeholders

• CHIPRA State strategies

  – Produce reports from:
    • Administrative data (Medicaid claims, immunization registries)
    • Practice data (manual chart reviews, EHRs)

  – Develop reports for different audiences: policymakers, health plans, providers, the public
Aligning QI Priorities

• CHIPRA State strategies
  – Convened multi-stakeholder QI workgroups
  – Encouraged consistent quality reporting standards across programs
  – Required managed care organizations to meet quality benchmarks
Supporting Provider-Level Improvement

• CHIPRA State strategies
  – Technical support
    • Learning collaboratives
    • Individualized technical assistance
  – Financial support
    • Paid providers for reporting measures and demonstrating improvement
    • Changed reimbursement practices to support improvements
Knowledge Transfer Examples

- **Primary care transformation**
  - Designing or adapting state-sponsored primary care learning collaboratives
  - Developing an approach to practice facilitation

- **Quality measures**
  - Adjusting measure specifications for practice-level reporting
  - Engaging target audiences to design quality reports

- **Youth with complex behavioral health care needs**

- **Partnerships and collaborations**
Q&A
Lessons from the Demonstration

- Transforming primary care for children
- Using child health care quality measures
- Improving systems for youth with complex behavioral health care needs
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What Are Care Management Entities?

• Multiple agencies serve youth with complex behavioral health needs
  – Poorly coordinated services → Lower quality and higher costs

• CMEs help families better manage cross-agency services

• CMEs are structured differently but follow common wraparound principles
  – Connect families with a care coordinator
  – Develop family-driven care plans
  – Develop diverse care teams of providers and natural supports
CHIPRA States’ CME Work

- Maryland and Georgia refined their existing CMEs
- Wyoming designed and piloted its first CME
Designing Care Management Entities

CME Program Features
- Funding mechanisms
- Management structure
- Eligibility criteria
- Services
- Eligibility and training to be a CME
- Payment model and rate
- Monitoring and evaluation

Strategies to facilitate CME design

Work with stakeholders

Consult CME experts

Use data to drive decisions
Weighing Funding Strategies

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<th>Decisions to make</th>
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Using Data to Drive Decisions

Administrative data analysis
Provider surveys
Interview agencies, advocacy groups, associations
Family and youth focus groups

Understand current service system
Inform CME design decisions
Monitor and refine CMEs
Knowledge Transfer Examples

- **Primary care transformation**
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- **Quality measures**
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  - Engaging target audiences to design quality reports

- **Youth with complex behavioral health care needs**
  - Engaging agencies and securing sustainable funding
  - Collecting and linking data

- **Partnerships and collaborations**
Lessons from the Demonstration

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Stakeholder Engagement in CHIPRA States

- Time-limited groups advised demonstration staff
- Ongoing groups prioritized efforts to improve the quality of children’s health care
Stakeholders’ Role in Quality Measurement

Calculate measures
- Identify high-priority, actionable measures
- Weigh data usefulness, provider burden
- Improve data quality, connectedness

Disseminate results
- Prioritize audiences for reports
- Improve report content, format
- Advertise reports, results

Initiate QI initiatives
- Prioritize, align QI areas
- Increase provider, family buy-in
- Elevate issues on policy agenda
Stakeholders’ Role in Service Delivery QI

Design programs
- Help secure funding
- Identify, prioritize quality gaps
- Develop useful, engaging content

Implement programs
- Increase enrollment
- Monitor, refine program

Sustain programs
- Build base of support for program
- Educate decision makers on outcomes
- Identify ongoing funding
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<td>- Identifying and engaging stakeholders</td>
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<td>- Sustaining engagement</td>
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Q&A
Building on Lessons from the Demonstration

Perspectives from a Non-Demonstration State

Jeff Schiff, Medical Director, Minnesota Health Care Programs, Minnesota Department of Human Services

Henry Ireys, Project Director, National Evaluation of the CHIPRA Quality Demonstration Grant Program
Questions from Dr. Schiff

• How did demonstration states work on quality with stakeholders?
  – Did stakeholders include MCOs, providers, families or others?
  – How did these states support quality improvement measurement and feedback to these stakeholders? What specifically did they do and how was it received?
  – How did states close the feedback loop?

• How did states accomplish the task of developing and aligning QI priorities?
CHIPRA Knowledge Transfer Opportunity
http://www.ahrq.gov/policymakers/chipra/demoeval/whatsnew.html#ta

CHIPRA Quality Demonstration Grant Program and National Evaluation
www.ahrq.gov/policymakers/chipra/demoeval/index.html

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