National Evaluation of the CHIPRA Quality Demonstration Grant Program: An Update

Second Annual CMS Quality Conference:
Improving Care and Proving It!
Baltimore, Maryland

June 15, 2012
The National Evaluation Team

- Mathematica: H. Ireys, L. Foster, C. McLaughlin, C. Trenholm, A. Christensen, G. Anglin, B. Natzke, F. Yoon, and others


- AcademyHealth: L. Simpson, V. Thomas

- AHRQ: C. Brach, S. Farr

- CMS: K. Llanos, B. Dailey
Today’s Comments

- Updates on data collection: site visits, claims, and administrative data
- Website updates
- Looking ahead
Goal of initial site visits: gather information about early implementation experiences

Much assistance from state project staff has yielded a smooth scheduling process, willing respondents

2012 visit schedule to 18 states, by month
- March: 1 state
- April: 4
- May: 4
- June: 4
- July: 5
Multiple interpretations of “demonstration”

- Concept development: “medical home in frontier environment”
- Pilot study: start local, expand statewide after grant
- Showing how to do it, or how to do it better: improving results of earlier efforts to build statewide infrastructure for electronic sharing of data
- Building the evidence base: gathering and analyzing information to inform future programs and policies
Site Visits: Early Observations

- Key factors affecting early implementation
  - Policy, program context: leadership changes, budget/spending/hiring constraints
  - Previous work: what these projects are building on
  - Related, ongoing projects: many interactions with other efforts
  - What states are doing now to sustain the project later
  - Role of multistate partnerships
Site Visits: Early Observations

- Quality measures: reporting “up” to CMS is very different from reporting “down” to practices

- HIT projects: numerous delays related to multiple agendas, initiatives, and technical problems; obstacles often beyond the control of CHIPRA project teams

- Many different strategies for provider-based models: behavioral health integration, improved patient compliance around well child care, better care coordination, tighter relationships between patients and primary care physicians, and others
Claims, Administrative, and Medical Home Data

- Working with seven Category C states (IL, MA, ME, NC, OR, SC, WV) and one Category B state (PA)

- Major efforts by states to provide files

- Essential to assess outcomes, impacts of state efforts to assist future planning and sustainability

- Analyses to address key questions; for example:
  - What are the characteristics of participating practices across states?
  - Is the medical home level associated with service use
Comments? Questions?
Web Page Updates

- Estimated operational date: end of June

- Three clusters of text and graphics
  - Home page: high-level overview of the program and evaluation
  - Clickable map of the demonstration states
  - State-at-a-Glance descriptions
  - Category descriptions
  - More about the national evaluation
  - Reports & Resources: findings, issue briefs
The National Evaluation of the CHIPRA Quality Demonstration Grant Program

Learn about the Demonstration States

Using the Core Set of Children’s Quality Measures

Enhancing Health IT Infrastructures

Promoting Provider Based Models

Developing a Model Pediatric EHR Format

Other Strategies for Quality Improvement

Reports & Resources

More about the Evaluation

Contact the Evaluation Team
What are states learning about practice-level reporting of quality measures? (August 2012)

What are the characteristics of practices participating in medical home projects, and who are the children they serve?

Are higher levels of “medical homeness” associated with more primary care visits and fewer emergency department visits?

Learning collaboratives and practice coaches: what works? What doesn’t?

What strategies are states using to integrate behavioral and physical health services?
Looking Ahead: Other Possible Activities

- Opportunities for states to contribute materials, reports to web page
- Evaluation-focused calls with state evaluation teams
- Other ways to disseminate findings to demonstration states?
- In 2013 and beyond: replication guides, Profiles of Promising Practices, AHRQ Innovations, journal articles
- Other dissemination strategies: reading and resource lists, conferences, group consultations
Comments? Questions?
National Evaluation Timeline

  - Learn about state projects
  - Finalize evaluation design report
  - Develop data collection protocols, submit OMB materials, gain IRB approvals

- **Year 2 (Aug 2011–Aug 2012)**
  - Receive OMB/IRB approvals, negotiate DUAs
  - Collect baseline, initial implementation data: quantitative, qualitative
  - Plan dissemination strategies with key stakeholders
  - Publish first issue brief
National Evaluation Timeline

- **Year 3 (Aug 2012–Jul 2013)**
  - Analyze baseline data, report findings
  - Plan cross-sectional physician survey
  - Seek OMB approval for follow-up data collection

  - Implement physician survey
  - Collect follow-up data

- **Year 5 (Aug 2014–Sep 2015)**
  - Analyze follow-up data, report findings
  - Create replication guides for states
For more information or to share your ideas, contact:

Henry T. Ireys, Ph.D.
Senior Fellow, Mathematica Policy Research
202-554-7536
hireys@mathematica-mpr.com