

Supplement to Evaluation Highlight No. 13: How did CHIPRA quality demonstration States employ learning collaboratives to improve children’s health care quality?

Evaluation Highlight No. 13 is the 13th in a series that presents descriptive and analytic findings from the national evaluation of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Grant Program. The Highlight focuses on lessons learned from nine States—Alaska, Florida, Idaho, Maine, Massachusetts, North Carolina, Oregon, Utah, and West Virginia. These States implemented learning collaboratives and subsequently reported quantifiable improvements in medical home capacity and/or health care quality among the 137 child-serving primary care practices that participated in the CHIPRA quality demonstration. The analysis is based on work completed by States during the first 4.5 years of their 5-year demonstration projects. The full text of the *Highlight* is available on the National Evaluation of the CHIPRA Quality Demonstration Program Web page.

This supplement to the *Highlight* provides an overview of the learning collaboratives in each of the nine States included in this analysis. State learning collaboratives had many similarities, but also differed on a number of dimensions summarized in this supplement and described in the *Highlight*.

Table 1: Summary of Learning Collaborative Structure and Features in Nine States

State	Practices participating in LC	Duration of LC (months)	Frequency of in-person LC meetings (per year)	Topics addressed	Other learning collaborative features				
					Webinar and/or teleconference	Practice facilitation	PDSA cycles	Quality measurement and reporting support	Financial incentives
AK	3	36	1	PCMH principles and transformation, quality measures, CG-CAHPS, care coordination, CYSHCN, self-management, mentoring, referral tracking, health information technology (IT), immunizations, oral health, developmental screening, mental health, patient engagement, sustainability and spread	✓	✓	✓	✓	✓
FL	13–20 per collaborative, over three collaboratives	18	2	PCMH transformation, patient and family engagement, data measurement and QI, care coordination	✓	✓	✓	✓	
ID	10–17 per collaborative, over four collaboratives	9–12	3–4	Asthma, immunizations, adolescent depression, transitions, PCMH principles and transformation, childhood obesity, ADHD	✓	✓	✓	✓	
ME	12–34 per collaborative, over four collaboratives	6–9	2–3	Immunizations, developmental and autism screening, optional lead and anemia screening, oral health and healthy weight, PCMH principles and transformation, well-child visit workflows, patient and family engagement in QI	✓	✓	✓	✓	✓
MA	13	29	2–3	Family- and youth-centered care, comprehensive coordinated care, linkage to and mobilization of community resources, systems improvement, medical home care team, engaged leadership	✓	✓	✓	✓	✓

continued

State	Practices participating in LC	Duration of LC (months)	Frequency of in-person LC meetings (per year)	Topics addressed	Other learning collaborative features				
					Webinar and/or teleconference	Practice facilitation	PDSA cycles	Quality measurement and reporting support	Financial incentives
NC	26	24	2–3	Learning collaborative model, community linkages and referrals, maternal depression screening, school-age and adolescent mental health risk factors and screenings, birth to age 5 general developmental and autism screenings, data collection and analysis, oral health, obesity prevention, billing and coding, family involvement	✓	✓	✓	✓	✓
OR	8	36	2	Identification of CYSHCN, patient- and family-centered care, preventive care and developmental promotion, adaptive and economic reserve, clinical structural processes	✓	✓	✓	✓	✓
UT	10	9	2	Testing and treatment of pharyngitis; treatment of URIs, otitis media, and sinusitis; parent education in use of antibiotics	✓	✓	✓	✓	
WV	10	36	1	PCMH transformation, care coordination, using health IT for quality improvement, learning curriculum, data reporting on core measures, practice facilitation, maintenance of certification for the following: BMI improvement, shared care plans, huddles, immunization rate improvement, standardization of developmental screening	✓	✓	✓	✓	

Abbreviations used in Appendix:

ADHD: Attention deficit hyperactivity disorder

BMI: Body mass index

CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems, Clinician & Group Surveys

CYSHCN: Children and youth with special health care needs

IT: Information technology

LC: Learning collaborative

PCMH: Patient centered medical home

PDSA cycle: Plan-Do-Study-Act cycle

QI: Quality improvement

URI: Upper respiratory infection