



Evaluating the CHIPRA Quality Demonstration Grant Program: An Overview

Quality Technical Advisory Group, CMS
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CHIPRA Quality Demonstration Program

- **Congressionally mandated in 2009 CHIPRA**
- **\$100 million dollar program**
 - One of the largest federally-funded efforts to focus on child health care
- **Five-year grants awarded by CMS**
 - February 2010 - February 2015, with some extensions
 - About \$10 million per grantee
 - 6 grants: Multi-state partnerships
- **National evaluation**
 - CMS funding, AHRQ oversight
 - August 2010 – September 2015
 - Mathematica, Urban Institute, AcademyHealth

Demonstration grantees* and partnering states implemented 52 projects across 5 topic areas

States	Measures (10)	HIT (12)	Service Delivery (17)	EHR Model Format (2)	Other (11)
Oregon*	x	x	x		
Alaska	x	x	x		
West Virginia	x	x	x		
Maryland*			x		x
Georgia			x		x
Wyoming		x	x		x
Utah*		x	x		x
Idaho		x	x		x
Florida*	x	x	x		x
Illinois	x	x	x		x
Maine*	x	x	x		
Vermont		x	x		x
Colorado*			x		x
New Mexico			x		x
Massachusetts*	x		x		x
South Carolina*	x	x	x		
Pennsylvania*	x	x		x	
North Carolina*	x		x	x	

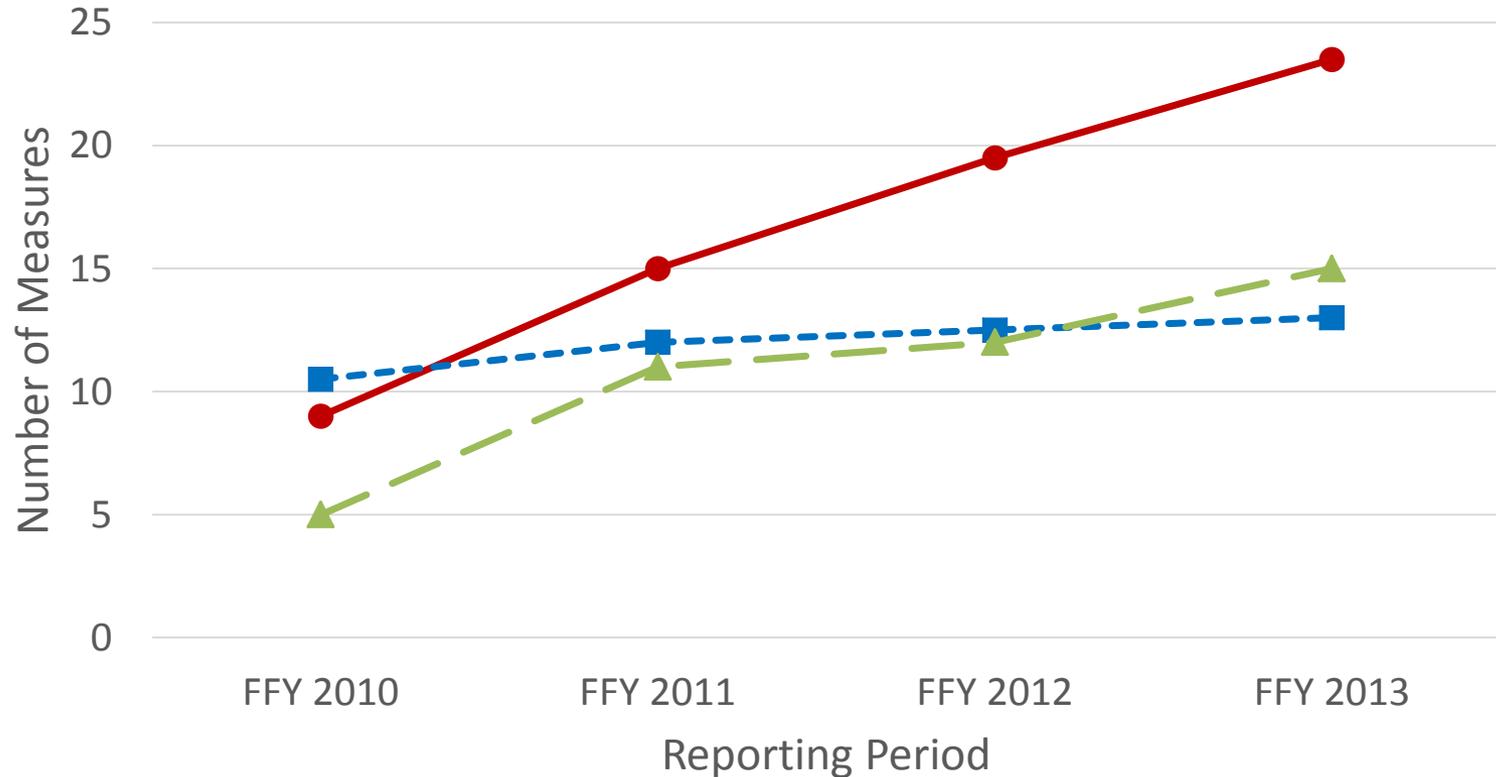
Today's presentation

- **Highlight selected findings in three areas**
 - **Reporting core measure set to CMS**
 - **Using core measures for quality improvement (QI) initiatives**
 - **Improving service delivery**
- **Provide information about**
 - **What states did**
 - **What we learned**
- **Describe evaluation products and where to find them**

Findings: Reporting core quality measures for children to CMS

- **What States did**
 - **Hired dedicated programmers**
 - **Established State-level workgroups on quality of care measures**
 - **Worked across State agencies to link data**
 - **Fielded CAHPS more systematically**
 - **Developed standard testing procedures to ensure measure accuracy**
 - **Developed EPSDT profiles (State, network, practice levels)**

Median Number of Child Core Set Measures Reported for FFY 2010 through FFY 2013



- Measure-Focused Demonstration States (n = 10)
- Other Demonstration States (n = 8)
- ▲ Non-Demonstration States and DC (n = 33)

Findings: Reporting core quality measures for children, continued

- **What factors affect States' ability to report core measures to CMS?**
 - **State's history & culture around data collection**
 - **Challenges linking Medicaid/CHIP data to other sources (for example, immunization, survey, vital records)**
 - **Provider adoption of EHRs, EHR-to-State transmission capacity**
 - **Within-State demand for State-level reports**

Findings: Using core quality measures for State-based QI initiatives

- **What States did**

- **Worked with State-level stakeholders (health plans, practice groups, child-serving agencies) to drive statewide QI efforts**
- **Many States (for example, AK, FL, IL, MA, ME, NC, PA) used reports to**
 - 1) Compare performance of plans, agencies to national benchmarks**
 - 2) Identify variation in practices' performance across regions, plans**
 - 3) Track changes in performance over time**

Findings: Using core quality measures for State-based QI initiatives, cont'd

- **Some of what we learned**
 - **Quality monitoring activities can provide powerful incentives for networks and health plans**
 - **Stipulating benchmarks in managed care contracts can be used to drive performance**
 - **Offering TA to practices can help them use State-generated quality reports**
 - **Collective effort essential for developing measure-based QI strategies**

Findings: Service delivery models

- **What States did**

- **Worked with**

- Child-serving practices & school-based health centers (SBHCs) to enhance patient centered medical home (PCMH) features**

- Agencies serving youth with serious emotional disorders to enhance, develop care management entities (CMEs)**

- **Offered varied combinations of interventions**

- Learning collaboratives**

- QI coaches, specialists**

- TA assistance with data collection**

- Incentives for participation, hiring practice-level staff**

Preliminary findings on service delivery models, continued

- **Some of what we learned**

- **Learning collaboratives (LCs)**

- Useful pathways for initiating practice transformation**
 - Critical to engage providers in defining LC topics**

- **Hard to engage practices so incentives can be important**

- Stipends**

- Links to maintenance of certification (MOC)**

- Web-based learning sessions**

- QI materials customized to the practice**

- Ongoing practice-level support**

- **Practice-level supports are critical to expand impact of LCs**

- State-supported practice facilitators: Need substantial QI training themselves**

Other preliminary findings

- **Electronic screening tools can support data quality, patient tracking and service monitoring**
- **Most demonstration States working on HIT projects faced major challenges**
 - **Interoperability between practices EHRs and State databases**
 - **Managing collaborations with multiple State agencies, vendors, other stakeholders**
 - **Legal barriers to data ownership and access**
- **State incentives for practice transformation don't substitute for enduring payment models to support QI**

Evaluation products

- ***Evaluation Highlights* (13 issue briefs)**
- ***Implementation Guides* (2 how-to guides for States)**
- **Special postings on electronic screening for high-risk conditions (2 descriptions of these tools and their implications)**
- **Journal manuscripts (6 articles on research findings)**
- **18 brief State summaries (description of what each state did and what they learned)**
- **Overall summary (brief description of major findings for Federal-level policy makers and program administrators)**

For more information

Dedicated CHIPRA Quality Demonstration Web page:

The “go-to” place for information on the program and its evaluation

- **Descriptions of state projects**
- ***Evaluation Highlights, State summaries*, and other documents**
- **Reports from states**
- **Links to CMS**
- **Subscribe to receive updates**

www.ahrq.gov/chipra/demoeval/