

## **Four States' Approaches to Practice-Level Quality Measurement and Reporting**

### **Supplement to *Evaluation Highlight No. 1: How are CHIPRA demonstration States approaching practice-level quality measurement and what are they learning?***

*Evaluation Highlight No. 1* is the first in a series of reports that present descriptive and analytic findings from the national evaluation of the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant Program. In the *Highlight*, we discuss the early accomplishments, challenges, and lessons learned from four States pursuing practice-level quality measurement. The [full text of the \*Highlight\*](#) is available on the National Evaluation of the CHIPRA Quality Demonstration Grant Program Web page.

The practice-level reporting efforts of Maine, Massachusetts, North Carolina, and Pennsylvania, the four highlighted States, are described below. Our analysis is based on work completed by the States during the first 2 years of their 5-year demonstration projects. States are refining their reporting strategies and adding to the list of measures they are reporting. For more information on a State's specific activities, please visit the [State's Web page](#) or contact the State's CHIPRA Project Director.

A list of additional studies on child-focused quality measurement is also included below. This list represents a starting point for interested readers and is not intended to be a comprehensive identification of all relevant documents.

#### **Maine's Approach to Child-Focused Quality Measurement**

Maine aims to integrate quality measurement activities across Federal and State reporting efforts, including the initial core set of 24 health care quality measures, the American Academy of Pediatrics' Bright Futures well-child measures, measures derived from electronic health records (EHRs), and State-specific measures developed to monitor quality demonstration activities. Currently, Maine is working with up to 24 practices to generate data needed to calculate a subset of these measures, including immunization and developmental screening measures, at the practice level.

To collect the needed data, Maine is attempting to link different datasets from the Maine Department of Health and Human Services, including the State's immunization registry and claims system. The demonstration staff is encouraging practices to participate in the existing immunization registry with the ultimate aim of using electronic practice data from the registry to generate standardized performance reports for practices.

To learn more about the projects being implemented by Maine under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/policymakers/chipra/demoeval/stateinfo/me.html> or contact:

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### **Massachusetts' Approach to Child-Focused Quality Measurement**

Massachusetts' grant partner, Massachusetts Health Quality Partners, is a coalition of physicians, hospitals, health plans, purchasers, patient representatives, academics, and government agencies. This coalition is working to collect, analyze and report on the initial core set statewide. The State also will produce practice-level initial core set reports that include data on children insured through Medicaid, CHIP, and commercial insurers.

Massachusetts is using State data systems and data collected by 13 practices participating in their other CHIPRA demonstration activities to calculate the measures. They developed a set of tools to help with practice-level data collection, including detailed instructions for manual chart reviews and a Web-based portal for data submissions. The State also held group and individual training sessions to help practices collect the needed data.

To learn more about the projects being implemented in Massachusetts under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/policymakers/chipra/demoeval/stateinfo/ma.html> or contact:

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### **North Carolina's Approach to Child-Focused Quality Measurement**

The North Carolina Department of Health and Human Services is planning to collect, test, and report on the initial core set measures and several State-specific measures (for example, dental varnishing, rates of school age and adolescent screens) to the Centers for Medicare & Medicaid Services (CMS) annually. The State is building on an already extensive data monitoring and reporting infrastructure within Community Care of North Carolina (CCNC, the State's regional network of Medicaid providers and community agencies). North Carolina also incorporated eight pediatric preventive measures into the CCNC Quality Measure and Feedback reports that are distributed quarterly to practices and networks throughout the State.

In addition to reporting on the measures, North Carolina has hired 14 part-time quality improvement specialists, one in each of the 14 CCNC community networks (these networks support primary care practices throughout North Carolina). The specialists analyze data at the practice and network levels, identify trends, define areas for improvement, and participate in content-specific training regarding the measures.

To learn more about the projects being implemented in North Carolina under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/policymakers/chipra/demoeval/stateinfo/nc.html> or contact:

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### **Pennsylvania's Approach to Child-Focused Quality Measurement**

The Pennsylvania Department of Public Welfare (DPW) is reporting the initial core set of 24 health care quality measures to CMS. Eighteen of these measures are also reported back to practices and will be available on a dashboard that allows practices to compare themselves with each other. The State is working closely with two health systems, Geisinger Health System (GHS) and Children's Hospital of Philadelphia (CHOP), to electronically extract data from EHRs and link data together across systems, such as vital records or immunization registries, to collect the measure data. CHOP and GHS were eligible for a payment of \$10,000 per measure for electronically extracting and reporting the measures.

DPW has also developed a pay-for-performance program around eight of the measures currently being reported. CHOP, GHS, and five other health systems in the State will receive \$5,000 to \$25,000 dollars each for absolute improvement on the measures.

To learn more about the projects being implemented in Pennsylvania under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/policymakers/chipra/demoeval/stateinfo/pa.html> or contact:

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### **Additional Resources on Child-Focused Quality Measurement**

Bundy DG, Solomon BS, Kim JM, et al. Accuracy and usefulness of the HEDIS childhood immunization measures. *Pediatrics* 2012; 129(4): 648-56.

Chen AY, Schrage SM, Mangione-Smith R. Quality measures for primary care of complex pediatric patients. *Pediatrics* 2012; 129(3): 433-45.

Fairbrother G, Simpson LA. Measuring and reporting quality of health care for children: CHIPRA and beyond. *Acad Pediatr* 2011; 11(3): S77-84.

Gold R, Angier H, Mangione-Smith, R, et al. Feasibility of evaluating the CHIRPA care quality measures in electronic health record data. *Pediatrics* 2012; 130(1): 139-49.

Sloane PD, Wroth T, Halladay J. How eight primary care practices initiated and maintained quality monitoring and reporting. *J Am Board Fam Med* 2011; 24(4): 360-9.