Spotlight on Alaska

July 2015

This brief highlights the major strategies, lessons learned, and outcomes from Alaska's experience in the first 5 years of the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). For this demonstration, CMS awarded 10 grants that supported efforts in 18 States to identify effective, replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality is leading the evaluation of the program.

Alaska's Goals: Work to improve the quality of care for children by—

- Helping practices implement the patient-centered medical home model.
- Increasing the use of health information technology.
- Encouraging improvement on child-focused quality measures.

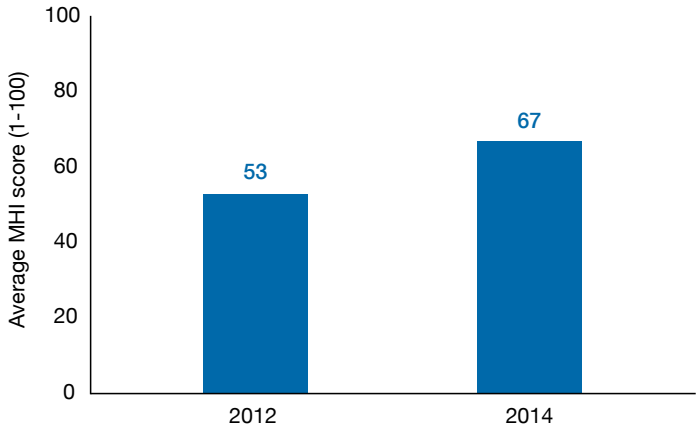
Partner States: Oregon and West Virginia implemented similar projects and met quarterly with Alaska to discuss lessons learned.

Alaska supported medical home transformation

Alaska helped its three participating practices to enhance their medical home features. The practices—each one a federally qualified health center— vary by size and location (frontier, rural, and urban). The State worked with the practices in two main ways. First, it hired practice facilitators to support the practices in implementing features of the patient-centered medical home (PCMH) model—a primary care model intended to improve care coordination, access to services, and patient engagement. The practice facilitators also helped the practices to implement quality improvement (QI) activities. Second, the State used a learning collaborative model to educate the practices on PCMH and provide a structure and process through which the practices could learn from each other. With an annual grant of $110,000 to $250,000 from the CHIPRA quality demonstration, the practices—

- **Improved care coordination for children with special health care needs.** Having learned from the State about the goals and key components of care coordination, all three practices decided to use CHIPRA quality demonstration funds to hire care coordinators. The care coordinators followed up with caregivers of children who were referred for specialized care, such as speech or developmental therapy, to determine whether they received the services they needed. Care coordinators also linked caregivers with community resources, including parent support groups and food assistance. The practices valued the care coordinators highly, although they sometimes found it challenging to integrate the care coordinators into their workflows. For example, care coordinators were not assigned to specific care teams in a practice so care coordinator support was not always integrated into a patient's care plan.
- **Raised their medical home index scores.** All three practices reported increases in their Medical Home Index scores (Figure 1).[1] One practice was also recognized

Figure 1. Increase in the average Medical Home Index Score for three participating practices in Alaska



Note: Data were reported by Alaska and not independently validated.

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as a medical home by The Joint Commission; another was recognized by the National Committee for Quality Assurance (NCQA); and the third is applying for NCQA recognition for its satellite sites (its primary site is already recognized).

Alaska helped practices use their EHRs to improve population management

Alaska initially planned to advance the use of health information technology by helping practices to (1) use their electronic health records (EHRs) to improve population management and (2) connect to the State's health information exchange (HIE) to improve communication between clinicians across the State. However, because the HIE focused more on connecting the State's hospitals to each other and less on working with practices, Alaska decided to focus on improving EHR use. The States' practice facilitators—

- **Coached practices in how to use EHRs to identify children's care needs.** Two practices, for example, used their EHRs to develop registries of children with special health care needs, allowing the practices to more readily determine when these children are due for services.

Alaska fostered improvement on child-focused quality measures

Alaska used the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) to drive QI in the three practices and at the State level as well.[2] The State—

- **Helped practices report quality measures.** Taking into consideration the cost and burden of reporting, the practices, with the State's assistance, identified and reported on the eight Child Core Set measures that they viewed as most useful for monitoring QI. Practices indicated that staff turnover and limited EHR data-reporting capability were barriers to reporting even a subset of measures.
- **Encouraged practices to improve measure performance.** Through the learning collaborative, practices developed an understanding of how to use their data to design and monitor QI activities. One practice, after reviewing its data on well-child visits, started mailing reminder postcards to families about well-child visits. Using their well-child visit rate to measure performance, the practice reportedly increased the number of children aged 0 to 15 months who had at least two well-child visits from 15 percent in 2012 to 28 percent in 2013. Other QI strategies pursued by practices included completing behavioral or developmental screeners by telephone before visits and working with schools to integrate screeners into sports physicals.
- **Reported 16 out of 26 Child Core Set measures to CMS** for all children in Medicaid and CHIP statewide. During the demonstration, Alaska started reporting on two measures for the first time. With demonstration funding, Alaska hired an experienced data analyst to overcome two obstacles to reporting measures from administrative data: incomplete or inaccurate data and difficulty linking data sources across health agencies, including Medicaid and public health. In addition, the State fielded its first standardized survey on caregivers' perceptions of care in Medicaid and CHIP, which allowed it to report the patient experience measure.[3]
- **Formed a workgroup to monitor statewide performance on Child Core Set measures** and developed activities to improve on these measures. The workgroup found that many clinicians were not using evidence-based tools to screen children for developmental delays. To improve the quality of screenings, the State trained clinicians on the importance of using evidence-based tools. The State also adjusted the billing code for developmental screening so that practices could only bill for using one of eight standardized tools (as opposed to any tool).

Key demonstration takeaways

- Care coordinators helped practices improve care for children with special health care needs. However, practices will have to use their own resources to sustain care coordinators after the demonstration ends.
- Alaska used a subset of Child Core Set measures to target QI efforts at the practice level (through the learning collaborative) and at the State level (through the workgroup). While reporting burden, staff turnover, EHR limitations, and administrative data issues constrained

Alaska's ability to report on all of the measures, the State used measures to drive change at the State and practice levels.

- Alaska's HIE gave priority to working with hospitals as opposed to practices, so the State was unable to connect participating practices through the HIE. As a result, the State focused more on improving the use of EHRs to support quality improvement.

Endnotes

1. For more information on the MHI, visit http://www.ncbi.nlm.nih.gov/pubmed/12882594.
2. For more information on the Child Core Set, visit http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html.
3. For more information on CAHPS, visit https://cahps.ahrq.gov/.

Continuing Efforts in Alaska

Alaska will continue to pursue its CHIPRA quality demonstration activities until August 2015 under a grant extension approved by CMS. Moving forward—

- The State plans to continue improving its administrative data infrastructure in order to report additional Child Core Set measures.
- Alaska also plans to use the lessons learned from the demonstration to implement a new PCMH Initiative.
- The three practices intend to continue monitoring quality measures and working with care coordinators, though some are concerned about doing so without demonstration funds.

LEARN MORE

Alaska's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site available at **http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/ak.html.**

The following products highlight Alaska's experiences—

- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 6:* How are CHIPRA quality demonstration States working together to improve the quality of health care for children?
- *Evaluation Highlight No. 9:* How are CHIPRA quality demonstration States supporting the use of care coordinators?
- *Evaluation Highlight No. 11:* How are CHIPRA quality demonstration States using quality reports to drive health care improvements for children?
- *Evaluation Highlight No. 13:* How did CHIPRA quality demonstration States employ learning collaboratives to improve children's health care quality?

The information in this brief draws on interviews conducted with staff in Alaska agencies and participating practices, an analysis of Medical Home Index data submitted by Alaska, and a review of project reports submitted by Alaska to CMS.

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