Spotlight on Illinois

July 2015

This brief highlights the major strategies, lessons learned, and outcomes from Illinois'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). In 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.

Illinois's Goals: Improve the quality of care for children by—

- Helping practices implement the patient-centered medical home model.
- Calculating, reporting, and using quality measures.
- Promoting the exchange of health information.
- Establishing a perinatal quality collaborative.

Partner State: Illinois and Florida implemented similar projects and met monthly to share lessons learned.

Illinois used reporting and contracting mechanisms to encourage improvement in the quality of children's health care

Illinois enhanced the quality of children's health care in two ways: (1) by expanding the scope of its effort to collect and report the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)[1] and (2) by using Medicaid managed care contracts to encourage medical home transformation and improvements in quality. Using CHIPRA quality demonstration funds, Illinois—

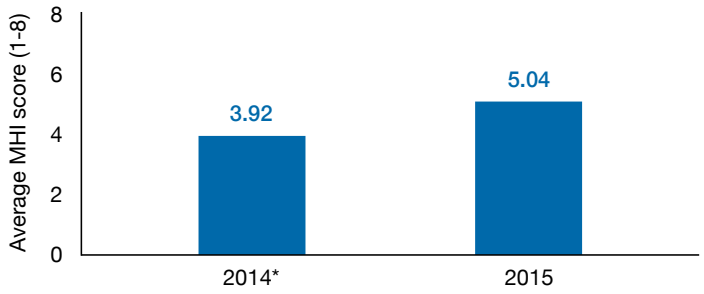
- **Reported on 24 of 26 child-focused quality measures in 2014, up from 7 in 2010.** Illinois hired a programmer to calculate the Child Core Set from Medicaid claims and encounter data and from data stored by other agencies in the State's data warehouse. The State annually produced and published the *CHIPRA Data Book*, a report that shows changes in its performance over time and compares its performance with national benchmarks.[2]
- **Influenced change in performance payment incentives.** Reporting on the Child Core Set motivated Illinois to take a closer look at its performance measures, benchmarks, and quality improvement (QI) strategies. Based on what it saw, the State adopted a two-tier incentive system in its primary care case management program for six quality measures to encourage further QI. Historically, clinicians received bonuses for performing at or above the 50th percentile of the measures' distribution. The two-tier program reduced bonuses for performance between the 50th and the 75th percentiles and introduced a higher , second-tier bonus for performance at the 75th percentile and higher.
- **Used Medicaid managed care contracts to drive medical home transformation and improvements in the quality of perinatal care.** A CHIPRA demonstration work group made policy recommendations to the State Medicaid agency related to giving practices an incentive to become medical homes and to make other quality improvements. In response to the recommendations, Illinois now requires managed care organizations (MCOs) to (1) educate practices about medical homes, (2) provide financial incentives to support medical home transformation, (3) hold their practices accountable for medical home functions (such as electronic data sharing, care coordination, and chronic condition management) and for high quality perinatal care (such as ensuring an appropriate transition from delivery to postpartum care and reconnecting mothers to ongoing primary care in medical homes). The State also now requires MCOs to report a subset of the Child Core Set and to meet benchmarks accordingly.

The State supported practices in transforming into medical homes

Illinois used practice-level initiatives to promote the adoption of the Patient Centered Medical Home (PCMH) model—a primary care model designed to improve care coordination, access to services, and patient engagement. The State—

- **Hosted a structured PCMH-Asthma Learning Collaborative.** Starting in 2014, Illinois engaged 15 practices in a learning collaborative designed to promote medical home transformation and improve care for children with asthma. Practices signed a memorandum of understanding to formalize their commitment to the collaborative. The learning collaborative provided practices with in-person learning sessions, monthly webinars, access to online medical resources, and individualized support from practice facilitators and a QI coach who mentored practices in building QI skills and implementing transformation activities. This approach was implemented after testing two flexible approaches to transformation. Early in the demonstration, Illinois tried to support 51 practices through a loosely structured model that provided practices with a menu of TA options that they could choose to use. In 2012 and 2013, Illinois engaged a subset of the 51 practices in a more structured, but still flexible, learning group approach. Although practice engagement in these two opportunities was less than desired, a few motivated practices implemented positive changes, prompting Illinois to implement the more structured and more successful PCMH-Asthma Learning Collaborative.
- **Improved access to electronic information on care coordination resources.** To foster the practices' ability to coordinate care, Illinois added information on behavioral and other health services to an existing statewide database of provider and community resources. The State also trained the 15 practices in the learning collaborative to use the database to locate the resources. In addition, Illinois paid for training in and subscriptions to its secure email service for the practices. Despite these efforts, the practices used the database and secure email infrequently, citing limited time to learn the systems and difficulty in understanding their value.
- **Fostered improvements in the practices' medical home scores.** Practices that participated in the PCMH-Asthma Learning Collaborative improved their self-reported Medical Home Index (MHI) mean scores (Figure 1).

Figure 1. Increase in the average MHI score for 15 practices that participated in Illinois's PCMH -Asthma Learning Collaborative



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

**After the last learning session, practices were asked to look back and retrospectively reassess their medical homeness at the start of the collaborative given their current understanding of PCMH measurements. Most practices rated themselves lower in this reassessment. The average score on the reassessment was 3.46.*

Illinois facilitated improvements in the quality of perinatal care

Illinois leveraged the CHIPRA quality demonstration staff and funding to improve the quality of perinatal care in the following ways—

- **Developed educational tools for obstetric providers and for women.** To help clinicians comply with evidence-based perinatal care guidelines, Illinois developed a tool specifying the minimum clinical services, laboratory tests, health education, and referrals that should be provided at all prenatal and postpartum visits as well as the criteria for making high-risk referrals. Illinois also developed a toolkit that clinicians could use to help women both discuss their options for perinatal care and make appropriate decisions about their care.
- **Established the Illinois Perinatal Quality Collaborative (ILPQC).**[3] The ILPQC's goal was to improve outcomes for infants and pregnant women. It offered TA on perinatal topics and helped the staff in birthing hospitals and neonatal intensive care units (NICUs) to implement QI activities related to infant nutrition and to reduce early elective deliveries. Teams from more than 80 hospitals participated in these activities and reported implementing improved care processes. For example, 18 hospitals in the infant nutrition learning collaborative are feeding infants intravenously and by a feeding tube sooner than they did before participation in ILPQC. These hospitals reported also discharging a lower percentage of growth-restricted infants from the NICU.

Key demonstration takeaways

- The use of managed care contracts was a successful way to drive statewide improvements in Child Core Set measures, medical home transformation, and perinatal health care quality.
- Despite the availability of resources intended to improve referrals and cross-clinician communication, practices used these services infrequently, citing competing demands on their time and a lack of understanding about the potential value of exchanging electronic information.
- After trying a voluntary, group learning approach to engage practices in TA and QI activities, the State found that a more structured learning collaborative was more effective in that it formalized participation commitments in advance and included individualized support from a practice coach.
- Illinois facilitated improvements in the quality of perinatal care not only by offering educational materials and QI tools to clinicians but also by launching a collaborative that engaged 80 hospitals in data-driven QI projects.

Continuing Efforts in Illinois

Illinois will continue to pursue its CHIPRA quality demonstration activities until February 2016 under a grant extension approved by CMS. Moving forward—

- Illinois will continue to produce quality reports.
- Illinois plans to make resources developed as part of the medical home learning activities available to other practices in the State and to assist these practices in medical home transformation.
- Several hospitals, health departments, and practices will evaluate how clinicians are using tools designed to help them educate women about the importance of perinatal care and to improve the quality of perinatal care.
- The State will continue to work with pediatric practices on QI and to offer TA to hospitals through the ILPQC.
- Illinois will continue to identify enhancements to MCO contracts to promote QI, medical homes, and the quality of perinatal care.

Endnotes

1. 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.
2. The *CHIPRA Data Book* is available at http://www2.illinois.gov/hfs.
3. For more information on the Illinois Perinatal Quality Collaborative, visit http:/ilpqc.org.

LEARN MORE

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

The following products highlight Illinois'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 the CHIPRA quality demonstration States working together to improve the quality of health care for children?
- *Evaluation Highlight No. 11:* How are CHIPRA quality demonstration States using quality reports to drive health care improvements for children?
- *Evaluation Highlight No. 12:* How are CHIPRA quality demonstration States improving perinatal care?
- *Article:* Devers K, Foster L, Brach C. Nine states' use of collaboratives to improve children's health care quality in Medicaid and CHIP. Acad Pediatr 2013; 13 (6): S95-102. PMID: 24268093.
- *Reports from Illinois:* A report presenting baseline results for Illinois CHIPRA practices that completed the NCQA self-assessment is publicly available.

The information in this brief draws on interviews conducted with staff at Illinois agencies and participating health care organizations and a review of project reports submitted by Illinois to CMS.

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or the development of this summary: Dana Petersen, Rachel Burton, Vanessa Forsberg, and Amy Phillips. Margarita Hurtado also contributed to data collection.