

Spotlight on Oregon

July 2015

This brief highlights the major strategies, lessons learned, and outcomes from Oregon's experience during 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.

Oregon identified ways to improve child-focused quality measures

Before the CHIPRA quality demonstration began, Oregon reported 24 measures from the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set).¹ Using CHIPRA quality demonstration funds, Oregon—

- **Suggested improvements to the Child Core Set.** The State continued to report the 24 Child Core Set measures each year and assessed the set's feasibility for guiding the quality improvement (QI) activities of practices. Based on this assessment, the State suggested that CMS should include additional measures in the set and adjust the specifications for some measures to make the set more useful.

Oregon helped child-serving practices enhance medical home features

Oregon hired facilitators to help eight pediatric and family medicine practices in rural and urban areas implement components of the patient-centered medical home model (PCMH)—a specific approach to primary care designed to improve care coordination, access to services, and patient engagement. The facilitators worked individually

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

- Reporting on child-focused quality measures.
- Implementing the patient-centered medical home model.
- Improving the use of electronic health records.

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

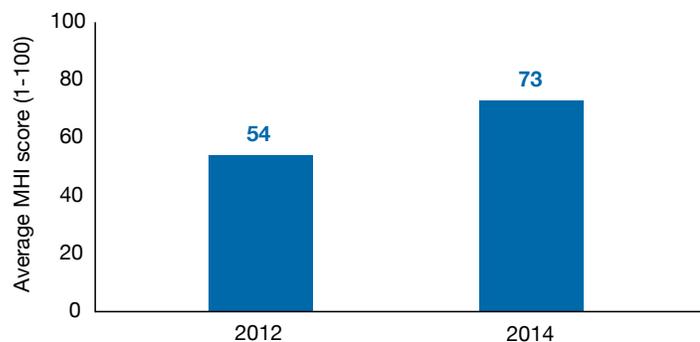
with practices to guide QI activities. Through a learning collaborative, the State also educated practices on the PCMH model and provided a structure and process through which they could learn from each other. Each practice received a yearly stipend of \$7,500 to support its work under the demonstration. With this assistance, the practices:

- **Implemented new screeners to identify children with special health care needs.** Most practices implemented new screeners to better identify developmental delays and behavioral health issues in children. However, several practices could not get some care team members to adopt new screeners because the members did not appreciate their usefulness or understand how to use them.
- **Improved care coordination for children with special health care needs.** Practice facilitators and CHIPRA quality demonstration staff educated practices on the goals and key components of care coordination. Practices pursued a range of strategies to coordinate care, including developing care plans specifically for certain conditions such as asthma or attention deficit disorder, connecting caregivers to community resources such as speech therapy and nutrition assistance, and educating caregivers on strategies for managing chronic conditions at home. To accomplish these tasks, four practices hired and paid for new care coordinators with their own funds; the remaining four practices made existing staff responsible for new care coordination activities. Several practices reported staff responsible for care coordination

are overburdened with large caseloads. However, given the lack of reimbursement for care coordination activities for children, practices indicated that they cannot hire additional staff and are concerned about retaining existing care coordinators and care coordination functions.

- **Implemented new caregiver engagement and education strategies.** The practices collected and analyzed survey data on families' care experiences in order to inform their QI activities.² Most practices also formed new parent advisory groups or expanded existing advisory groups to include caregivers for the first time. In addition, practices developed new materials to help educate caregivers on a range of conditions.
- **Used EHRs to provide more comprehensive and coordinated care.** Some practices integrated new condition-specific templates into their electronic health records (EHRs). Some also used EHRs to improve population management by pulling lists of children due for followup care or tracking if children referred for specialty care received such services. Adapting EHRs for a new purpose was time- and resource-intensive for practices, especially those without internal health information technology (IT) staff or health IT support from a parent organization.

Figure 1. Increase in the average Medical Home Index score for participating practices in Oregon



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

- **Achieved the highest-level recognition in the State's medical home program.** As a result of practices' efforts related to medical home transformation, practices

reported an overall increase in their Medical Home Index scores (Figure 1).³ All eight practices also received the highest level of primary care home recognition from Oregon's Patient-Centered Primary Care Home (PCPCH) program.⁴ Oregon developed an online resource that highlights lessons learned from the CHIPRA quality demonstration and is using it to help other practices in the State achieve PCPCH recognition. A few practices are also seeking to be recognized as a PCMH by the National Committee for Quality Assurance (NCQA).

Key demonstration takeaways

- Oregon identified ways to improve quality reporting and strategies, such as hosting a learning collaborative and employing practice facilitators, to support medical home transformation. The State plans to apply these strategies in future initiatives.
- Oregon helped practices identify and implement family engagement strategies and care coordination functions to improve care for children with special health care needs. However, practices are concerned about sustaining care coordinators and care coordination functions after the demonstration grant ends because reimbursement for care coordination services for children is not currently available.
- Practices adapted their EHRs to support care coordination, though doing so was both challenging and resource-intensive for practices without an internal health IT infrastructure.

Continuing Efforts in Oregon

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

- Practices plan to continue monitoring Child Core Set measures.
- Practices hope to maintain new care coordination and caregiver engagement strategies. However, several practices are concerned about retaining their care coordinators in the absence of reimbursement for their services.
- Oregon plans to help additional practices gain recognition under the PCPCH program. Practices will have access to the State's report on PCMH transformation and may receive support from practice facilitators, albeit at a lower level than that provided to demonstration practices.

Endnotes

1. For more information on the Child Core Set, visit <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>.
2. Practices in Oregon used the Consumer Assessment of Healthcare Providers and Systems (CAHPS)—PCMH Survey. For more information, visit <https://cahps.ahrq.gov/>.
3. For more information, visit <http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/highlight02.html>.
4. For more information on PCPCH, visit <http://www.oregon.gov/oha/pcpch/Pages/index.aspx>.

LEARN MORE

Oregon'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/or.html>.

The following products highlight Oregon's experiences—

- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 4:* How the CHIPRA quality demonstration elevated children on State health policy agendas.
- *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. 13:* How did CHIPRA quality demonstration States employ learning collaboratives to improve children's health care quality?
- *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.

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

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or the development of this summary: Mynti Hossain, Grace Anglin, Christal Ramos, Amanda Napoles, and Amy Phillips. Margarita Hurtado also contributed to data collection.