

Spotlight on West Virginia

July 2015

This brief highlights the major strategies, lessons learned, and outcomes from West Virginia'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.

West Virginia helped child-serving practices enhance medical home features

West Virginia helped 10 practices in rural and suburban areas implement components of the patient-centered medical home (PCMH)—a specific approach to primary care designed to improve care coordination, access to services, and patient engagement. The State contracted with a consulting firm to teach practices about the approach and to provide a structure and a process through which practices could learn from each other in a 1.5-year learning collaborative. CHIPRA quality demonstration staff worked individually with practices to implement quality improvement (QI) activities. With this assistance, practices—

- **Enhanced the coordination of care for children and adolescents.** Practices used demonstration funding to hire care coordinators to implement new care processes. For example, care coordinators in six practices called caregivers before a patient's visit to identify urgent or critical issues the caregiver wanted to discuss so that the provider was better prepared for the visit. Care coordinators also prepared caregiver education packets on such topics as obesity, connecting caregivers to community resources, and helping caregivers access specialty medical equipment. Some practices valued the

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

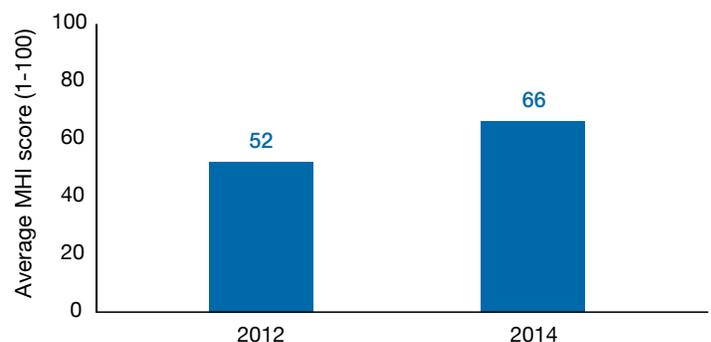
- Helping practices implement the patient-centered medical home model.
- Encouraging improvement in child-focused quality measures.
- Increasing the use of the State's Health Information Exchange.

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

care coordinators, although others found it challenging to integrate them into their practice. The State indicated that all practices are concerned about retaining care coordinators after the grant ends because there is no reimbursement for care coordination services.

- **Improved population management.** Care coordinators used each practice's electronic health records (EHRs) to identify patients who needed preventive services such as immunizations, well-child visits, or followup care.
- **Improved performance on the Medical Home Index (Figure 1).**¹ Although all practices are working toward medical home transformation, a few expressed concern about sustaining this work because there is no payment tied to PCMH recognition.

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



Note: Data were reported by West Virginia and not independently validated.

West Virginia helped child-serving practices use measures to guide their QI activities

Facilitators hired by the State helped the 10 practices not only to report on selected measures from the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, (Child Core Set) but also to use these reports to drive quality improvement.² The practices—

- **Reported 9 to 17 quality measures.** The State initially selected 17 of 26 Child Core Set measures for practices to report, but this proved to be more resource-intensive and challenging than expected. In response, the State asked practices to focus on reporting nine high-priority measures from their EHRs each month. Still, many practices were unable to do so for a variety of reasons, including limited EHR data-reporting capability, competing demands on staff and EHR vendor time, and a shortage of health information technology staff. In addition to using EHR data for reporting, practices fielded a standardized survey on caregiver perceptions of care in Medicaid and CHIP in order to report on the patient experience measure.³
- **Made changes in the delivery of care.** Despite challenges in reporting, the State produced quality reports comparing a practice's reported measures with those of other practices in the demonstration and across the State in order to help practices assess their performance. CHIPRA quality demonstration staff helped practices use quality reports to target their PCMH QI efforts. For example, one practice started routinely following up with caregivers to ensure that children received booster shots, and as a result, the practice raised its immunization rate for the booster.

West Virginia encouraged electronic data sharing

The State initially planned (1) to connect practices to its health information exchange (HIE), which would allow providers to exchange information electronically, and (2) to develop an electronic personal health record system that would allow caregivers to see their children's health information and to communicate with their provider electronically. The personal health record was designed to pull information from the State's HIE, but a delay in

the development of the exchange prompted the State to redirect its efforts to other forms of electronic data sharing. With demonstration funds, the State:

- **Recommended that practices use a secure email platform to communicate with other providers.** Even though all demonstration practices signed up to use the platform, other providers, including hospitals and specialists, did not follow suit. Therefore, the demonstration practices could not use the platform to communicate with most referral providers.
- **Helped practices use patient portals.** The practices started using patient portals in their EHRs to answer caregiver questions, share laboratory results, and refill prescriptions. Technical glitches in their portals and caregiver resistance to communicating with providers through the portals limited the technology's usefulness. Even so, the State noted steady progress in each practice's use of their respective portal.

Key demonstration takeaways

- Practices used CHIPRA quality demonstration funds to hire staff to carry out QI efforts and improve care coordination and population management. However, practices indicated that the lack of payment for care coordination and PCMH recognition will make it difficult to sustain these efforts.
- West Virginia used a learning collaborative to help practices track selected Child Core Set measures and implement QI efforts. Despite challenges associated with generating reports, practices used quality measures to inform their QI efforts.
- Delayed implementation of the HIE limited West Virginia's ability to enhance electronic communication among providers and between providers and caregivers.

Continuing Efforts in West Virginia

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

- Several practices plan to use their own funds to continue monitoring Child Core Set measures and working with care coordinators, while others are concerned about their ability to continue these activities.
- The State plans to apply lessons learned about care coordination to other initiatives.

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. Practices in West Virginia used the Consumer Assessment of Healthcare Providers and Systems (CAHPS)—PCMH Survey. For more information, visit <https://cahps.ahrq.gov/>.

LEARN MORE

West Virginia'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/wv.html>.

The following products highlight West Virginia'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. 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 West Virginia agencies and participating health care organizations and a review of project reports submitted by West Virginia 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, Embry Howell, Ashley Palmer, Vanessa Forsberg, and Elena Zarabozo.