

CHIPRA Quality Demonstration Grant

Project Manager: Stacy Warren Physician Champion: Dr. Marian Earls

Time Period - February 2010-February 2015

Geographical region, race and age

- Category A – All of North Carolina, children ages 0-21, all races
- Category C -7 Networks (12 practices in the first cohort, 12-15 in the second cohort-TBD), children ages 0-21, all races
- Category D – Any NC practice interested in participating

Category A - The vision of North Carolina over the 5 year grant period is that all 24 of the child health measures will be collected and reported to CMS as well as to CCNC (Community Care of North Carolina) providers statewide. In addition, a process to determine the impact of the measures on the health care delivery system is being implemented. We plan to report all measures annually to CMS. However, in order to focus on improvement in quality we also plan to report quarterly to our networks and practices so that they can drive improvement at a network and practice level. Therefore, as these additional pediatric measures are incorporated into the performance measures program for Medicaid recipients, the quality of healthcare for children throughout NC will be improved.

To date, the CHIPRA team has been able to meet our objectives of defining a process to collect and report data on several of the 24 measures. We are currently able to report on 13 of the 24 measures and anticipate by the end of 2012, we will be able to report on 23/24 measures. We have also added five additional measures labeled 'NC unique measures' that we intend to report to CMS in addition to the core set. We believe these measures will provide valuable information to the CCNC practices.

The CHIPRA grant has also inspired several promising statewide initiatives. We are currently in negotiations with the North Carolina State Center for Health Statistics (SCHS), North Carolina Immunization Registry (NCIR) and Public Health to stream Vital Records and immunization data into the Informatics Center so reports on these measures can easily be accessed at a network and practice level.

The NC CHIPRA team is also collaborating with the Division of Medical Assistance (DMA) to roll out an 'EPSDT Report Card' at a network and practice level. On a quarterly basis this report card will show EPSDT rates for all age groups under 21, rates of developmental screens, autism screens, vision, hearing, BMI and lead testing.

In addition to reporting on the measures, NC has hired 14 part-time Quality Improvement Specialists in the 14 CCNC networks (these networks support primary care practices throughout NC). These Category A QI specialists are responsible for analyzing practice and network level data relating to the 24 measures. The QI specialists are responsible for identifying trends in the data, defining areas for

improvement, participating in content specific training regarding the measures and, in conjunction with their network team, initiating quality improvement projects around these measures. The QI specialists will work within the network practices to assist with improvement processes. In June 2011, the QI specialists began to receive baseline data on many of the measures. Ongoing data will be available via the provider portal on a quarterly basis

To date, the QI specialists have participated in a general CHIPRA orientation. In addition to the general orientation, the CHIPRA team also participated in a 4-day intensive Quality Improvement training through the NC AHEC. The QI specialists will also receive ongoing monthly training and technical assistance for the duration of the grant period by our analyst, our pediatric physician consultant and members of the NC Center of Excellence for Integrated Care. These trainings and technical assistance will be specific to the 24 measures. Topics have/will include: how to retrieve and evaluate data, how to work with individual practices regarding specific measures to improve quality of care, how to track quality improvement projects, how to establish links in the community and make use of Health Department wrap-around services, how to properly bill and code for services. Training regarding clinical content include: general Bright Futures guidelines, BMI coding and pediatric obesity prevention, Dental Varnishing, ABCD (Developmental and Behavioral screening, referral and follow up), MCHAT (Autism Screening) and ADHD, ED utilization, Well-Child Visits, and routine screening for school age children and adolescents.

Category C - The core purpose of Category C is to develop and implement a plan to strengthen the medical home for children, particularly children and youth with special health care needs and to ensure the coordination of treatments and services within their communities.

A learning collaborative model is being used for the Category C initiative. This project has been named **CHIPRA Connect** as it is all about connections, linkages and relationships. An initial group of eleven practices within four Community Care of North Carolina (CCNC) Networks were chosen to participate in the first cohort. The learning collaborative lasts 18 months and will be repeated with a second cohort in the spring of 2012

In March 2011 we hosted a two day CHIPRA Connect Kick-off training which consisted of roughly 50 participants from the 11 practices and their networks. During this session the Connect practice teams received training on:

- CHIPRA overview and the Learning Collaborative Model (including PDSA)
- Community Linkages and referrals
- Maternal Depression Screening
- Child and Adolescent Mental Health Risk Factors and Screenings
- Birth to five General Developmental and Autism Screenings
- Overview of each practice's Baseline Data

The practice team, which is comprised of 2-5 members from each practice, also participates in monthly training/technical assistant calls.

Four full-time QI specialists have been hired to work with the four networks and 11 practices in CHIPRA Connect. In addition to participating in the monthly trainings, the QI specialists are given intensive technical assistance by the NC Center of Excellence for Integrated Care. This team provides regular site visits as well as technical assistance to the practices and networks.

With assistance from the NC Center for Excellence for Integrated Care, the QI specialists initiate Plan Do Study Act activities within each practice. In order to get real time data about progress, monthly chart extractions are also performed at each practice. Run charts are populated and feedback is given back to the QI specialists and the practices each month. The Run Chart data is currently available on the IC (Informatics Center).

QI projects vary from practice to practice. We intentionally chose practices to participate in the first cohort with a wide-range of skill levels and community resources so we could see how they would progress with the various initiatives. Projects include:

- Practices utilizing the AAP Mental Health Toolkit – eliciting concerns, engaging families, Motivational Interviewing, common factors approach, valid screening tools (full day training on the Mental Health Toolkit scheduled for July 2011)
- Practices linkages in their communities; reliable communication between systems, with specialists, Local Management Entities (LME), Child Development Service Agency(CDSA), schools and public health
- Implementation of a Risk Stratification Tool
- Implementation of the PORRT (Priority Oral Health Risk Assessment and Referral Tool)
- Implementation of various screening tools specifically for Maternal Depression and screening tools for school age children and adolescents.

CHIPRA is also involved with several statewide mental health initiatives including projects surrounding ADHD, foster care and co-location. The CHIPRA team has actively participated in the ABCD State Advisory and Quality Improvement committees, the CCNC Pediatric Workgroup and the Institute of Medicine Task Force on early childhood mental health.

Category D - Community Care of North Carolina (CCNC) is currently working with the Centers for Medicare & Medicaid Services (CMS), and the American Academy of Pediatrics (AAP) on developing and evaluating a Pediatric Electronic Health Record (EHR) model. Only the states of North Carolina and Pennsylvania have been selected for this pilot grant program to evaluate the effectiveness of the model in improving child healthcare quality. North Carolina is taking the unique approach of evaluating the model among smaller, independent healthcare providers, across a variety of EHR vendors.

The model is not a software application. Rather, it is a set of standards based on best-practices in quality child health care. Vendors who agree to participate in the project will be far

ahead of the curb when Pediatric EHRs are certified for Meaningful Use; particularly because that certification will be based on the model.

To date, for this project, CCNC has established a set of quality improvement measures that are aligned with national, state and local priorities, and has engaged providers and key stakeholders in discussion around those measures. Additionally, EHR vendors doing business in the state have been approached to participate in the evaluation of their products with application of the model requirements. This has also allowed vendors to showcase the pediatric content and function currently available in their systems. As the evaluation proceeds, trends should emerge that identify the areas of strength and opportunity in the model's effectiveness as a model of excellence in building information technology for use in child health care.