

Improving Health Care Quality Through State Partnerships

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Co-Sponsoring Organizations

American Academy of
Pediatrics

National Initiative for Children's
Healthcare Quality

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Q&A Session

To learn more about developing an improvement partnership, visit the Fund website:

<http://www.commonwealthfund.org>

Slide presentations and a full recording of the webinar will also be available on the Fund website.

Improving Health Care Quality Through State Partnerships

Judith S. Shaw, EdD, MPH, RN
Executive Director, Vermont Child Health Improvement Program
Research Associate Professor of Pediatrics

*Commonwealth Fund Webinar
September 30, 2009*

Overview of Improvement Partnerships

...a durable, regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children's health care.

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Webinar

9/30/09

MN @ HIP
Minnesota Child Health Improvement Partnership



*Kid*nitiative
WEST VIRGINIA



QUALITY IMPROVEMENT PARTNERSHIP



envision **new mexico**

The Initiative for Child Healthcare Quality



Why are States Developing Improvement Partnerships?

- Investments in improving the health care of children
- Recognition and embracing the local expertise – “all improvement is local”
- Innovation and success in the State is often not connected nor broadly disseminated, limiting the impact on child health outcomes

Shaw

*CWF
Webinar*

9/30/09

What Do Improvement Partnerships Do?

- Develop and test tools, measures and strategies
- Serve as a resource for improvement assistance
- Translate knowledge through engagement of national and local experts
- Disseminate findings, spreading successful approaches and informing policy
- Serve as convener, “honest broker”

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9/30/09*

Where are they located?

- AAP Chapters:
 - Arizona, Minnesota, Oregon, West Virginia
- Medicaid:
 - Connecticut, Michigan
- Department of Health:
 - Maine, New York, Ohio, Washington
- University:
 - New Mexico, Oklahoma, Utah, Vermont
- Children's Hospital:
 - District of Columbia

Shaw

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9/30/09

How Do IPs Develop?

- Typically evolve from project work
- Organization or group with passion
- Shared vision and buy-in that quality improvement is important
- Willingness to collaborate for greater good
- Funding is needed for specific project work, but not necessary to coalesce around the IP vision

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9/30/09



Mission

to optimize the health of Vermont children by initiating and supporting measurement-based efforts to enhance private and public child health practice.

In partnership with:

Vermont Department of Health

University of Vermont Department of Pediatrics, OB, FP & Psychiatry

Vermont Chapter of the American Academy of Pediatrics

Vermont Chapter of the American Academy of Family Physicians

Office of Vermont Health Access (Medicaid)

Vermont Agency of Human Services

Banking, Insurance, Securities & Health Care Administration (BISHCA)

Managed Care Organizations

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VCHIP Timeline



•Bright Futures

•VT Integrated Family Health Care System

•Improvement Partnerships

2008 →

•Care of the Opiate Exposed Newborn

2005-7

•Child Development

2004

•Chronic Illness

•Improving Prenatal Care

2003

•Child Mental Health

•Vermont Hospital Preventive Services Initiative (VHPSI)

2002

•Youth in Foster Care

•EQRO contract

2001

•Youth Health Improvement Initiative (YHII)

2000

•Vermont Preventive Services Initiative (VPSI)

1999

•VCHIP Executive Director Hired

1994-1998

•Formal presentation of VPSI to the AAP-VT Spring Meeting;
VCHIP core funding obtained for preventive services work

•Vermont Periodicity Schedule developed by Vermont Department of Health in collaboration with the AAP-VT and AAFP-VT Chapters

As of September 2009

- 15+ States with IPs, 5 are considering developing
- Projects include, preventive and developmental services, obesity, asthma, children's mental health
- 78% utilize advisory boards to guide infrastructure and projects
- 66% report 'stable' funding
- Over \$6 million in total funding, across 10 states as part of their IP efforts (as of 2008)

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National Improvement Partnership Network

- Sharing and problem solving
- Repository for tools, materials, speakers
- Connector to other states/regions, resources
- Technical assistance/Mentor – how to develop an IP
- Advisory to federal government and other federal or national initiatives
- Scholarship – publishing results
- Shaping funding opportunities

For more information:

www.improvementpartnerships.org

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Utah's Child Health Improvement Efforts

Nan Streeter, MS, RN

Utah Department of Health

October 2009



Utah Pediatric Partnership to Improve Health Care Quality (UPIQ)

Utah is the 3rd state in the nation to develop a Quality Improvement process for children's health

UPIQ was started in 2003 by pediatricians who wanted to replicate VCHIP in Utah

VCHIP assisted us along with support from the National Initiative for Children's Healthcare Quality (NICHQ)

Utah Partners

Intermountain Pediatric Society (IPS)/Utah Chapter of AAP

Utah Academy of Family Physicians

University of Utah

Department of Pediatrics and the Department of Family Medicine

Utah Department of Health

Division of Health Care Financing (Medicaid)

Division of Community and Family Health Services (Title V)

Intermountain's Primary Care Clinical Programs

Pediatric Education Services of Primary Children's Medical Center

HealthInsight (PRO)

Molina Healthcare of Utah

University of Utah Health Plans

Funding Sources

AAP CATCH grant

UDOH funding

- ❑ Medicaid (match)
- ❑ ABCDI and ABCDII Project
- ❑ Title V
- ❑ Immunization Program
- ❑ Asthma Program
- ❑ Medical Home Grant
- ❑ Other sources

Church of Jesus Christ of Latter Day Saints Foundation

Primary Children's Medical Center Foundation

“Building Research Infrastructure and Capacity” grant

(Agency for Healthcare Research and Quality)

Other grants

Objectives of UPIQ

Quality improvement aims to narrow the gap between what we know and what we do.

- Use collaborative model of learning
 - Build learning community collaborative
 - Design and commit to simple tests
 - Share experiences
-

First Learning Collaborative

First “Learning Collaborative” (LC) was directed at improving the delivery of preventive services to two-year old and four-year old Utah children, such as

- Immunizations
 - Screenings for vision, anemia, dental health
 - ETS exposure
 - Blood pressure
 - BMI
 - Car seat use assessment
-

Other UPIQ Projects

- Social-emotional development and maternal depression
 - Child development
 - Oral health (fluoride varnish)
 - Asthma
 - ADHD
 - Medical home
 - Obesity prevention
-

Individual Practice Service Improvements

Preventive Services	Pre QI	Post QI
Immunizations	64	81
Dental assessment	67	91
BMI recorded	23	47
Vision screening	45	78
Car seat advice	39	73

Adapted from: Evaluation of a Learning Collaborative to Improve the Delivery of Preventive Services by Pediatric Practices. Paul C. Young, Gordon B. Glade, Gregory J. Stoddard and Chuck Norlin *Pediatrics* 2006;117;1469-1476

Policy Changes

With the work with the ABCDI and II projects, we worked with Medicaid to change policy regarding child developmental screening and acceptable tools for screenings

We worked with Medicaid to effect policy change for fluoride varnish application by pediatric health care providers

Keys to Success

Partnerships – academic, medical and health, public, private, health plans, Medicaid, etc.

Stable funding source

Engagement in the process of QI on the QI process!!

Contact Information

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Improving Care & Outcomes for DC's Children

Mark Weissman, MD
DC Partnership to Improve Children's Healthcare Quality

Commonwealth Fund Webinar
September 30, 2009



The Diana L. and Stephen A. Goldberg Center
for Community Pediatric Health



DC PICHQ: Improvement Partnership

- **DC Partnership to Improve Children's Health Care Quality**
 - Launched November 2005
 - Commonwealth Fund grant
 - Children's National Medical Center (D.C.)
 - Matching funds & institutional home:
 - Goldberg Center for Community Pediatric Health
 - DC AAP chapter
 - State Medicaid program (DC)
 - VCHIP & NICHQ
 - Inspiration & mentoring



District of Columbia Chapter

American Academy
of Pediatrics



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DC Partnership to Improve Children's Healthcare Quality (DC PICHQ)

- **Vision:** To improve healthcare quality & outcomes for children in the District of Columbia



- **Goals:**
 - Build an enduring regional partnership (& funding)
 - Engage provider participation & leadership
 - DC AAP Chapter, academic centers & community practitioners
 - Partner with leadership from DC government & payors
 - Utilize demonstrated quality improvement (QI) methodologies to promote incremental change at practice- and system-based level
 - Produce data-driven & measurable outcomes

Expanding DC PICHQ Collaboration



District of Columbia Chapter

American Academy
of Pediatrics



DC APPLESEED
Solving DC Problems



Health RIGHT



DISTRICT OF COLUMBIA
BEHAVIORAL HEALTH ASSOCIATION



NICHQ National Initiative for
Children's Healthcare Quality



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Getting Started

- Identify compelling & unifying issue for IP's initial QI effort
 - Big IP vision vs initial QI initiative
 - Achievable data & outcomes
 - Think ahead: support, spread, & sustain
- District of Columbia: Medicaid EPSDT Preventive Care
 - *Salazar vs DC*: aligned DC Medicaid, MCO's (payors) & provider community



DC EPSDT QI Learning Collaborative

- Translated AAP guidelines & recommendations into EPSDT QI toolkit
- PDSA'd & implemented in key pilot practices
- Spread to major practices serving over 80% DC Medicaid enrolled children

DC PICHQ EPSDT QI TOOLKIT

This table provides detailed recommendations for preventive pediatric health care for infants and young children. It is organized by age group (0-12 months, 1-2 years, 2-5 years) and lists various clinical indicators such as immunizations, developmental screening, and physical examinations. Each indicator includes a brief description and a corresponding reference to the American Academy of Pediatrics (AAP) guidelines.



A sample form titled "WELL CHILD BY 1 MONTH" from the DC PICHQ toolkit. The form is designed for use by healthcare providers to track and document preventive care for infants. It includes sections for: Birth History/Parent Concerns, Physical Examination (Structural), Social/Family History, History of Illness, Assessment and Plan, Anticipatory Guidance/Prevention, Immunization/Screening, and Administrative/Documentation. The form is numbered "No. 1-07" and includes a note: "Remember: If the action was taken or completed, the space has been marked 'M' or 'C'."

DC PICHQ EPSDT QI Outcomes

NCCP National Center for Children in Poverty

States where 80 percent or more of the children enrolled in Medicaid receive an annual EPSDT health screen

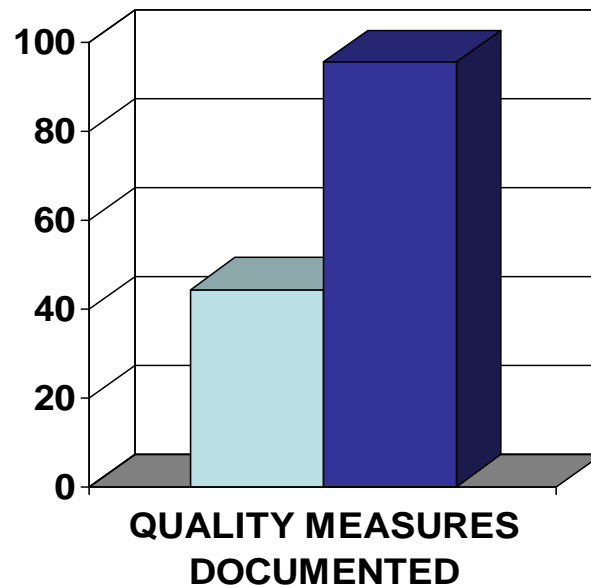
Ages 1-2

Connecticut
Delaware
District of Columbia
Iowa
Maine
Massachusetts
Rhode Island

Ages 3-5

Delaware
District of Columbia
Iowa
Massachusetts

■ NATIONAL (RAND) ■ DC EPSDT



- Only seven states report that more than 80 percent of 1- and 2-year-olds receive at least one screening. For children ages 3 to 5, only four states meet the 80 percent benchmark.¹
- *1. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, EPSDT CMS-416 Data, FY 2007, updated July, 1, 2008.*

- Applied 15 RAND-NEJM quality indicators to benchmark EPSDT “quality of care” in DC
 - Pediatric quality indicators were assessed and documented in an average of **95.5%** of patients (vs **44.4%** in the RAND NEJM 2007 study)



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DC Immunization QI Learning Collaborative

- DC DOH funded QI Target: Immunizations (19 – 35 mos)
 - CNMC & FQHC sites (Unity)
 - DC Immunization Registry
 - DC PICHQ
 - Results
 - CNMC Co-CASA: 75% ⇒ 88%
 - DC NIS STATE RANK: 17 ⇒ 6
 - CDC URBAN RANKING: DC ⇒ #1
- DOH now funding QI: 0-4 yrs



Before the Shot by Norman Rockwell

DC PICHQ Community QI Portfolio

Funded QI Initiatives

- DC EPSDT Preventive Care
- Immunizations (19-35 mos ⇒ 0-4 years)
- Childhood Asthma
- Medical Home-CYSHCN- Parent Navigators
- Developmental Screening-Early ID-Community Linkages (with DCPS)
- Childhood Obesity (proposed)

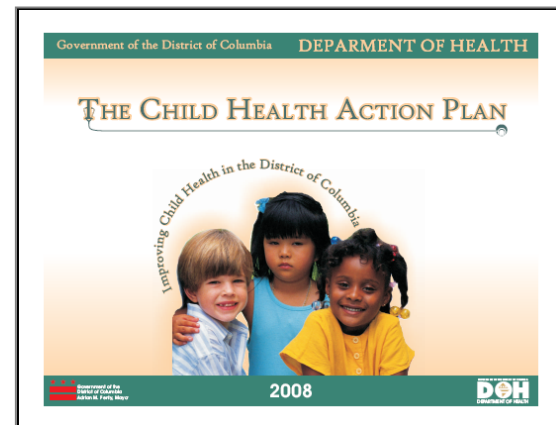


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DC PICHQ & DC AAP: DC Child Health Quality Council

- Purpose: to review child health data & identify city-wide health & QI priorities (2007)
 - DC DOH, Medicaid, payor CEO's & medical directors, community & academic providers, parent advocates & others
 - **DC Childhood Obesity Summit (2007)**
 - **Mayor's Child Health Action Plan (DC DOH 2008)**
 - **Medical Home Summit: Care Coordination for CYSHCN (2009)**



Improvement Partnerships: ROI?

- DC PICHQ & IP participants
- IP Sponsor: Children's National
- Children & Families



Yes- you can!

- Unprecedented change in health care
- Critical need for Improvement Partnerships



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