

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIPRA)
CHIPRA QUALITY DEMONSTRATION GRANT – YEAR 4 ILLINOIS UPDATE
2013-2014

CATEGORY A – QUALITY MEASURES

CHIPRA Core Measure Set

Illinois continues to make progress with reporting the core measure set. The initial core set included 24 measures. The measure set is updated annually with some measures being retired and new measures introduced. For 2013, Illinois reported on 25 of 26 measures. HFS was unable to report on one measure that is e-specified; HFS does not collect data from electronic health records (EHRs). The core set for 2014 reporting consists of [23 measures](#).

In October 2013, Director Julie Hamos announced the release of the CHIPRA Data Book, which reported on the CHIPRA core set measures over a 3-year period (2009-2011). The CHIPRA Data Book represents HFS' first public report on the CHIPRA core set of children's quality measures. Illinois intends to report annually on the CHIPRA core set and view the CHIPRA Data Book as a template for future reporting on an expanding set of HFS quality measures. The CHIPRA Data Book is available on the HFS Web Site at:

<http://www2.illinois.gov/hfs/agency/Pages/Reports.aspx>

The CHIPRA project will continue to collect and report on the core set and will release an updated Data Book in 2014.

Quality Measurement

The internal Quality of Care Measures Committee continues to meet regularly to improve measure collection, programming, testing and reporting processes. An annual data audit has been instituted to validate the data and programming for CHIPRA measures as well as many other quality measures used by HFS.

As HFS makes changes to its delivery system, many new organizations are involved in coordinating and managing care for Medicaid/CHIP enrollees. To assess quality in this evolving system, HFS is working to align performance/quality measures across the various types of organizations and models, has included most of the CHIPRA core measures in contracts that cover children, is moving away from state-defined measures in favor of nationally-endorsed measures, and is working to develop a standard core set of measures to be included in all coordinated/managed care contracts.

CAHPS

One of the CHIPRA core measures is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. HFS has engaged its External Quality Review Organization (EQRO), Health Services Advisory Group (HSAG), an NCQA CAHPS-certified vendor, to conduct and report on the CAHPS survey for the combined Title XIX (Medicaid) and Title XXI (CHIP) populations. Because of procurement/contracting delays, our survey is out of sync with normal CAHPS survey timing. Illinois is anxiously awaiting results of the

first survey (for 2013) and will deploy the 2014 survey in the Summer of 2014. By 2015, Illinois will be in compliance with the recommended CAHPS survey timeline.

Measure Development

As previously reported for Year 3, the CHIPRA project considered developing a new measure on follow-up after an emergency department visit, but instead opted to look more closely at emergency department utilization. A workgroup, chaired by HFS Medical Director Arvind Goyal, was convened and met during Year 4. The workgroup developed a [set of recommendations](#) for decreasing inappropriate emergency department utilization for HFS consideration. The recommendations focused on increasing access to primary and specialty care (including behavioral health), developing interventions for high emergency department utilizers, incorporating quality measures and incentives into coordinated/managed care contracts, care coordination/transition, and data/information sharing. Shortly after the recommendations were submitted to HFS, the Center for Medicare and Medicaid Services (CMS) released an informational bulletin with strategies to deliver appropriate care in the most appropriate settings, with focus on emergency department care. The CHIPRA recommendations and the CMS recommendations are closely aligned. For more information, read the workgroup's report and the [CMS informational bulletin](#).

CHIPRA continues to participate in the Agency for Healthcare Research and Quality's (AHRQ) Pediatric Quality Measures Program (PQMP) to provide a state perspective into the development of new/enhanced measures for the CHIPRA core set. AHRQ will be releasing a special supplement on performance/quality measure development in the Fall issue of Academic Pediatrics. The Illinois CHIPRA project contributed to the supplement with a state commentary on quality/performance measurement and Illinois' experience with the CHIPRA core set.

Quality Improvement

Illinois is working with Florida on a project to use measure results for quality improvement, and a number of options are being explored. In Year 5, the CHIPRA project will propose a process for using the CHIPRA core set and other quality measures for quality improvement.

The CHIPRA grant has allowed for integration of the CHIPRA core set and quality/performance measurement into ongoing HFS operations to ensure sustainability of quality measurement and improvement efforts in the Illinois Medicaid/CHIP programs.

CATEGORY B – HIE/HIT

Care Coordination – Statewide Provider Database

In Year 4, the Illinois Health Connect Provider Survey included a question about community/social service resources needed in specific geographic areas. This question was included in the survey to assist the Illinois Statewide Provider Database (ILSPD) in assuring that the database includes resources needed by providers in their communities. Through the survey, providers identified mental/behavioral health and

substance abuse as resources with the highest need. The survey results were stratified by county which will allow the ILSPD to focus efforts geographically where needs are identified. Although the ILSPD has been available to CHIPRA practices, few CHIPRA practices have taken advantage of this valuable tool. In Year 5, 20 practices participating in a Patient-Centered Medical Home (PCMH)-Asthma Learning Collaborative, will be provided access to the ILSPD, will receive training on its use, and will receive assistance in incorporating it into practice workflow to facilitate community and social service referrals. The ILSPD will help the practices meet PCMH requirements related to community referrals.

Illinois Health Information Exchange (ILHIE) Direct

In Year 5, 20 practices participating in the PCMH-Asthma Learning Collaborative referenced above will be provided with a 15-month subscription to ILHIE Direct, a direct secure messaging product to facilitate care coordination and sharing of protected health information. The service will be provided free of charge and will assist practices in meeting PCMH requirements related to care coordination/transition and sharing of data.

Prenatal Minimum Electronic Data Set (Prenatal MEDS)

CHIPRA continues to work with the Illinois Health Information Exchange (ILHIE) to plan testing of Prenatal MEDS. Prenatal MEDS will allow for a minimum set of prenatal service data to be shared with hospitals when women present for delivery. The vision is for direct extraction of data from electronic health records (EHRs), with hospital access to the data upon request, available through secure electronic exchange. A variety of options are being considered to test the proof of concept. In Year 5, OB practices and hospitals will be engaged to test the Prenatal MEDS application and provide input on its usefulness.

CATEGORY C – MEDICAL HOMES

Medical Home Resources and Support

Medical home resources continued to be available to CHIPRA practices during Year 4, although they were reassessed and reconfigured based on utilization. Because few practices took advantage of the PCMH webinar series and technical assistance/consultation, those resources were not available during 2013. The Illinois Chapter of the American Academy of Pediatrics (ICAAP) continued to offer on-line quality improvement initiatives on oral health and objective developmental screening and supported and led a PCMH peer learning group involving 14 practices. The learning group concluded in November 2013 and a report on the practices' experience and lessons learned is forthcoming. Feedback from practices regarding the on-line QI initiatives identified a need to redesign them to facilitate a team-based approach to quality improvement as required by PCMH principles. Based on this feedback, the on-line quality improvement initiatives will not be offered during Year 5. When the CHIPRA practices were initially engaged, they completed the NCQA Self-Assessment Survey. During Year 5, ICAAP will work with these practices to complete another NCQA Self-Assessment, compare the results between the pre- and post-survey to identify improvement in PCMH principles among the participating practices, and report on the findings.

PCMH Incentives

A CHIPRA workgroup was convened during Year 4 to develop recommendations to promote PCMH adoption among HFS providers. The workgroup considered literature, researched other states' PCMH initiatives, consulted with private payers, assessed various recognition programs, assessed aspects of PCMH within HFS' existing programs, and developed a series of recommendations. The recommendations include defining PCMH, adopting nationally-recognized recognition models, providing financial and non-financial incentives to assist practices with transformation, developing the infrastructure to promote and sustain PCMH, aligning incentives and involving private payers, and evaluating and reporting on the impact of PCMH. The report is being finalized and will be submitted to HFS senior leadership for consideration and possible implementation of key recommendations.

PCMH-Asthma Learning Collaborative

During Year 4, the CHIPRA Project, with assistance from ICAAP and Health Management Associates (HMA), convened an expert group to develop a curriculum and recruit practices for a PCMH-Asthma Learning Collaborative. The collaborative will focus on helping practices achieve PCMH principles, using asthma as a vehicle. This is a unique approach to a PCMH learning collaborative and will allow practices to address a priority issue within the context of PCMH, with the ability to apply the principles learned to other conditions. Twenty practices have committed to participate in the 12-month collaborative which includes plan-do-study-act quality improvement cycles. During Year 5, the CHIPRA Project will provide intensive support and technical assistance to practices through assigned practice facilitators, a quality improvement advisor, three face-to-face learning sessions, two action periods involving multiple small tests of change, ongoing education, data support, monthly data sharing calls, asthma experts and tools, a change packet, parent partner support, and access to the SPD and ILHIE Direct (as discussed above under HIE/HIT). Illinois has adopted many best practices and lessons taught from our Florida partners to make this Learning Collaborative successful for the practices involved.

CATEGORY E – IMPROVING BIRTH OUTCOMES

Illinois Perinatal Quality Collaborative (ILPQC)

The CHIPRA Project promoted the creation of a perinatal quality collaborative in Illinois based on the success of collaboratives in other states in terms of improved outcomes and cost savings. During Year 4, the ILPQC became a reality, with a kick-off conference in November 2013, attended by more than 180 participants. The first neonatal project (infant feeding/nutrition) was kicked off at the conference. Since that time, ILPQC has held two virtual OB boot camps, with a third scheduled for April 30, and will kick off the first OB project focused on early elective deliveries shortly thereafter. The response from birthing hospitals and Illinois' Perinatal Network System has been overwhelmingly positive and the ILPQC has formed many beneficial partnerships, including partnerships with the IL Chapter of the March of Dimes, the Midwest Business Group on Health, the Illinois Hospital Association, and the Illinois Department of Public Health.

While the CHIPRA grant provided seed money to fund development of a data system, staffing and basic infrastructure, and one important focus for ILPQC is to work on ongoing sustainability. Any information or suggestions that partners can provide in terms of opportunities for ongoing funding for this important work would be appreciated.

The link to the ILPQC website, which is still under construction, is below. Information available on the website includes ILPQC fact sheet and information about the kick-off conference and the virtual OB boot camps. <http://www.ilpqc.org/>

Prenatal Care Quality Tool (PCQT)

The PCQT is a tool developed by the CHIPRA Project to help prenatal providers deliver the ACOG/AAFP recommended content of prenatal care and includes a high-risk referral guide based on ACOG guidelines and requirements of the Illinois Perinatal Act. The tool was developed by clinical stakeholders convened by the CHIPRA Project, with assistance from eQHealth Solutions, HFS' quality improvement organization. The tool has been peer reviewed by clinical experts convened by eQHealth Solutions, as well as the Maternal-Fetal Medicine Co-Directors of the Illinois Perinatal Network.

The CHIPRA Project is participating in a CMS-sponsored quality improvement learning collaborative with 11 other states. Participation in the QI 201 initiative provides access to quality improvement expertise and individual consultation in designing a plan to test the PCQT. Planning is nearly complete to beta test the PCQT in Year 5.

Public Education Strategy/Provider Toolkit

The Public Education Strategy/Provider Toolkit was developed by the CHIPRA Project to help clinical and community providers educate Medicaid women on the benefits and importance of preconception, prenatal, postpartum, and interconception care. The toolkit includes:

- Health communication and social marketing materials (images, messages, text) that are easily adaptable to a variety of media
- An electronic guide of health education resources with direct links to free, publicly accessible materials
- Postpartum transition strategies for supporting and encouraging women to complete the postpartum visit
- Prenatal and postpartum checklist brochures to educate women about the importance of these visits and help them take an active role in their perinatal health care
- Information on text4baby and how to use this tool for patient education

Plans are underway to test the toolkit with clinical and community/social service providers during Year 5.

Care Transitions

The CHIPRA Project includes a focus on perinatal care transitions from delivery to postpartum care, and from postpartum care to ongoing primary/interconception care. A CHIPRA workgroup met during Year 4 to address hospital discharge issues. Based on a review of discharge materials/instructions from 19 birthing hospitals,

the workgroup developed strategies for supporting and encouraging women to complete the postpartum visit, as well as the postpartum checklist brochure, both of which are included in the toolkit referenced above. Late in Year 4, the workgroup was reconfigured to include appropriate expertise to address the next transition – to ongoing primary/interconception care.

It's hard to believe Illinois is in its fifth and final year of the CHIPRA Grant. The State has accomplished a great deal with the help and involvement of many partners and will work hard to complete the remaining tasks during Year 5.

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