

Infant Well-Child Visit Learning Collaborative: Affinity Group Q&A

September 27, 2021

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How to Submit a Question

- Use the Q&A function to submit questions or comments.
 - To submit a question or comment, click the Q&A window and select "All Panelists" in the "Ask" menu
 - Type your question in the text box and click "Send"
 - Only the presentation team will be able to see your questions and comments
- For technical questions, select "Host" in the "Ask" menu







Webinar Slides, Recordings, and Affinity Group Materials

The slides and recording from today and all Infant Well-Child Visit Learning Collaborative webinars, as well as the Affinity Group Fact Sheet and Expression of Interest Form are available at:

https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html



Agenda

Topic	Speaker
Housekeeping and Agenda	Alyssa Bosold, Mathematica
Welcome from CMS	Kristen Zycherman, CMS
Overview of the Infant Well-Child Visit Affinity Group	Jodi Anthony, Mathematica
Completing the Expression of Interest (EOI) Form	Alyssa Bosold, Mathematica
Questions and Discussion	Jodi Anthony, Mathematica



Welcome from CMS

Kristen Zycherman, CMS



Infant Well-Child Visit Learning Collaborative

- The Centers for Medicare & Medicaid Services (CMS) launched the Infant Well-Child Visit Learning Collaborative in August 2021
- State Medicaid agencies and their partners will have an opportunity to
 - Expand their knowledge of evidence-based interventions to improve the use and quality of infant well-child visits
 - Develop, implement, and assess a data-driven quality improvement project
 - Network with peers
 - Advance their knowledge of and skills in quality improvement



Overview of the Infant Well-Child Visit Affinity Group

Jodi Anthony, Mathematica



What is the Infant Well-Child Visit Affinity Group?

A group of state teams that hold.....

The same aim:

 To improve the equitable use and quality of well-child visits for Medicaid and CHIP beneficiaries, ages 0 to 12 months

The same plan:

- To develop partnerships (as appropriate) between state Medicaid, CHIP, public health maternal and child health programs, health systems, and other QI partners
- To use quality improvement to develop, implement, and scale effective approaches in their state

The same commitment:

To learn with peers and advisors to advance their knowledge and reach their aim



Mechanisms for Collaboration and Learning

Mechanisms	Frequency	Duration	Participants	Focus of Meeting	
Affinity Group Workshops	Monthly	60 minutes	All State Teams	 QI science content Subject presentations Peer sharing/learning Practice application of QI concepts tools 	
1:1 State Team Meetings	Every month and as needed	60 minutes	 Individual State Teams 	 State-specific support with QI Technical Assistance Team (QI Advisor, CMS, Mathematica) 	
Coaching Hours	As needed	60 minutes	 Optional attendance 	Group sharing, learning and coaching	
Newsletters, Resources, Worksheets					

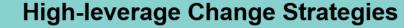


Infant Well-Child Visit Driver Diagram

Global Aim



Drivers



To improve the
equitable use and
quality of wellchild visits for
Medicaid and CHIP
beneficiaries, ages 0
to 12 months.

Align payment to support high quality well-child visits and reduce disparities

Use data to identify disparities and increase participation in well-child visits

Cultivate cross-sector, provider, and beneficiary partnerships

> Leverage Quality Improvement tools

> > Other?

Support:

- Pediatric medical home models of care
- Screening and referral that addresses the social determinants of health
- Community health workers and home visitors
- Telehealth well-child visits where there are barriers to in-person access
- Reach Out and Read, Centering Parenting, and other evidence-informed models to engage families in pediatric care
- Document and monitor disparities in well-child visit rates by race, language, geography, and other relevant factors
- Identify children not receiving well-child visits, uncover barriers, and provide assistance to their families
- Publicly report progress over time on stratified well-child visit rates
- Create common vision and goals with state/local public health departments, WIC, Title V
- Share data to identify and serve children
- Utilize the Quality Strategy, EQR recommendations, Collaborative PIPS
- Context specific innovations.....



Infant Well-Child Visit State Teams: Who Can Participate?



*State Medicaid or CHIP agency must serve as state team lead or co-lead



What Do Participants in Other Affinity Groups Say?





Affinity groups provided a unique opportunity to learn about and share best practices with peer states.

Collaboration with QI advisors and subject matter experts allowed states to pursue high-impact structural and policy changes.



Completing the Expression of Interest (EOI) Form

Alyssa Bosold, Mathematica



Infant Well-Child Visit Affinity Group: Participation Criteria

- Support from Medicaid and CHIP leadership
- State team that includes infant health, quality improvement, and data staff
- Well-articulated goals
- Understanding of opportunities and challenges in their state to improve care
- Access to data on infant well-child visit use and quality, including the W15-CH (W30-CH)
- Project lead ability commit approximately 10 to 12 hours each month to QI project



EOI Form

Be brief and use data when you can

1. Participation goals

Goals for participating, specifying data used to determine goals

2. State needs assessment

- Key challenges and opportunities related to quality well-child visits for infants ages 0 to 12 months in your state
- Description of disparities of importance to well-child visits
- Any current infant well-child efforts in your state
- Use of quality improvement tools in prior QI projects, such as managed care PIPs, if any
- Models of care and services supported by your state Medicaid or CHIP agency





Infant Well-Child Visit Learning Collaborative Affinity Group Expression of Interest Form

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the Infant Well-Child Visit Learning Collaborative Affinity Group, which will support state efforts to improve the use and quality of well-child visits among Medicaid and Children's Health Insurance Program (CHIP) beneficiaries ages 0 to 15 months. Through this affinity group, quality improvement (QI) advisors and subject matter experts will provide technical assistance to Medicaid- and CHIP-led state QI teams through individualized and group meetings. State teams will use QI tools to identify, implement, and test change ideas for improving infant well-child visit rates and quality. Participating state teams will meet monthly from September 2021 to September 2022 (with additional technical assistance available until September 2023). For more information on the affinity group, please see the fact sheet available here.



EOI Form Questions (2)

3. Early Project Ideas

Note: You do not need to have a project idea for EOI submission

4. Access and use of infant well-child data

- Access to and use of W15-CH and other metrics of interest
- Access to and use of admissions, discharge and transfer (ADT) data

5. Your team

- Names, titles, and affiliations of proposed team members
- Note: Team lead must be from the state Medicaid agency
- Include staff who can help gather and interpret data

6. Senior leadership support

 States must have the support of the Medicaid or CHIP director, medical director, or other senior leadership in the agency

Timeline for EOI Review and Startup

September 30 by 8 PM ET:

EOI forms due

October:

States notified of status







November:

First affinity group meeting (all state team members)

October:

CMCS and QI TA team calls with states



Well-Child Care Landing Page Contents

- Recording and transcript of this (and previous) webinars
 - Find at: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html
- Infant Well-Child Visit Affinity Group Fact Sheet
- Infant Well-Child Visit Affinity Group EOI Form
 - EOI forms are due September 30 at 8:00 PM ET



Questions



How to Submit a Question

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Thank you for participating!

Please complete the evaluation as you exit the webinar



 If you have any questions, please email <u>MACQualityImprovement@mathematica-mpr.com</u>





Appendix: Increasing Use and Quality of Infant Well-Child Visits Affinity Group FAQ's



Infant Well-Child Visit Affinity Group: State Team

Who should be on our state team?

- State teams should be led by a staff member from the state's Medicaid or CHIP program
- Given the focus on cross-agency collaboration, the team should consider including members
 of the state's Title V agency or other infant and early childhood state initiatives
- We also recommend that the team include at least one member who works with or has access to infant well-child data
- Can our state team include partners outside of the state's Medicaid/CHIP and Title V agencies?
 - Yes! CMS encourages states to partner with Medicaid managed care plans, health care providers, early care and education, WIC, and/or other stakeholders



Infant Well-Child Visit Affinity Group Team Capabilities

- You mentioned including a team member who has access to data. What are the requirements around data?
 - Data is foundational to QI initiatives. For this reason, we strongly recommend the state team be able to generate and share infant well-child measures (i.e., Core Set W15-CH) and to be able to run data frequently, ideally monthly



Infant Well-Child Visit Affinity Group Time Commitment

What kind of a time commitment should state teams expect?

- Based on prior affinity groups, we estimate that the project lead will need to commit approximately 10 to 15 hours each month to QI project
- Other primary team members will need several hours each month to attend workshops, participate in coaching hours, work on or prepare materials related to the affinity group, and work with stakeholder partners on the QI project



EOI Leadership Signoff

- The EOI form requests that state teams provide the contact information for senior leadership in the agency who supports the project's goals.
 Who would qualify as a senior official?
 - Senior officials may include the state's Medicaid director, Medicaid medical director, or other senior leadership in the agency, such as Director of Medicaid Managed Care (if your QI project will be implemented as part of managed care work) or a Director of Quality Improvement.

