

Information Session Webinar: Infant Well-Child Visit Affinity Group and Expression of Interest Process

Recorded September 27, 2021

Alyssa Bosold:

Welcome to the final webinar in our infant well child learning collaborative series, which is our Infant Well-Child Affinity Group Q&A and information session.

Next slide.

Before we begin, I want to cover a few housekeeping items. All participants logged into this webinar have been muted for the best sound quality possible.

We welcome audience questions throughout today's webinars through the Q&A window located at the bottom right corner of your screen. To send a question or comment related to the webinar, please highlight "All Panelists" and click "Send" in the "Ask" dropdown list.

We will address as many questions as possible during today's webinar. If you have any technical issues, you can also use the Q&A window. Please select "Host" in the "Ask" dropdown menu and describe your technical question or issue.

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I also want to let everyone know that this webinar is being recorded. The recording, slides, and transcript from the webinar will be posted on the Medicaid.gov Infant Well-Child Visit landing page. You'll also see that the slides and transcripts from our first two webinars have been posted there as well. And the link to that page is on the slide here, and we will also share it with you through the chat.

On the next slide I will review our webinar agenda.

So, the presentation portion of our webinar today will be about 25 minutes long, and we'll use the remaining time to answer your questions. So, we'll start off with a welcome from Kristen Zycherman of CMS. Then my colleague at Mathematica, Jodi Anthony, will provide an overview of the Infant Well-Child Visit Affinity Group. And I'll walk through the Expression of Interest form. From there, I'll turn it back to Jodi to facilitate our Q&A discussion.

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So now I'll turn it over to Kristen to get us started.

Kristin Zycherman:

Thank you. And thank you to all of you on behalf of CMS. Welcome to this Affinity Group Information Session for the Infant Well-Child Visit Learning Collaborative.

Our aim with this learning collaborative is to improve the equitable use and quality of well-child visits for our littlest Medicaid and CHIP beneficiaries, ages zero to 12 months. This learning collaborative is one of our maternal and infant health initiatives, MIHI, quality improvement initiatives within the Center for Medicaid and CHIP services within CMS. The goal of our quality improvement work is to support state Medicaid and CHIP agencies and their partners such as those in other state agencies, health plans, providers, other organizations to drive measurable improvement in quality of care and health outcomes for Medicaid and CHIP beneficiaries.

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Over the course of the Webinar Series and through the Affinity Group, which is the focus of today's session, we hope to provide state Medicaid and CHIP agencies and their partners in maternal and infant health with the information, examples, support, and tools that you all need to expand your understanding of data-driven interventions to increase the equitable use and quality of infant well-child visits.

Through the Affinity Group opportunity, states will develop, implement, and assess quality improvement projects, network with and learn from, as well as teach, their peers in other states. And advance their knowledge of quality improvement approaches and skills.

And back to you, Jodi.

Jodi Anthony:

Thank you, Kristen.

Okay. So, I'm going to just take a few minutes now to provide some background on what the Affinity Group will look like and who can participate.

Next slide, please.

So, let's begin with our use of the term Affinity Group. The Infant Well-Child Visit Affinity Group will bring together state teams who hold the same broad aim: to improve the equitable use and quality of infant well-child visits for infants ages zero to 12 months.

Each state Medicaid agency will develop partnerships within their state and use quality improvement to build an effective state strategy to increase use and quality of infant well-child visits and reduce disparities. And this project will be iteratively informed by their peers and individualized technical assistance.

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This slide shows the key mechanisms for collaboration and learning. Over the course of about one year, states will meet virtually each month for workshops with other state teams and attend regular one-on-one state team meetings with the Quality Improvement Technical Assistance team which includes a quality improvement advisor, CMS, and Mathematica staff.

Additionally, as needed, we will hold optional coaching hours. The meeting topics for each of these meetings will be tailored to the interests and needs of the Affinity Group members. The meetings will be supplemented by newsletters, key resources, and use of quality improvement worksheets.

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As noted above, CMS developed the overall global aim for this Affinity Group to improve the equitable use and quality of infant well-child visits for Medicaid and CHIP beneficiaries ages zero to 12 months. And if you participated in any of the infant well-child webinars to date, these drivers should be familiar. They include aligning payment to support high-quality well-child visits, using data to identify disparities and increase participation in well-child visits, cultivate partnerships, and leverage quality improvement tools.

Examples of the high-leverage change strategies are included here too, and to name just a few, to support pediatric medical home models, use of community health workers and home visitors, incentivizing equitable use of visits, and collaborative performance improvement projects.

However, this aim and the driver diagram itself is just a starting point. Through the Affinity Group, states will work to develop a tailored aim and test their chosen change strategies that takes into account their own needs and priorities.

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So, who can participate in the Affinity Group?

First, state teams must be led or co-led by someone from the state Medicaid or CHIP agency. States are encouraged to partner with their state Title V agency and other infant and early childhood initiatives as well as representatives from their Medicaid managed care plans, provider groups, and beneficiary groups.

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Finally, why would you want to participate in this Affinity Group?

States that have participated in other CMS affinity groups, including affinity groups focused on improving postpartum care, oral healthcare, and asthma control, have noted that the experience has helped them develop and remain on track with their QI goals, pursue high-impact structural and policy changes, and learn about and share best practices with their peers.

So, with that, I'll turn it over to Alyssa.

Alyssa Bosold:

Thank you, Jodi.

In the next few slides, I'm going to briefly walk through the participation criteria for the Affinity Group. And then I'll review the information that states will be asked to provide when expressing their interest in this opportunity.

Next slide.

Okay. In terms of Affinity Group participation criteria, as Jodi mentioned, each state team must have support from its Medicaid or CHIP leadership. Leadership may include the state's Medicaid director, Medicaid medical director, or other senior leadership at its agency.

State teams are also expected to have representation from staff working in maternal and infant health, quality improvement, and data. Each team should have the clear, well-articulated goals for participating in the Affinity Group. They should also have a good understanding of state-specific challenges as well as opportunities to improve infant well-child care for their beneficiaries.

As this will be a data-driven quality improvement effort, participating teams should also have access to infant well-child data for beneficiaries. They should be able to report on the Well-Child 15 Core Set measure and other relevant state-specific metrics, either at the time of application or soon afterwards.

Finally, the project lead should expect to commit about ten to 12 hours each month to the quality improvement project.

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The Expression of Interest form is available on the Medicaid.gov Infant Well-Child Care landing page. The Expression of Interest is in a pdf form in case it is helpful to print it out as you're gathering information. However, the form you'll actually submit to apply for the Affinity Group is an online form that is linked within the pdf.

In general, when completing the form, we ask that you be brief and use data wherever possible. You'll be asked to provide your state's goals for participating in the Affinity Group, as well as the data sources that you'll use to determine and monitor your progress towards these goals.

You'll also be asked some specific questions about infant well-child care in your state. Specifically, you'll be asked to summarize the key challenges and opportunities to improve equitable infant well-child care. You'll also be asked to describe disparities in well-child care and review any existing state Medicaid strategies or initiatives to improve equitable use and quality of infant well-child visits.

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Okay. We also ask that you provide any early ideas that you or your teammates have for the quality improvement project that you will pursue through the Affinity Group. It's not required or expected that you have a fully-developed project at this point, but if you do have ideas, this will help us to better understand where you're hoping to go with this work.

We also ask you to provide a bit more detail about your access to and use of infant well-child data.

And finally, we ask that you provide the names, titles, and affiliations of your proposed team members, including your team lead, and indicate whether you have leadership support at your state's Medicaid or CHIP agencies.

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Okay. The deadline for submitting the Expression of Interest form is Thursday, September 30, by 8:00 p.m. Eastern Time. Once the deadline has passed, we'll begin holding calls with states who expressed interest, and we'll notify states of their Affinity Group status in October.

In October, we're also expecting to hold meetings for state team leads to meet with the Quality Improvement Technical Assistance team. And then we'll kick off the first Affinity Group meeting for all state team members in November.

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Okay. So, I know I just gave you a lot of information at once, and we'll have plenty of time for questions and answers in a few minutes, but I want to again remind you that you can find the recording and the transcript of this, along with previous webinars, at—and the Affinity Group fact sheet and Expression of Interest form—on the [Medicaid.gov Infant Well-Child Care](https://www.Medicaid.gov/InfantWellChildCare) page, which is here on this slide.

And with that, I will turn it over to Jodi who will open it up for questions.

Jodi Anthony:

Thanks, Alyssa.

Next slide, please.

So, as Alyssa explained in the beginning of the session, a brief 12 minutes ago, you can use the Q&A function to submit questions or comments. Just click the "All Panelist's" and type your question into the open space, and hit "Send," and I will get it and read it aloud. And do my best to answer it.

So, let me give people a few minutes. We don't see any questions quite yet.

Please let us know if you have any.

While those questions are coming in, if you could, Olivia, just scroll to slide 23, and I'll go through the Frequently Asked Questions.

Okay. So, this was just covered, but just in case, I'll reiterate a few really important points and questions that have come in from some prior affinity groups.

So, again, just to reiterate that the state teams really need to be led by a staff member from your state's Medicaid or CHIP program. However, we want to emphasize the importance of cross-agency collaboration and to consider including members of the state's Title V agency or other infant and early childhood state initiatives. And we certainly have many experiences from prior affinity groups of some of these organizations being co-leads for the Affinity—for your state team.

We also recommend that the team include at least one member who works with or has access to infant well-child data. It is a quality improvement project, and data is key to that process. And so, having the ability to access and analyze data regularly is critical.

Can our state team include partners outside of the state's Medicaid, CHIP, and Title V agencies? Absolutely. We encourage you to partner with your Medicaid managed care plans, healthcare providers, early care and education, early childhood comprehensive systems, WIC, TANF, and/or other stakeholders that help you build out your project.

I think we have a couple of questions, so let me just see.

How many states can participate? Are there a certain number of spots available for this group? The short answer is no, there is no certain number of spots available. We'll take a look at the number of EOIs that come in, and our hope is that we can accommodate all of the applications.

I have a few more questions. Let me just go through them.

Will the Affinity Group address the content of the well-child visit such as autism screening, social determinants of health risks, and maternal depression? That's absolutely up to your state team to decide what should be included. We have been explicit in our focus that the – that we – that CMS want to see, and is hoping to support, an improvement in the use and also the quality of the well-child visits. And so, one of our high-leverage change strategies that we've articulated already is that screening for social determinants and maternal depression would be integrated into the visit. How those visits are further defined by your state is really a part of your change strategy. And I anticipate that there will be other states who are starting to define that and measure that as well.

Another question. Is there a list of state Medicaid programs and affiliated partners who have expressed interest available? No, we do not have that yet. The deadline is for September 30, and so we're still collecting those Expressions of Interest. If you would like to email us, and we can see if we can connect you with a state Medicaid agency in the states in which you – in which you work, we're happy to do that. And we'll – I think we shared our email earlier, but we can share it again at the end of this presentation.

And the next question. As a Medicaid plan serving three counties, should we try to partner with our state Medicaid agency? Absolutely. We would suggest you reach out to your state Medicaid agency and start to build out the team that can submit the Expression of Interest.

And, again, if you need help, you likely don't, but if you do need help making connections to your state Medicaid agency, we can try to help you do that.

Also, just to circle back, on which states have submitted EOIs, we will, once states have committed, we will distribute a list of participating states. That could be provided if that's what you would like as well.

Another question has come in. Are alternative payment models or value-based payment innovation something that can be included as a change strategy? Absolutely. An enhanced payment for group prenatal care, for example. Well, that second part is a little trickier. Because we really want to focus on the infant well-child visits, that's the primary focus of this Affinity Group. So, we are going to be looking for change strategies that directly affect the use and quality of infant well-child care. Having said that, if your value-based payment innovation includes infant well-child as well as prenatal and perinatal, postpartum, you know, I think you should include it, and we can talk it through, and try to make it work.

I also just want to let you know, and I'm not sure where this question is headed, but there is—CMS will be hosting an affinity group in about six months for focusing on reducing unnecessary cesareans, and so you could take a look and wait for that affinity group to come out as well.

Any other questions? I think I've answered them all.

I'll go to the next slide, see if there's anything here.

Okay. You mentioned including a team member who has access to data. What are the requirements around data? Well, as I've mentioned, data is foundational to quality improvement - QI - initiatives. So, we strongly recommend that the state team be able to generate and share at least the Core Set Well-Child 15 measure. But it's likely that there are going to be other data that are meaningful for your change strategy as well. At the state level, of course, that could include immunizations, or developmental

screening. But there could be other state-specific measures that you're either measuring at the local level or state level that you want to be able to use to help know that you're really effecting change as you test your different change ideas.

The other thing to just consider, too, is that some states from other affinity groups have really focused in on how to stratify their data by race, ethnicity, and other characteristics. And so, having a data person on your team who can help work through the challenges there might also be beneficial to your team.

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Okay. We did touch on this, but I just want to state again that, we anticipate that the project lead would need to commit somewhere around ten to 15 hour each month to the QI project. Fifteen is probably on the high end. We also recognize that everybody is busy and that this might feel a little intimidating. If you have a co-lead or a small group with whom you're working, you can certainly delegate or share tasks. But just to recognize that your primary team members will need several hours each month to attend the workshops, participate in coaching hours, work on any materials related to the Affinity Group. And then, of course, work with your stakeholder partners on your QI project.

I see another question that's just come in. How about quality measurement using validated well-child service quality measures like the Promoting Health Development Survey? So, I think your question is whether there's sort of a requirement that you have those data. And I'd say the short answer is "no," in that what I think is most important is for your state team to define what you are collectively trying to achieve and then build your data strategy, or your measurement strategy, in service of your aim. And if that includes your use of other validated survey and you want to promote that in some way, I think that's for your state to decide.

Again, we always worry that by us including the draft driver diagram that it may limit folks in their thinking around this, and we certainly don't want to do that. But we do want to offer some strategies based on what other states have shown to be effective and what some of the literature suggests as well. But what works for your state and your own context is for you to build out and test.

Okay. And I think we might have one more Frequently Asked Questions slide.

Leadership signoff. Yeah. Okay. So, the last question that we often are asked is around who needs to sign off, and we say senior leadership in the agency who supports the project goals. And, typically, this—what qualifies as a senior official is your state Medicaid director, your Medicaid medical director, or other senior leadership. And a really good rule of thumb is that if you start to get stuck in building out and testing your strategy, who can you go to help you get unstuck and help you move forward with your project's goals. And that's who should be participating and who should sign off as your senior official.

I'll give it a couple more minutes, see if any other questions come in.

Otherwise, Olivia, would you please turn back to slide 21?

I'm just going to give it another minute. I don't mean to rush anyone.

I'll say here that your Expression of Interest, we recognize, is a work in progress. You might not have your strategy built out yet, but you have a team, and you have dedicated folks who are willing to work on this. And then, really, over the course of the first few months, with us helping, you build out your strategy. So, you don't have to have your idea already fully baked. It's really just an opportunity for us to understand what you're thinking about and be fully prepared to support you as we move forward.

Another thing being that, you know, if you're not quite sure, you can also submit an EOI and we can have an initial discussion and figure out if and how, we can support you in moving forward. So, we encourage you to submit an EOI.

And here's our email address. You can also, if you have any follow-up questions, you can reach out to us. We will be quick to respond over the next few days and any time. But just in case you have some quick questions, we're here to help you.

And just to reiterate the due date, it's September 30, 8:00 p.m. Eastern Time.

And I'm just going to check to make sure we have nothing else from our internal team. Looks good.

Okay. So, unless there's any other questions, I think we can end—we can end.

So, thanks very much for your time, and we look forward to hearing from you with your Expression of Interest. Take care.