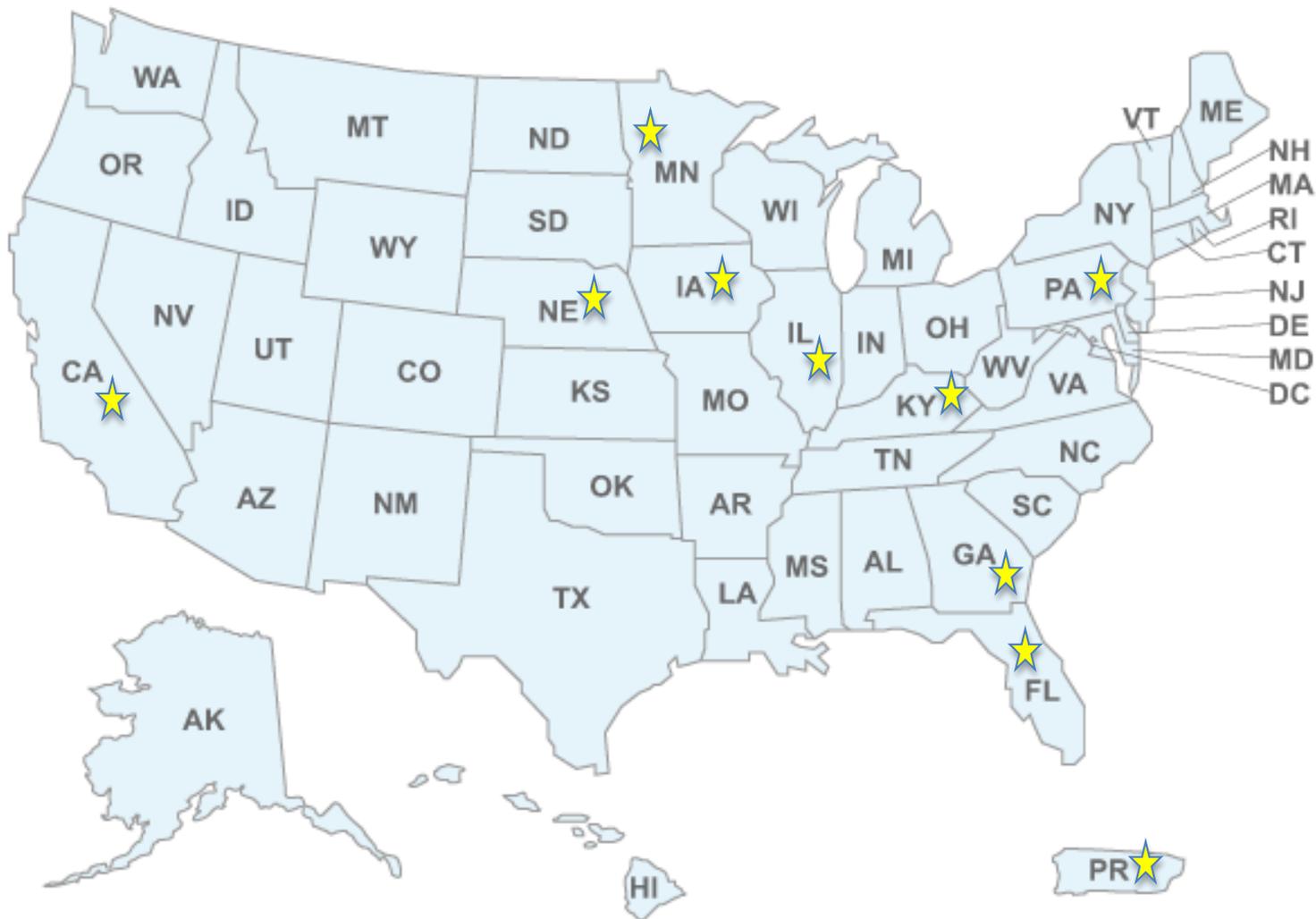

QI 201
Learning Session #8
Sharing Lessons Learned

April 25, 2014
2:30 – 3:30 pm (ET)

Agenda

- Welcome and Introductions
- QI 201 to Date
- Sharing Lessons Learned
- Next Steps

QI Team Introductions

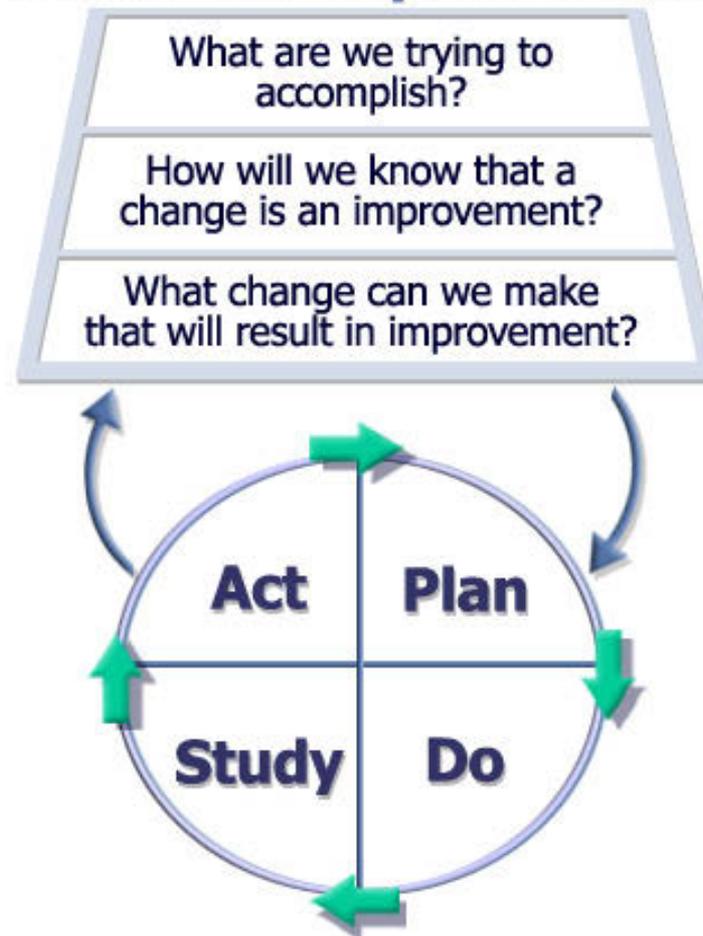


**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Today's Focus

- QI 201 Recap
- Sharing Lessons Learned
 - Iowa
 - Pennsylvania
 - Florida
 - Georgia

Model for Improvement



**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

QI 201 Goals

- Build capacity to conduct quality improvement projects
- Accelerate improvement in Maternity Core Measures
- Facilitate shared learning among Medicaid teams around improving the health of maternal and perinatal populations

QI 201 Learning Sessions

Session	Date	Topics Covered
Welcome	August 2013	Overview of Learning Series
Session 1	September 2013	Team Introductions and Overview of the Model for Improvement
Session 2	October 2013	Engaging Stakeholders and Aim Statements
Session 3	November 2013	Driver Diagrams
Session 4	December 2013	Designing Tests of Change
Session 5	January 2014	Measuring Improvement
Session 6	February 2014	Using Data
Session 7	March 2014	Building Improvement Capacity in the Field
Session 8	April 2014	Recap and Team Sharing
Session 9	May 2014	Wrap-up and Team Sharing

QI 201 Team Projects

Team	Topic
Illinois	Prenatal, Interconception, and/or Perinatal Care
Kentucky	
Nebraska	
Pennsylvania	Decreasing Early Elective Deliveries
Georgia	Postpartum Care
Puerto Rico	
Iowa	Tobacco Cessation for Pregnant Women
California	
Florida	Pediatric Medical Home (including Maternal Depression Screening)
Minnesota	

Team Sharing

Iowa QI Project

Maternal Tobacco Cessation

Paul Bryan, Lori Jarmon, Rachel Johnson, Jason Kessler, MD,
Sally Nadolsky, Koreen Rayl and Kelly Williams

Iowa Project Overview

Aim: By April 14, 2014, we want to improve Maternal Tobacco Cessation for Iowa Medicaid members to achieve the following results:

1. Reduce the percentage of maternal smoking during 3rd trimester from 22.2% to 19%.
2. Increase the number of provider referrals to Quitline by 50% for Medicaid members who are pregnant.
3. Increase provider confidence in the use of appropriate smoking cessation techniques for pregnant patients, including discussion of the risks and benefits of medications when appropriate, by 25% by April 2014 and by 50% by December 2014.

Stakeholders and Partners

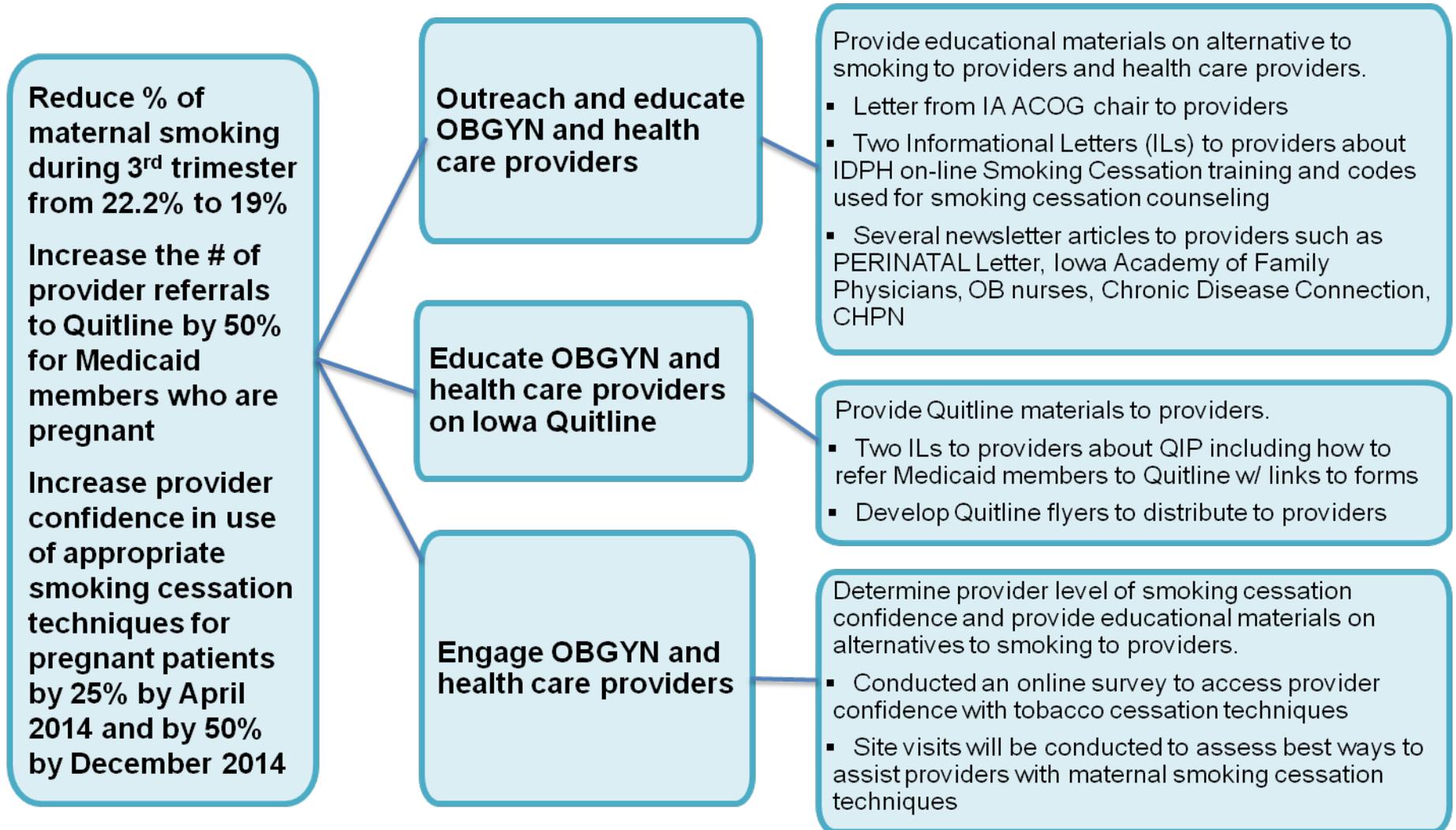
Laura Eiklenborg, OPTUM
Michelle Gogerty, March of Dimes
Lynn Himmelreich, ARNP, Univ. of Iowa
Debra Kane, PHD, IDPH
Laura Malone, Iowa Hospital Association
Meg Nugent, IDPH
Jerilyn Oshel, Div. Tobacco Prevention
Di Petsche, IDPH
Betsy Richey, IDPH
Suzanne Rita, Magellan
Dawn Schissel, MD, IA Academy Family Physicians
Stephanie Trusty, IDPH
Debra Waldron, MD, UIHC
Denise Wheeler, IDPH

What shaped our decision to implement a QI Project on your selected topic?

- Maternal Tobacco use-Prevalence 25-30% (n=3161-3794)
- Reducing maternal tobacco use is a priority in the state of Iowa
- Tobacco use is associated with 11% of Medicaid spending (national)
- Improve birth outcomes (Ectopic pregnancy, fetal death, PTB, LBW, placenta abruption, etc.)
- Will increase quality of care, improve health outcomes, and/or reduce medical expense

Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health

Iowa Driver Diagram



Iowa Measurement Plan

Measurement Strategy: Testing the impact of provider education and outreach

Outcome Measures

- Percentage of maternal smoking during 3rd trimester reduced
- Percentage of Quitline referrals increased
- Percentage of provider confidence with smoking cessation increased

Process Measures

- Percentage of maternal smoking cessation reported at medical visit
- Percentage of Quitline referrals reported by vendor
- Percentage of provider confidence self-reported in on-line survey

Balancing Measures

- Birth certificate data
- Provider experience data (on-line survey)
- Improved Quitline reports

Data Collection Strategy:

Data being used:

- Birth certificates
- On-line surveys
- Site visits
- Reports from Quitline

Partners in data collection and analysis:

- Quitline
- IDPH
- Iowa QI 201 team

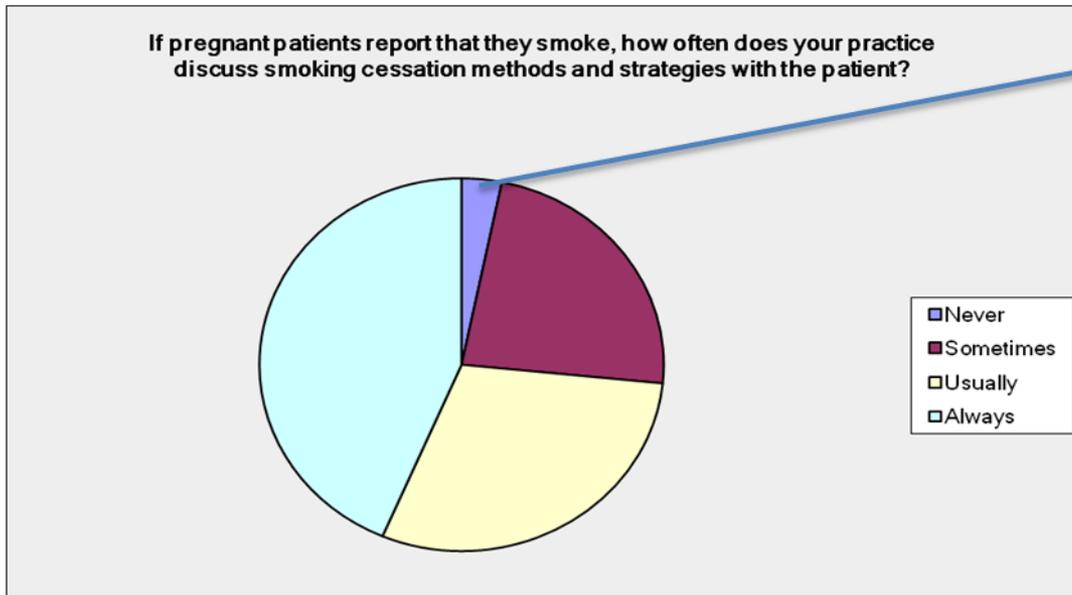
Frequency of data collection:

- Birth certificates (annually)
- Quitline (monthly)
- Surveys (biannually)

Iowa Baseline Data

If pregnant patients report that they smoke, how often does your practice discuss smoking cessation methods and strategies with the patient?

Answer Options	Response Percent	Response Count
Never	3.2%	3
Sometimes	23.4%	22
Usually	29.8%	28
Always	43.6%	41
answered question		94
skipped question		1



Opportunity!

Data from: IME Provider Survey, 2014

Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health

Iowa Team Reflection

Learning: How will you use the information from your early tests of change to modify your QI approach?

May need to increase education and outreach opportunities to encourage providers to refer pregnant patients to Quitline

What surprised you about the work you have done so far on your project?

Providers reported they were too busy to participate in a pilot

What assumptions, if any, did you have at the beginning that have been challenged?

We thought that practices would be enthusiastic about the opportunity to work with us on the Tobacco Cessation project.

What advice would you have for another QI Team beginning a project like yours?

Have a back-up plan in place if the initial plan doesn't work. We spent a lot of time organizing a pilot to recruit providers to help with baseline data collection and when that didn't work we had to quickly organize an alternative way to get the baseline data.

Scaling: How will you scale and spread your QI project going forward?

Recruiting and involving more clinics.

Questions and Discussion

Improving Maternity Care in Pennsylvania's Medical Assistance Disparate Populations

Michele Robison
Office of Medical Assistance Programs

Pennsylvania QI Project Overview

Aim: Pennsylvania's goal is to improve maternity care in its disparate Medical Assistance population.

Approach: Pennsylvania implemented Pay-for-Performance Programs, Reporting Requirements, and an Electronic Data Element Extraction Initiative to improve maternity care in disparate populations.

Stakeholders and Partners

Medicaid Managed Care Organizations

PA Department of Public Welfare, Office of Medical Assistance Programs

PA Department of Health

External Quality Review Organization (EQRO)

What shaped your decision to implement a QI Project on your selected topic?

- Medicaid beneficiaries have higher birth rates
- Medicaid beneficiaries have higher rates of non-compliance with pregnancy care
- Preventing one negative birth outcome can save millions of healthcare dollars
- Race/Ethnicity data has shown disparities exist between African American and White

Pennsylvania Driver Diagram

Improve Maternity Care in Medicaid Disparate Population

Timeliness of Prenatal Care

- MCO Pay-for-Performance
- Provider Pay-for-Performance
- BMCO Oversight – Quarterly Quality Reviews
- OB Needs Assessment Data from Adult Quality Measures Grant

Frequency of Ongoing Prenatal Care: $\geq 81\%$ Expected Visits

- MCO Pay-for-Performance
- Provider Pay-for-Performance
- BMCO Oversight – Quarterly Quality Reviews
- OB Needs Assessment Data from Adult Quality Measures Grant

Postpartum Care

- MCO Pay-for-Performance
- Provider Pay-for-Performance
- BMCO Oversight – Quarterly Quality Reviews
- OB Needs Assessment Data from Adult Quality Measures Grant

Percentage of Live Births Weighing Less than 2,500 Grams

- OB Needs Assessment Data from Adult Quality Measures Grant
- DOH Vital Statistics Information
- PA Performance Measure
- CHIPRA Quality Measure

Perinatal Depression Screening

- OB Needs Assessment Data Form
- PA Performance Measure
- BMCO Oversight – Quarterly Quality Reviews

**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Pennsylvania Measurement Plan

Measurement Strategy:

- HEDIS® Reporting
- PA Performance Measures Reporting
- Data Element Extraction from OB Needs Assessment Form

Outcome Measure

- Percentage of Live Births Weighing Less than 2,500 Grams

Process Measures

- Timeliness of Prenatal Care
- Frequency of Ongoing Prenatal Care: $\geq 81\%$ Expected Visits
- Postpartum Care
- Perinatal Depression Screening

Data Collection Strategy:

- Encounter data submitted by the Managed Care Organizations
- Data extraction from the Provider's EHRs
- Data validation by EQRO

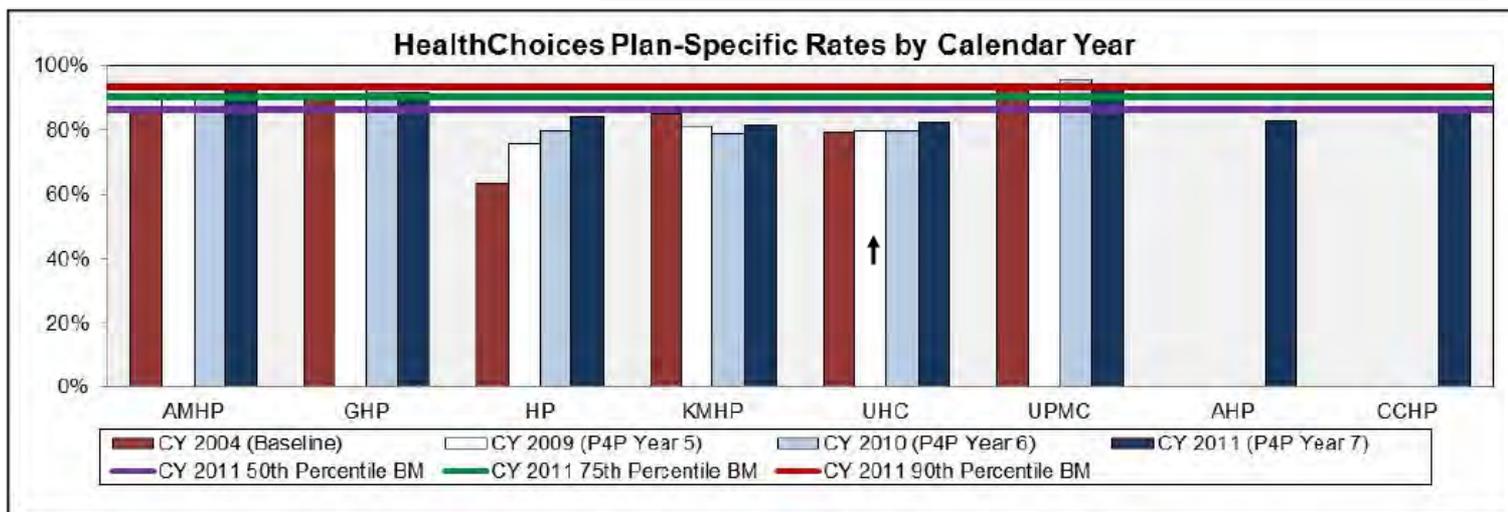
Data from Pennsylvania

Prenatal Care in the First Trimester

Measure Description:

The percentage of women who received prenatal care during their first trimester of pregnancy.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	82.3%	84.5%	85.9%	86.7%
50 th Percentile BM	81.3%	85.9%	86.0%	86.1%
75 th Percentile BM	86.4%	90.0%	90.0%	90.4%
90 th Percentile BM	89.5%	92.7%	93.2%	93.3%



1. Arrows indicate a statistically significant change from the previous year.

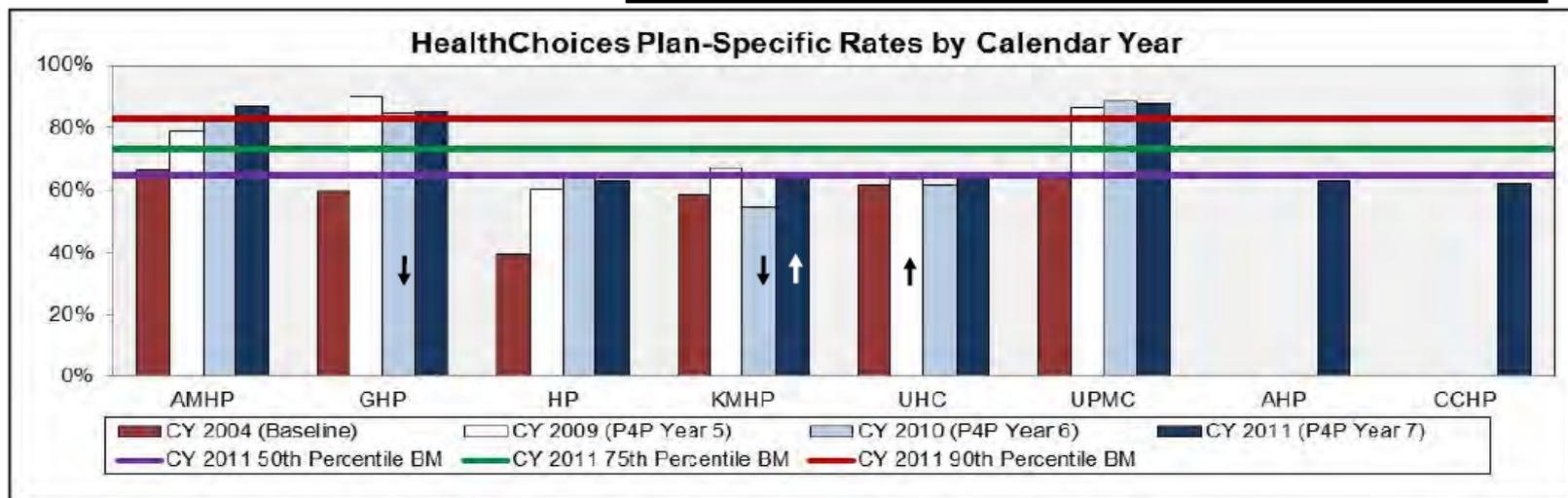
Data from Pennsylvania (cont'd)

Frequency of Ongoing Prenatal Care: $\geq 81\%$ of the Expected Number of Prenatal Care Visits

Measure Description:

The percentage of pregnant women who received 81% or more of the expected number of prenatal care visits.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	59.3%	72.8%	72.6%	72.9%
50 th Percentile BM	57.5%	64.2%	64.4%	64.7%
75 th Percentile BM	67.6%	73.7%	74.9%	73.0%
90 th Percentile BM	80.0%	82.2%	81.8%	82.8%



1. Arrows indicate a statistically significant change from the previous year.

Data from Pennsylvania (cont'd)

Analysis of Racial Disparities: Prenatal Care

- For prenatal care rates, all HealthChoices Zones show disparities between African Americans and Whites for CY 2011¹.

HealthChoices Zone	CY 2011 Rates					
	Prenatal Care in the First Trimester			Frequency of Ongoing Prenatal Care		
	African American	White	% Point Difference	African American	White	% Point Difference
Southeast	78.9%	84.2%	5.3	54.2%	71.3%	17.1
Southwest	89.5%	92.6%	3.1	72.4%	86.8%	14.4
Lehigh/Capital	87.6%	94.5%	6.9	78.4%	85.4%	7.0
All HealthChoices	81.5%	90.4%	8.9	59.2%	81.1%	21.9

¹ Prenatal care measures are: *Prenatal Care in the First Trimester* and *Frequency of Ongoing Prenatal Care: ≥81% of the Expected Number of Prenatal Care Visits*.

Pennsylvania Next Steps

Learning:

- PA's weighted average for Prenatal Care weighted average is above the 50th percentile
- Prenatal Care rates shows disparities exists between African Americans and Whites
- Frequency of Ongoing Prenatal Care weighted average is above the 50th percentile
- Data element extraction has been challenging

Scaling:

- Quarterly Quality Review Meetings with the MCOs
- Continue MCO and Provider Pay-for-Performance Initiatives
- Plans not reaching the 50th percentile benchmark will be penalized
- Continue to work with MCOs and EHR vendors to increase availability of data element extraction from EHRs

Questions and Discussion

Florida QI Project

Sustaining and Spreading the Pediatric PCMH Model

Contributors:

Florida Agency for Health Care Administration
Health Management Associates
University of Florida
University of South Florida
American Academy of Pediatrics
Ruth Gubernick Consulting

Florida Project Overview

Aims: To provide assistance to 35 practices in areas where they are having difficulty making or sustaining improvements.

To develop a plan on how to spread the medical home model to Florida pediatric practices who serve Medicaid/CHIP enrollees but did not participate in the CHIPRA Quality Demonstration Grant.

Stakeholders and Partners

Florida Chapter of the AAP
The Family Network on Disabilities
Agency for Health Care Administration
Department of Health
Florida HATS
Florida Healthy Kids Corporation
Health Management Associates
Florida Blue
U of Florida
U of South Florida

The decision to implement a PCMH project was influenced by

- A pilot project in Jacksonville that was administered in part by the Department of Health
- A state medical home report that was submitted to the legislature
- Promotion of the medical home by Florida Blue
- Evidence that there may be cost savings under the medical home model
- Ability to partner with the AAP who have expertise in facilitating medical home transformation

Florida Measurement Plan

Measurement Strategy: For the first aim we have 26 practice-level measures that are tracked and reviewed by practice facilitators.

Practice level measures include items such as:

- Percentage with an identified PCP
- Percentage whose identified PCP provided the most recent health supervision visit
- Percentage of comprehensive care plans offered and reviewed by families
- Percentage of visits where family concerns are elicited
- Percentage of follow up visits scheduled or recommended

Additionally, the practices are assessed on the non-hybrid core CHIPRA pediatric measures, CAHPS PCMH, and several staff and practice leadership outcomes.

Data Collection Strategy:

- Practice teams report the 26 measures monthly
- Additional data is assessed annually

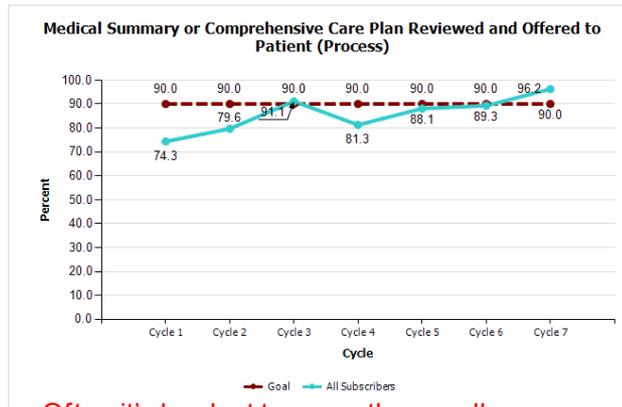
Round 2 Team Data

Reported “surprises”

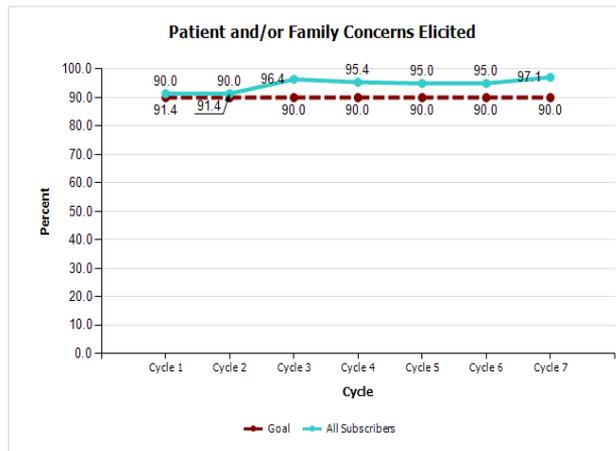
- We took things for granted that we were doing the right thing for the patient but our parent partners had a different perspective – we learned to respect and accept that.
- The amount of improvements achieved by asking our staff for ideas.
- Referral tracking is really helping us with follow-up.

Reported barriers

- Implementing a new EHR.
- Limitations of our EHR.
- Staff changes/turnover
- Getting parents to activate the patient portal..
- Consistent use of tracking tools.

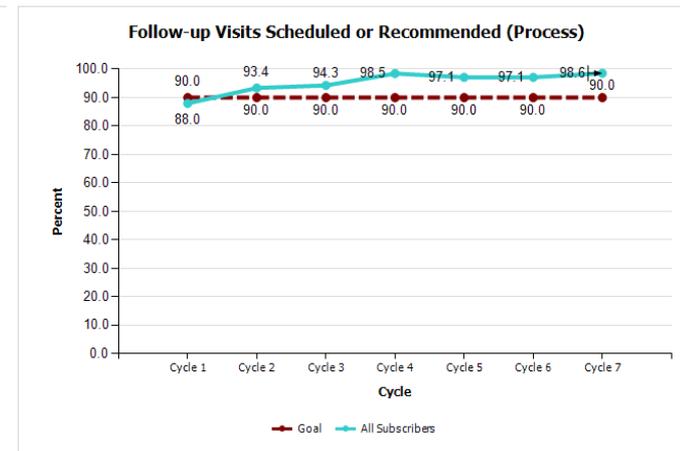


Often it's hardest to move the needle when everyone is already doing something well...but these teams did it!



Something important learned

- The value of teamwork!
- Daily huddles help us prepare for our patients and our day.
- Two-way communication is essential – everyone’s input must be elicited and encouraged.
- There is a need for continual for learning from small changes
- We get great feedback/input from our parents/families.



Added QI Wisdom...

- How to better help practices prioritize where they want/need to put their time and efforts for testing change
- How to encourage practices to use their data (i.e., baseline MHI results)
- How to create opportunities for practice teams to meet together (in between learning sessions) to share resources and experiences

Florida Spread Plan

We know practices can transform to become PCMHs, so how do we move that to a statewide program?

- Initially we thought the spread portion of our QI project would occur through convening stakeholders, but this has proven to be difficult through our various efforts
- We need to identify one organization willing to take on the sustainability and spread of PCMHs in Florida. The project has also recently named new chairpersons for our leadership group.
- We also struggled with determining the message and getting the attention of the Medicaid/CHIP stakeholders. Language in the 1115 Managed Care waiver is a step in the right direction!
- Operationalizing the PCMH is hard, especially when there is resistance to using national recognition programs (i.e CHIP plans)
- We need to keep working on identifying what data is needed to motivate key stakeholders, providers, and other organizations to take on the medical home model. We are still processing our data so it may be premature to identify what data is needed.
- Ultimately, we need internal and external buy in and we seek a permanent leader for the pediatric medical home project that will be engaged in advocacy and spread

Questions and Discussion

Georgia Reproductive Life Planning Pilot Quality Improvement Project

- Jacqueline Collins, RN, CPHQ, Sr. Director, Quality Improvement, WellCare of Georgia, Inc.
- Lisa Maleski, MPH, Manager II, Amerigroup RealSolutions in Healthcare, Georgia
- Tracy D. Smith, Director of Provider Relations, Peach State Health Plan
- Cheryl C. Grant, Accreditation Specialist, Peach State Health Plan
- Dr. Janice Carson, Deputy Director of Performance, Quality and Outcomes, Georgia Department of Community Health

Georgia Reproductive Life Plan (RLP) Pilot

Aim: By April 2014, achieve a five percentage point increase over baseline in the number of pregnant women (within pilot practices) who have documentation in their medical chart of a reproductive life plan or a discussion about births and birth spacing.

Approach: Select and engage two high volume OB practices per CMO as pilot sites. Conduct face-to-face visits with each practice to explain the project and encourage reproductive life planning with their patients during antenatal visits.

Stakeholders and Partners

Department of Community Health (DCH)

NICHQ (the National Initiative for Children's Health Quality)

Amerigroup RealSolutions in Healthcare, Georgia

Peach State Health Plan

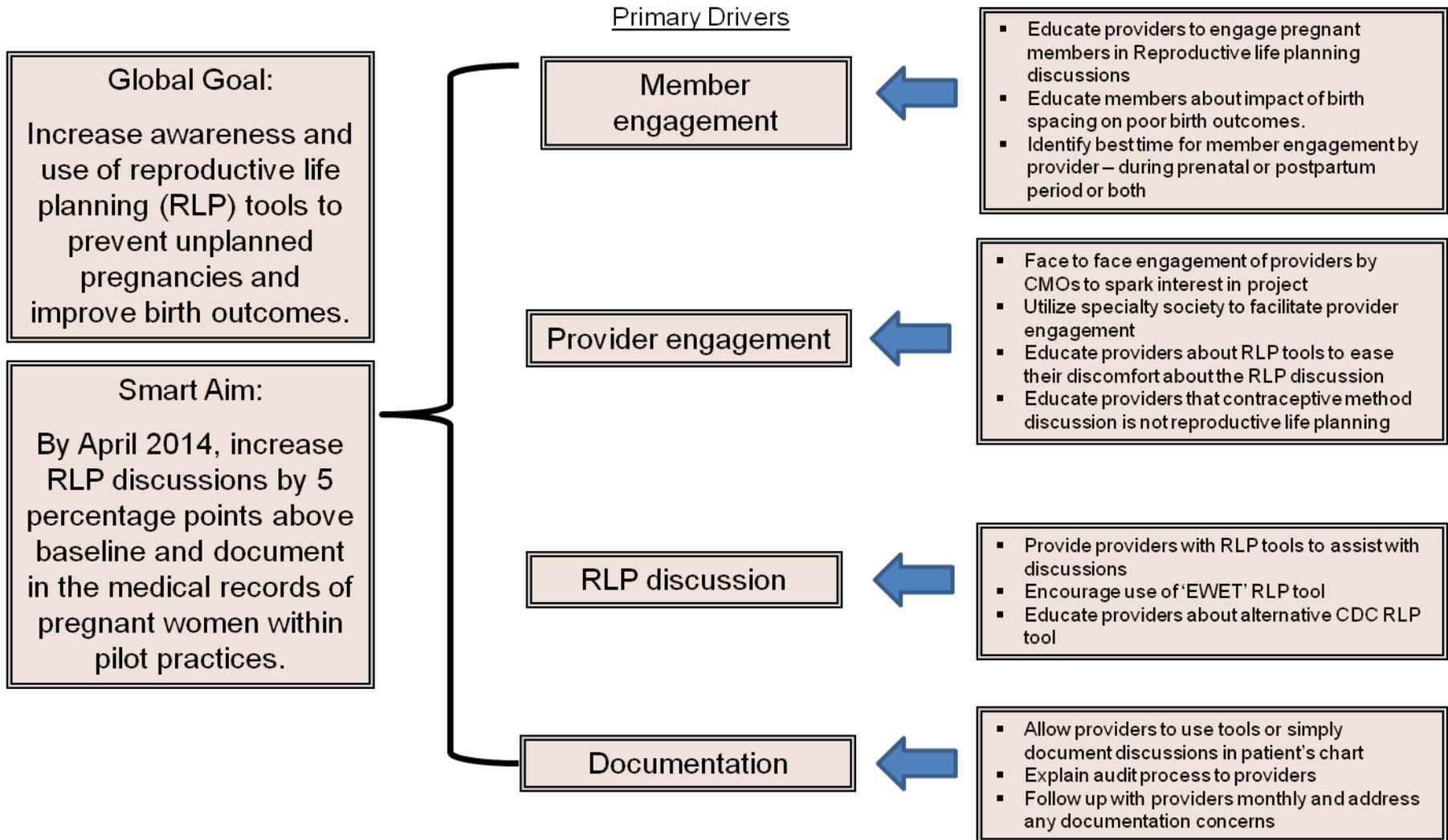
WellCare of Georgia, Inc.

What shaped your decision to implement a QI pilot on your selected topic?

- Georgia's participation in the CoIIN
- Georgia's 1115 Demonstration
- Outcomes associated with the Demonstration

Georgia Driver Diagram

Secondary Drivers



Georgia RLP Measurement Plan

Measurement Strategy:

- Will test two hypotheses:
 - If face to face provider engagement improves frequency and documentation of reproductive life planning by pilot providers.
 - If pilot providers have a preference for the RLP tool used to document the discussions.
- Will measure the implementation and effects by conducting chart audits using a standardized audit tool

Data Collection Strategy:

- Each CMO's Quality Improvement staff will collect and analyze chart audit data
- December 2013 will be used as a baseline measurement period, with monthly tracking going forward

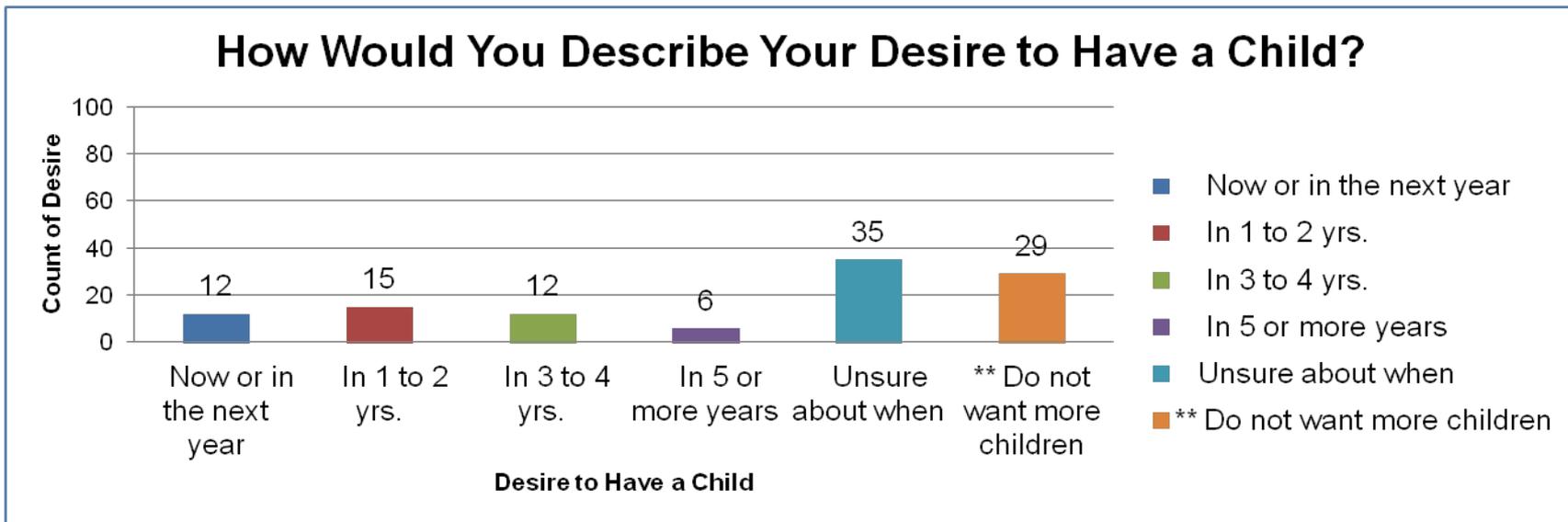
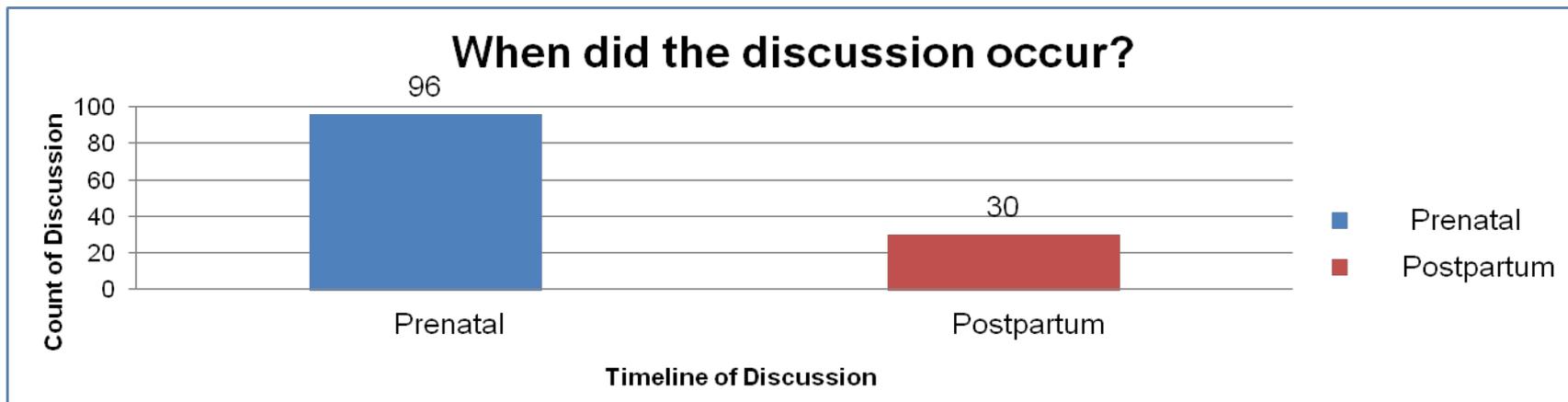
Outcome Measure:

- Increased documentation of reproductive life planning by five percentage points over baseline.

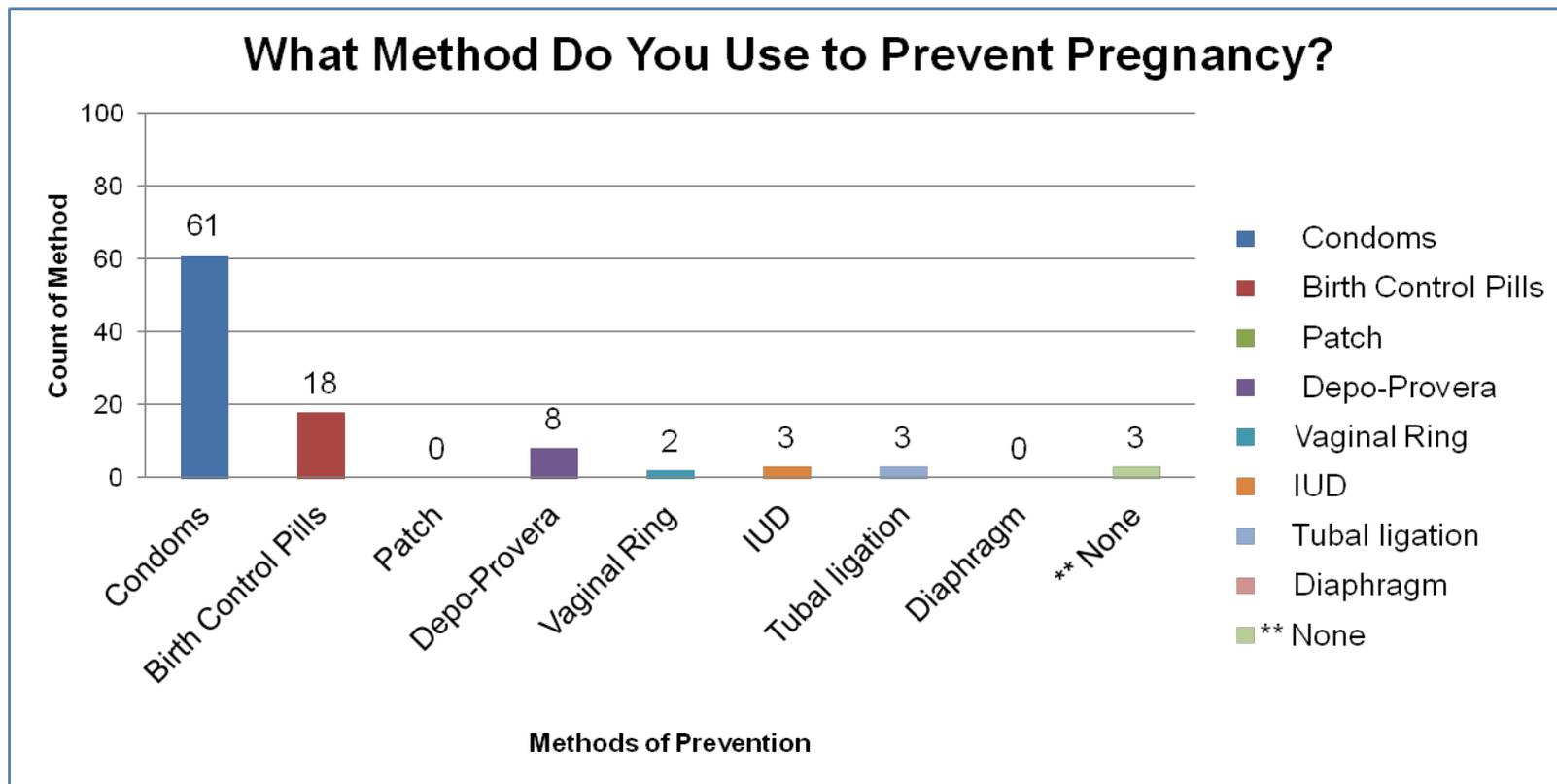
Georgia RLP Data

- High volume practices that participated were primarily in the metro Atlanta area. Only one rural provider participated.
- From Baseline to Measurement Period 1, the combined CMO rate increased from 45% to 75% (an increase of 30 percentage points).
- Of the members with a documented RLP, 32% were unsure when to have the next child, 27% did not want more, and 14% wanted a child in 1 to 2 years.
- Method of pregnancy prevention used most frequently was condoms (62%) followed by birth control pills (18%).

Georgia RLP Data (cont'd)



Georgia RLP Data (cont'd)



Georgia RLP Pilot Next Steps

What we learned:

- Use of “Every Woman Every Time” form increased documentation and discussion
- Need to evaluate other methods of obtaining buy-in for change

What surprised us:

- Providers withdrew from pilot due to lack of evidence based information.
- Providers’ lack of documentation of Reproductive Life Planning process (completing but not documenting).
- Providers’ willingness to participate in the pilot but not commit to long term implementation.
- Condoms were the preferred method of contraception.

Georgia RLP Pilot Next Steps (cont'd)

What surprised us (continued):

- In order to implement change, the environment must be supportive and the providers must be willing to change. The Georgia OB/GYN Society's support was needed to implement the activity.
- There were technical constraints prior to implementation. Electronic Medical Record (EMR) systems used by the practices do not have Reproductive Life Planning modules or templates.

Assumptions that were challenged:

- EMRs are standardized to document Reproductive Life Planning discussions.
- Soliciting OB providers' involvement in the pilot would be easy.

Georgia RLP Pilot Next Steps (cont'd)

Recommendations:

- Use pilot providers to champion the change for other providers.
- Link the change to other initiatives attractive to the providers, such as the immediate post partum insertion of Long Acting Reversible Contraceptives.
- Solicit ongoing support from the specialty society to promote and encourage the change.
- Use findings as means to market the change.

Scaling:

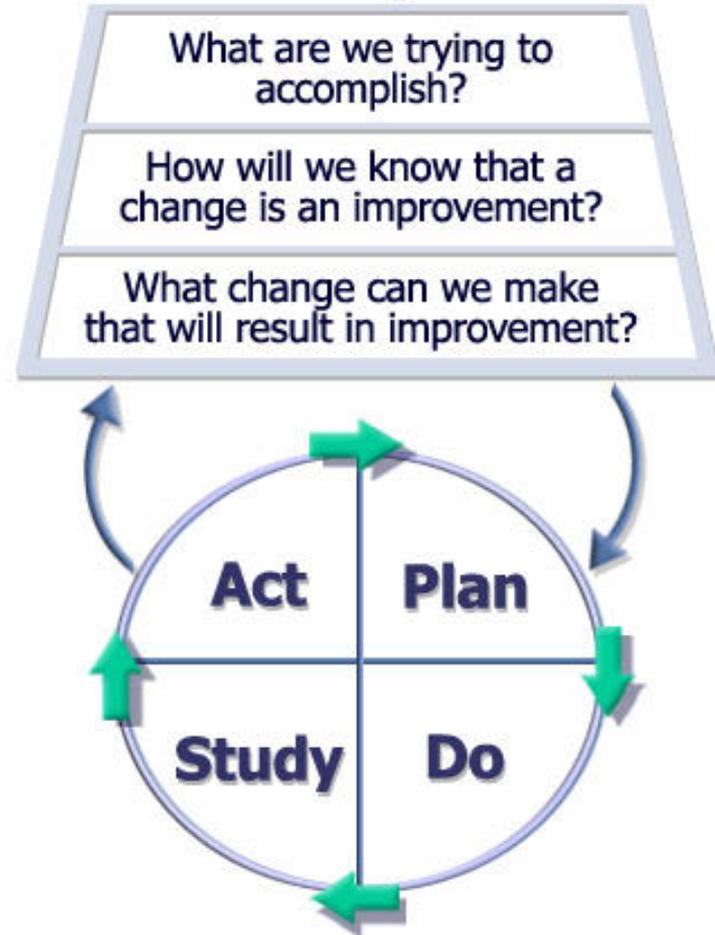
- More work is needed to expand the project beyond the current pilot sites.
- Need more provider buy-in and OB/GYN Society support in order to make change at the state and national levels.

Questions and Discussion

Coming Attractions

- **May:** Wrap Up, Scale Up, and Spread

Model for Improvement



**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Next Steps

- We are available for individual TA discussions about your team's specific needs
- Please contact us through the TA Mailbox to schedule a TA discussion or for other support:
MACqualityTA@cms.hhs.gov

Thank you for participating in today's Learning Session.