



Alabama Child Health Improvement Alliance

Practice Transformation: The Power of QI Collaboratives

Thursday, November 12, 2015

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Medicaid Quarterly Meeting

Montgomery, Alabama



- Why Quality Improvement
 - What is a learning collaborative
- National Collaborative Experience
- Alabama Collaborative Experience

Higher Cost, Poorer Outcomes

- US spends 2.5x as much on health care as peer nations
- Higher mortality and inferior health



HI! I'M DR. MIKE EVANS
and TODAY'S TALK is on

**QUALITY
IMPROVEMENT**

OR... **QI**
in Healthcare

0:06 / 11:08



Why Quality Improvement

- What we know
- What we do

QI Nationwide

- 10 grants to 18 states participated in the 2009 CHIPRA Quality Demonstration Grant

How are CHIPRA quality demonstration States using quality reports to drive health care improvements for children?

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April 2015. Agency for Healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/highlight11.html>

2015 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

NQF #	Measure Steward	Measure Name
Access to Care		
NA	NCQA	Child and Adolescents' Access to Primary Care Practitioners (CAP)
Preventive Care		
0033	NCQA	Chlamydia Screening in Women (CHL)
0038	NCQA	Childhood Immunization Status (CIS)
1392	NCQA	Well-Child Visits in the First 15 Months of Life (W15)
1407	NCQA	Immunizations for Adolescents (IMA)
1448	OHSU	Developmental Screening in the First Three Years of Life (DEV)
1516	NCQA	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
1959	NCQA	Human Papillomavirus Vaccine for Female Adolescents (HPV)
NA	NCQA	Adolescent Well-Care Visit (AWC)

a The Centers for Medicare & Medicaid Services will pilot a reporting process for the Child Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (NQF # 2548) to determine whether to include it as a measure in a future Child Core Set.

* This measure was added to the 2015 Child Core Set.

AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CDC = Centers for Disease Control and Prevention; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; OHSU = Oregon Health and Science University.

Key Messages

- Practices found reports helpful for identifying QI priorities but less useful for guiding and assessing QI projects.
- Practices needed technical assistance from the State to understand the quality reports and to develop QI efforts to improve performance.

How Learning Collaboratives Improve Children's Health Care Quality

How did CHIPRA quality demonstration States employ learning collaboratives to improve children's health care quality?. June 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/highlight13.html>

Collaborative Elements

- Topic – Evidence Informed Practice
- Aim/Measurable
- Team: Physician, Clinical, Administrative
- Timeframe
- Education- Content and QI
- Peer
- Practice Meetings

- All 18 states implemented learning collaboratives
- 137 primary care practices reported quantifiable improvements

Key Message #1: Incentives for Participation

- Stipends: \$18K- \$1K
- CME, MOC
- Align with external reimbursement
- Medicaid Billing codes

Key Message #2:

Keeping Practices Engaged

Practices appreciated instruction, interactive learning activities and learning from their peers

- Combined didactic learning and interactive instruction
- Peer networking
- Tailoring collaboratives to practices' needs
- Enlisting physician leaders as faculty

Key Message #3:

Individual Practice Facilitation

- All CHIPRA grantees used some form of practice facilitation methods
- Practice Facilitator (available by phone and in person)
- Kept practices on task

Key Message #4:

Forge New Referral Relationships

- Linking practices to corresponding referral agencies/entities improved outcomes

Key Message #5: Increase in Medical Home Capabilities

- Plan-Do-Study-Act cycles/Workflow
- Helped practices gain skills in collecting/analyzing data
- Provided comparative data

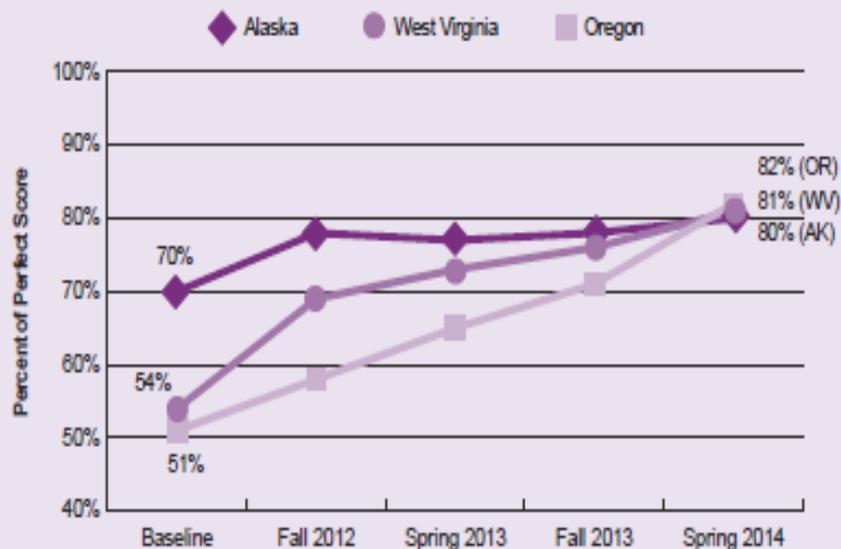
Increase performance on clinical quality measures

Figure 3. Increased NCQA Patient-Centered Medical Home scores reported by three partner States (Alaska, Oregon, and West Virginia) for learning collaborative practices

Aim: Increase practices' adoption of the patient-centered medical home model and performance on selected clinical quality measures

Strategies: In-person meetings, conference calls, practice facilitators, quality measure data collection and sharing

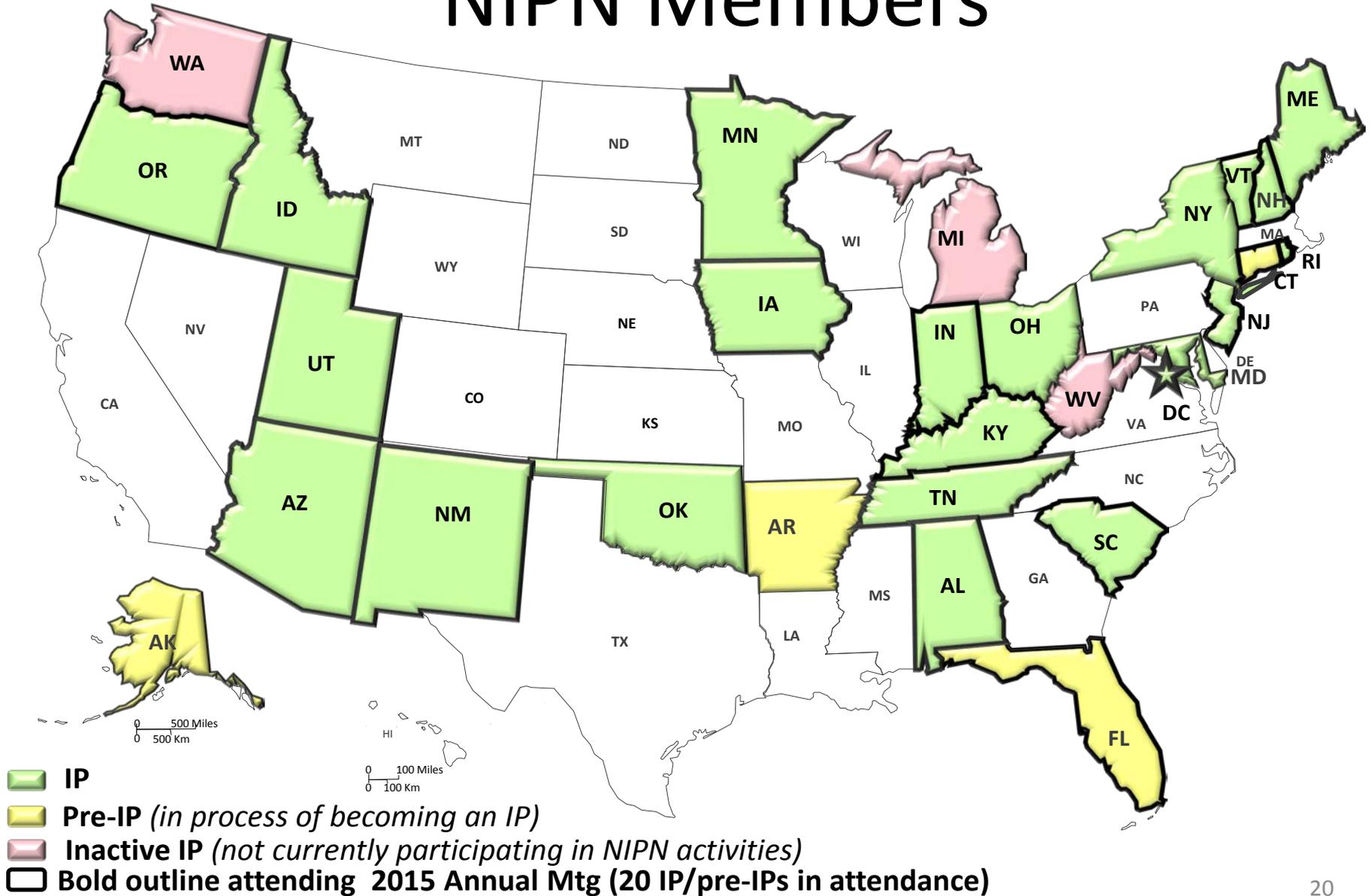
Number of Practices: 8 (Oregon), 3 (Alaska), 10 (West Virginia)



Note: Data reported by CHIPRA quality demonstration staff in Oregon, Alaska, and West Virginia and not independently validated by national evaluation team. Increases in NCQA medical home scores are statistically significant ($p < 0.05$).

What is happening in Alabama?

NIPN Members



ACHIA Collaborative Partners



ACHIA

- Mission: Alabama's Children Achieve Optimal Health
- Vision: to improve health outcomes by fostering a culture of quality improvement through partnerships with practitioners, payers, families and organizations that deliver care to Alabama children

ACHIA Collaboratives

- Incentives
- Engaged practices
- Practice Facilitation
- Forged New Relationships
- QI- Model for Improvement

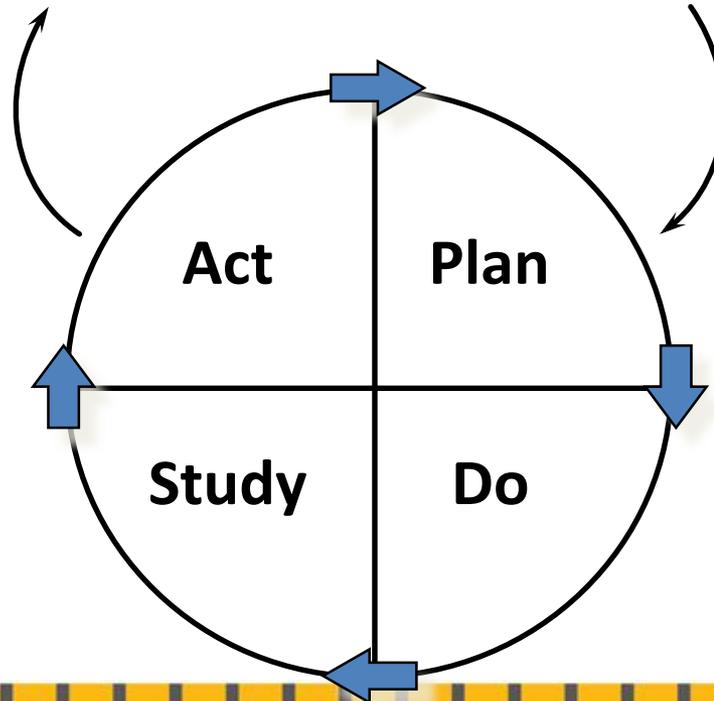
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

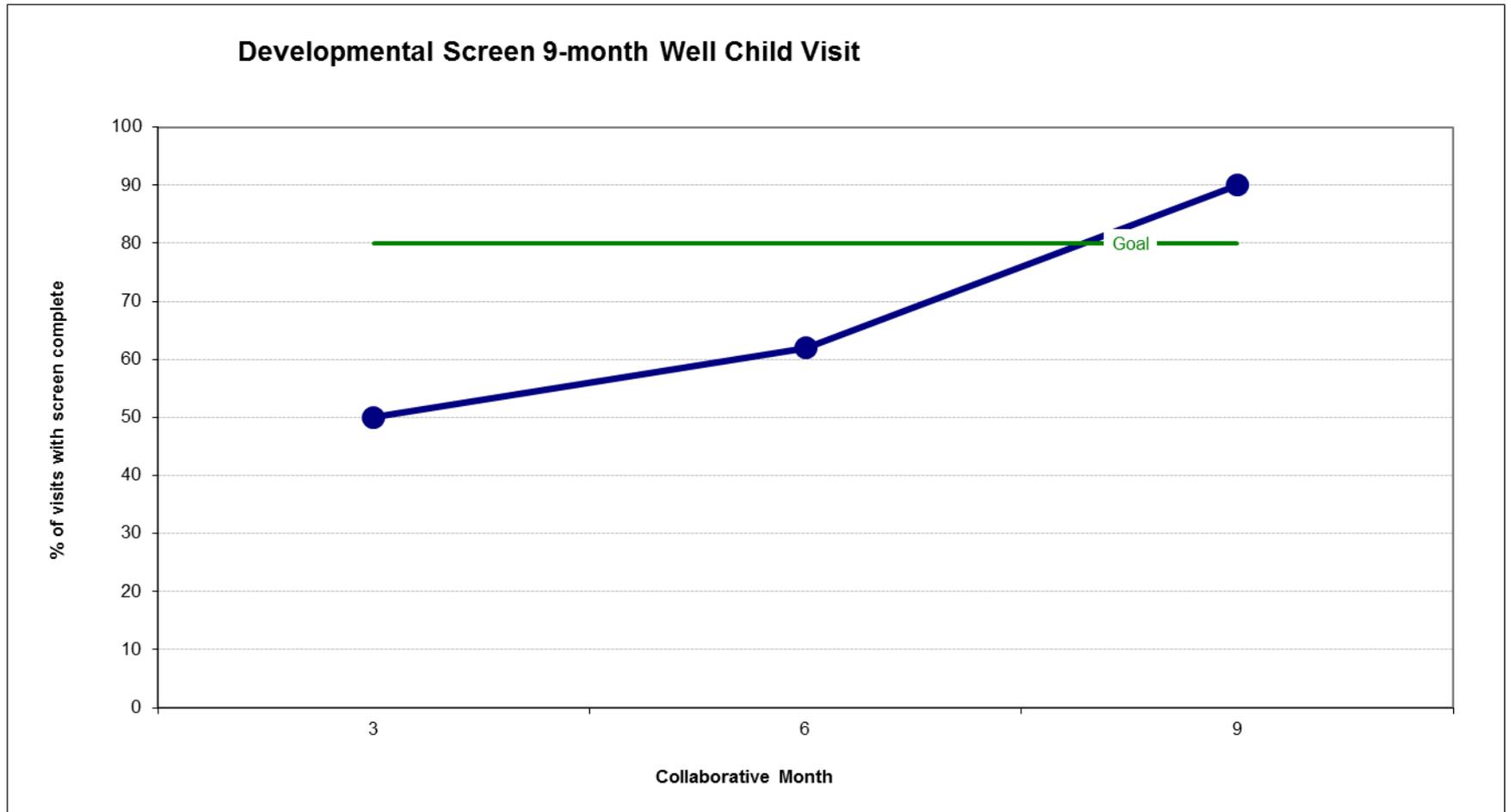
Focus



Alabama Collaborative Topics



Help Me Grow Alabama



Why an Obesity Prevention and Treatment QI

Alabama Childhood Obesity Tripled in 30 years

preschoolers are 5 times as likely as children

36% of Alabama Children ages 10-17 are obese

29% of low income preschoolers are overweight or obese

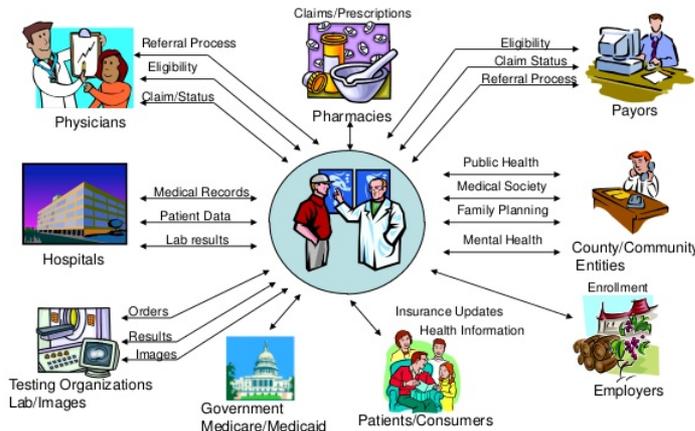
www.cdc.gov/vitalsigns



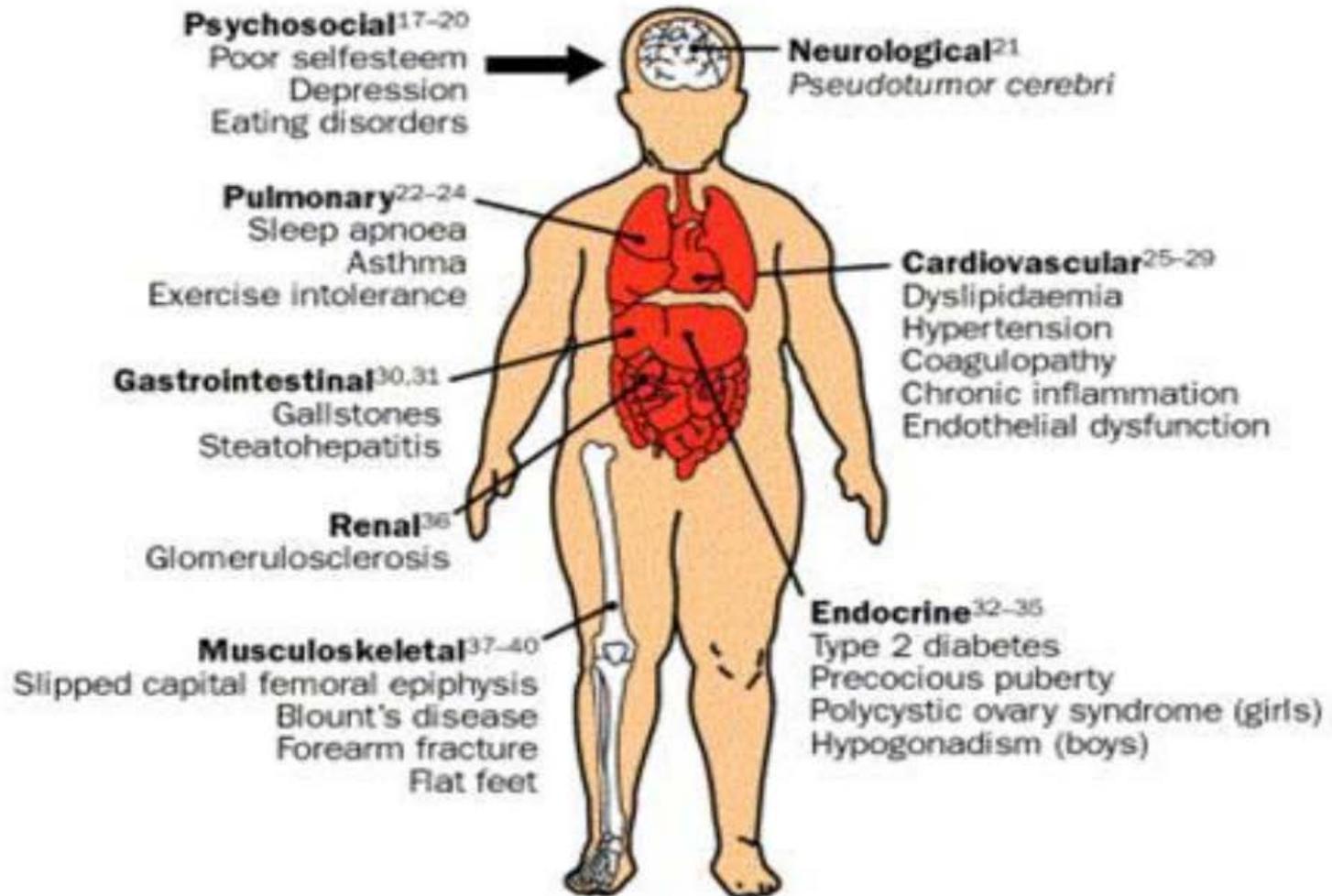


Age yrs	BP Percentile	Systolic BP (mmHg)								Diastolic BP (mmHg)							
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th		
2	Height - inches	31.9	32.4	33.3	34.2	35.1	36.0	36.5	31.9	32.4	33.3	34.2	35.1	36.0	36.5		
	Height - cm	81.1	82.4	84.5	86.9	89.2	91.4	92.6	81.1	82.4	84.5	86.9	89.2	91.4	92.6		
	NT	84	85	87	88	90	92	92	39	40	41	42	43	44	44		
	PreHT	97	99	100	102	104	105	106	54	55	56	57	58	58	59		
	Stage 1 HT	101	102	104	106	108	109	110	59	59	60	61	62	63	63		
	Stage 2 HT	114	115	116	118	120	121	122	71	72	73	74	75	76	76		
	Stage 3 HT	129	130	131	133	135	136	137	86	87	88	89	90	91	91		
3	Height - inches	35.1	35.6	36.5	37.5	38.6	39.5	40.1	35.1	35.6	36.5	37.5	38.6	39.5	40.1		
	Height - cm	89.2	90.5	92.7	95.3	97.9	100.4	101.9	89.2	90.5	92.7	95.3	97.9	100.4	101.9		
	NT	86	87	89	91	93	94	95	44	44	45	46	47	48	48		
	PreHT	100	101	103	105	107	108	109	59	59	60	61	62	63	63		
	Stage 1 HT	104	105	107	109	110	112	113	63	63	64	65	66	67	67		
	Stage 2 HT	116	117	119	121	123	124	125	76	76	77	78	79	80	80		
	Stage 3 HT	131	132	133	135	137	138	139	91	92	93	94	95	96	96		
4	Height - inches	37.6	38.2	39.3	40.4	41.5	42.5	43.1	37.6	38.2	39.3	40.4	41.5	42.5	43.1		
	Height - cm	96.5	97.1	99.7	102.5	105.4	108.0	109.5	96.5	97.1	99.7	102.5	105.4	108.0	109.5		
	NT	88	89	91	93	95	96	97	47	48	49	50	51	51	52		
	PreHT	102	103	105	107	109	110	111	62	63	64	65	66	66	67		
	Stage 1 HT	106	107	109	111	112	114	115	66	67	68	69	70	71	71		
	Stage 2 HT	118	119	121	123	125	126	127	79	80	81	82	83	84	84		
	Stage 3 HT	133	134	135	137	139	140	141	94	95	96	97	98	99	99		
5	Height - inches	39.9	40.6	41.7	43.0	44.2	45.3	46.0	39.9	40.6	41.7	43.0	44.2	45.3	46.0		
	Height - cm	101.5	103.2	106.0	109.2	112.3	115.1	116.8	101.5	103.2	106.0	109.2	112.3	115.1	116.8		
	NT	90	91	93	95	96	98	98	50	51	52	53	54	55	55		
	PreHT	104	105	106	108	110	111	112	65	66	67	68	69	69	70		
	Stage 1 HT	108	109	110	112	114	115	116	69	70	71	72	73	74	74		
	Stage 2 HT	120	121	123	125	126	128	128	82	83	84	85	86	86	87		
	Stage 3 HT	135	136	137	139	141	142	143	97	98	99	100	101	102	102		
6	Height - inches	42.2	43.0	44.2	45.5	46.9	48.1	48.8	42.2	43.0	44.2	45.5	46.9	48.1	48.8		
	Height - cm	107.3	109.2	112.2	115.7	119.1	122.1	123.9	107.3	109.2	112.2	115.7	119.1	122.1	123.9		
	NT	91	92	94	96	98	99	100	53	53	54	55	56	57	57		
	PreHT	105	106	108	110	111	113	113	68	68	69	70	71	72	72		
	Stage 1 HT	109	110	112	114	115	117	117	72	72	73	74	75	76	76		
	Stage 2 HT	121	122	124	126	127	129	129	85	86	87	88	89	90	90		
	Stage 3 HT	137	138	139	141	143	144	145	100	101	102	103	104	105	105		
7	Height - inches	44.6	45.3	46.6	48.0	49.5	50.8	51.6	44.6	45.3	46.6	48.0	49.5	50.8	51.6		
	Height - cm	113.2	115.1	118.4	122.0	125.7	129.0	131.0	113.2	115.1	118.4	122.0	125.7	129.0	131.0		
	NT	92	94	95	97	99	100	101	55	55	56	57	58	59	59		
	PreHT	106	107	109	111	113	114	115	70	70	71	72	73	74	74		
	Stage 1 HT	110	111	113	115	117	118	119	74	74	75	76	77	78	78		
	Stage 2 HT	122	123	125	127	128	130	131	87	87	88	89	90	91	91		
	Stage 3 HT	139	140	141	143	145	146	147	102	103	104	105	106	107	107		
8	Height - inches	46.8	47.6	48.9	50.4	52.0	53.4	54.3	46.8	47.6	48.9	50.4	52.0	53.4	54.3		
	Height - cm	118.8	120.8	124.3	128.1	132.1	135.7	137.8	118.8	120.8	124.3	128.1	132.1	135.7	137.8		
	NT	94	95	97	99	100	102	102	56	57	58	59	60	60	61		
	PreHT	107	109	110	112	114	115	116	71	72	72	73	74	75	76		
	Stage 1 HT	111	112	114	116	118	119	120	75	76	77	78	79	79	80		
	Stage 2 HT	124	125	127	129	130	132	132	89	90	91	92	93	94	94		
	Stage 3 HT	141	142	143	145	147	148	149	105	106	107	108	109	110	110		
9	Height - inches	48.7	49.6	51.0	52.7	54.3	55.8	56.7	48.7	49.6	51.0	52.7	54.3	55.8	56.7		
	Height - cm	123.8	125.0	129.5	133.7	137.9	141.6	144.1	123.8	125.0	129.5	133.7	137.9	141.6	144.1		
	NT	95	96	98	100	102	103	104	57	58	59	60	61	61	62		
	PreHT	109	110	112	114	115	117	118	72	73	74	75	76	76	77		
	Stage 1 HT	113	114	116	118	119	121	121	76	77	78	79	80	81	81		
	Stage 2 HT	125	126	128	130	132	133	134	90	90	91	92	93	93	94		
	Stage 3 HT	143	144	145	147	149	150	151	106	107	108	109	110	111	111		

Electronic Health Information Exchange



Comorbidities of Obesity



Confidence Ruler

MOTIVATIONAL INTERVIEW

ASK PERMISSION/ENGAGE THE PATIENT (PARENT)

Would you like to spend a few minutes discussing your child's growth and how to stay healthy?

ASK OPEN-ENDED QUESTION AND LISTEN

How do you feel your family is doing in being health? How do you feel about (your child's) weight?

SHARE BMI (OPTIONAL)

Your BMI is at _____% which is in the (overweight) range. What are your thoughts?

NEGOTIATE

There are many ways to help achieve a healthy lifestyle (5-2-1-0). Is there one of these you would like to discuss further today?

EXPLORE AMBIVALENCE

What are the things you like or dislike about ____?
What are the advantages of keeping things the same or making a change?

SUMMARIZE

Let me see if I understand what you have told me so far.

CLOSE THE ENCOUNTER

Show appreciation, offer advice, express confidence.

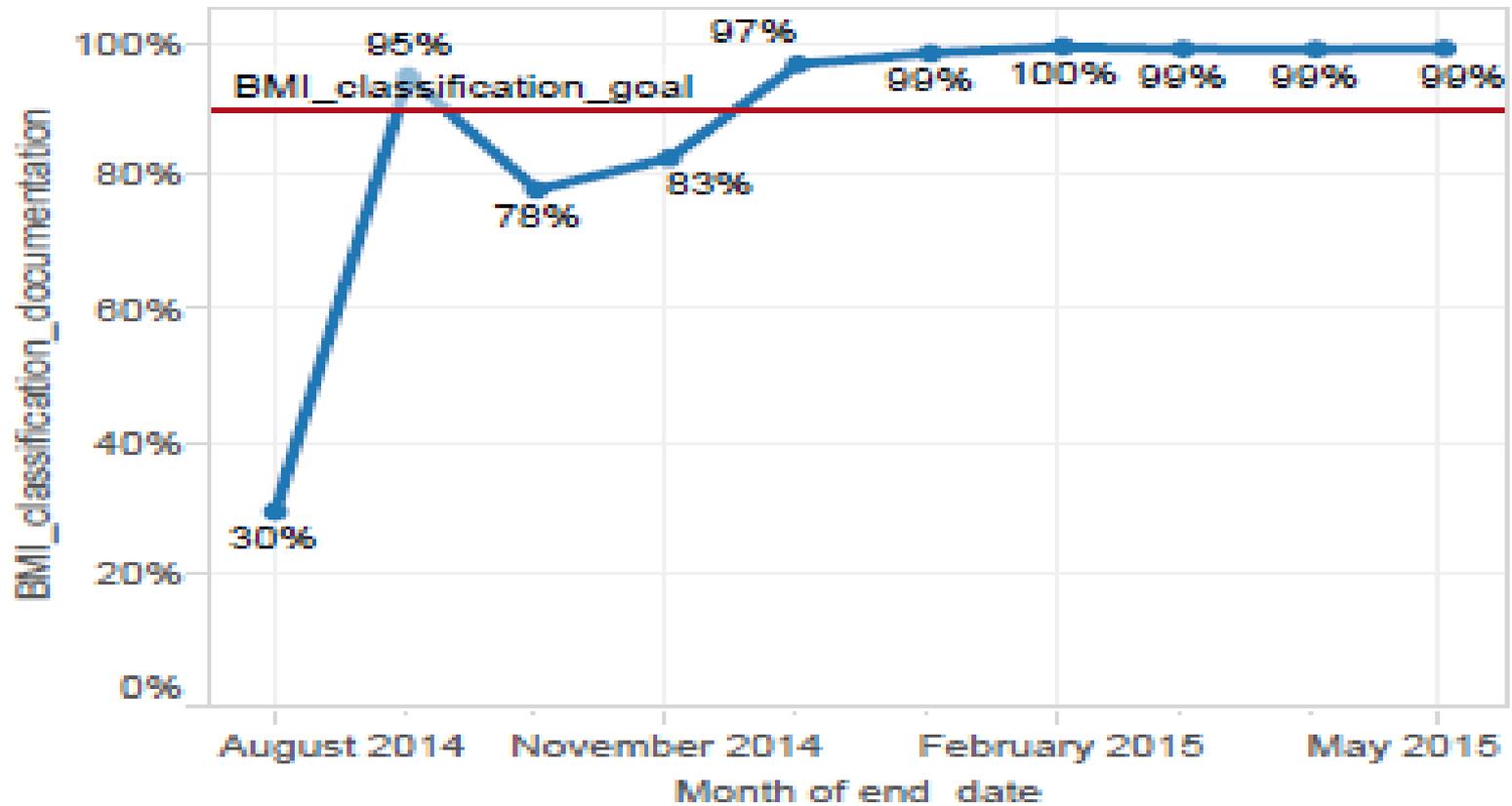
CONFIRM NEXT STEPS

Any referrals, follow-ups.



BMI Classification

BMI classification



NIPA HPV

HPV VACCINE IS CANCER PREVENTION

HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers.

Every year in the U.S., 27,000 people get cancer caused by HPV.



That's 1 person every 20 minutes of every day, all year long.

Most of these cancers can be prevented by HPV vaccine.

So why do Alabama practices participate?

Why do practices participate

- Not having to invent the wheel on a project
- Being part of larger collaborative improves buy in from all of the providers
- The learning sessions help fine tune practices processes
- We incorporated the changes into permanent workflow

Michael Ramsey, MD, FAAP

Why practices participate

“The collaborative has been great for our clinic. It has brought the clinic together with investment from the clerical staff, medical assistants, nursing staff, and providers making the center of focus on the PATIENT.”

LaDonna Crews, MD, FAAP

What is available to the RCOs?

Learning Collaboratives: What is in it for the RCOs

ALABAMA HPV QI COLLABORATIVE



Join Alabama physicians in preventing Human Papilloma Virus (HPV) cancers today!

Improve your patients' vaccination rates by participating in the **Prevent HPV Cancers Today: an ACHIA HPV Vaccine Quality Improvement Collaborative**

27,000 U.S. men and women are diagnosed with HPV cancers annually and 4,000 women die of cervical cancers. Currently, 300,000 cervical procedures are performed each year because of cervical dysplasia largely caused by vaccine-preventable HPV.

Why remove a cervix when you can get a shot instead? Vaccination could decrease the need for cervical procedures by 46% - or even better - by 75% if the HPV series is completed by age 14.

Yet currently **only a third** of Alabama's females are fully vaccinated against HPV.

For males, **only a quarter** are estimated to have received the first dose.

Prevent HPV Cancers Today:

An ACHIA HPV Vaccination Collaborative

Aim: Increase HPV vaccination initiation and completion by age 13

- Increase initiation by 10%
- Increase dose #2/#3 by 10%

HPV Collaborative Highlights

- Virtual
- Database- AAP QIDA
- 6 months (3 months of data)
- Chart abstraction by practice/10 per month
- Faculty: QI Coach, AAP & AAFP Champions, Dr. Landers, MD, FAAP
- Partnership ADPH- sustainable

HPV Collaborative: Incentive Alignment

- HPV Collaborative
 - RCO QA Measures
 - Adolescent Well Child Visit (incentivized)
 - Adolescent Immunizations
 - % of births weighing less than 2500 grams (incentivized)
 - MOC Part 4 (pending for ABP and ABFP)
 - Meaningful Use
 - Satisfies QI for practices seeking PCHM status
 - Cancer Prevention

Turning Reports into Action

- Short Term
 - HPV collaborative
- Long Term
 - how can ACHIA help you?

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