



2010-2011 Annual Report



OPIP 2010-2011 Annual Report

Contents

OPIP Vision and Mission.....	4
Highlights of the Year	5
Major Accomplishments.....	5
Development.....	6
Foundational Documents.....	6
Charter and Organizational Chart.....	7
Logo and Website Development.....	12
Collaborating in Quality Measurement and Improvement Activities.....	13
ABCD III.....	13
CHIPRA Medical Home Measurement Work	14
Supporting Evidence-Guided Quality Activities in Clinical Practices	17
ABCD III.....	17
Incorporating the Patient and Family Voice into Quality Efforts	19
ABCD III.....	19
Informing Policies that Support Optimal Health and Development	20
Patient Centered Primary Care Home – Pediatric Standards Advisory Committee.....	20
PCPCH Payment Workgroup.....	20
PCPCH Data Workgroup	21
Public Comments.....	21



Presentations..... 22

Collaborations 23

 National Improvement Partnership Network (NIPN) 23

Unmet Needs..... 24

Goals for the Upcoming Year 25





OPIP Vision and Mission

OPIP Vision:

To create a meaningful, long term collaboration of stakeholders invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.

OPIP Mission:

The Oregon Pediatric Improvement Partnership is a public/private partnership dedicated to building health and improving outcomes for children and youth by:

1. collaborating in quality measurement and improvement activities across the state,
2. supporting evidence-guided quality activities in clinical practices,
3. incorporating the patient and family voice into quality efforts, and
4. informing policies that support optimal health and development for all children and youth.

In all our efforts, we value:

- Building collaboration and consensus around a vision for child health quality.
- Eliciting and incorporating the family and patient voice in quality improvement and measurement initiatives.
- Promoting a global view of child health that recognizes that the developmental trajectory and building of health capacity occurs in the context of the child's family and community, and that outcomes for children and youth are optimized by linkages and communication between community-based systems.
- Serving as a resource for policymakers, and providing guidance for policy decisions.
- Promoting the incorporation of proven, evidence-based interventions into practice, as well as broadening the evidence that underlies pediatric practice.
- Serving as a knowledge resource which continually supports and encourages pediatric health care professionals towards providing outstanding clinical care.
- Supporting quality improvement through the development of quality measures, measurement strategies and tools.
- Sharing of successful initiatives and disseminating best practices

Highlights of the Year

Over the last year, OPIP has accomplished a great deal in overall development, project work, and establishing and building relationships with key local and national stakeholders.

Major Accomplishments

- 1. Development of our foundational documents**
 - a. Vision / Mission / Values
 - b. Charter and organizational structure
 - c. Principles of Partnership
- 2. Securing funding / project contracts**
 - a. ABCD III
 - b. CHIPRA Medical Home Measurement Development
 - c. Medical Home Learning Collaborative
- 3. Infrastructure development**
- 4. Development of key relationships**
 - a. Office of Health Policy and Research / Oregon Health Authority
 - i. PCPCH Pediatric Standards Advisory Committee
 - ii. PCPCH Payment Reform and Data Workgroups
 - b. National Improvement Partnership Network
 - i. NIPN Leadership Team participation



Development

In early 2009, several local leader organizations collaborated on an application to get technical assistance from VCHIP to see if Oregon was ready to start an Improvement Partnership. An environmental scan was performed, funded by the Children's Health Foundation, which allowed the emerging partnership to identify and highlight the quality improvement efforts that were underway across Oregon's public and private sectors. The VCHIP technical assistance visit occurred in February, 2010.

In spring of 2010, Christina Bethell, Director of Child and Adolescent Health Measurement Initiative (CAHMI), floated a proposal to the Chair of the Department of Pediatrics at OHSU, H. Stacy Nicholson, MD, to incubate OPIP within CAHMI. The Department of Pediatrics was able to offer operational support, which along with the in-kind support from CAHMI, gave OPIP an institutional home. During this time, the OPIP leadership team was identified. Due to his innovative work on quality improvement within the Oregon Pediatric Society and the Children's Health Foundation, R.J. Gillespie, MD, MHPE was identified as the Medical Director of OPIP; due to her extensive experience working on child quality measurement through the CAHMI, Colleen Reuland, MS was then identified as the Executive Director. These two individuals comprise the executive leadership of OPIP.

Foundational Documents

One of the most important accomplishments of the year was the development of our foundational documents. These documents define our partnership, identify the common purposes that unite our member organizations, and create a lens through which we evaluate potential projects and policy conversations.

The first drafts of our Vision / Mission / Values document were vetted by the Executive Committee in fall, 2010. The final version was completed in December 2010. The current version of the Vision / Mission / Values is listed in the introduction of this document.

Following the finalization of our Vision / Mission / Values, we created a second document called Principles of Participation, which outlines how our member partners engage with each other in the spirit of collaboration, mutual support and development. The document serves as a memorandum of understanding between our partners in terms of how the members relate to OPIP and vice versa. This document was finalized in March 2011. The principles are below.

OPIP representatives are committed to:

- *Upholding and promoting the vision and mission of OPIP.*
- *Safe, open, and transparent communication.*
- *Consensus building as a common goal.*
- *Continuity in participation to allow for informed decision making within OPIP. Participation is not limited to attendance at meetings, but also includes availability to OPIP executive leadership and staff for providing expertise related to organizational development; grants, contracts and projects; public comments; and other endeavors of OPIP.*
- *Listening respectfully to dissonant voices or dissenting opinions.*
- *Using the collaborative to strengthen the individual member organizations, as well as the partnership as a whole.*

Charter and Organizational Chart

Deciding on the governance structure of the partnership was another key process for the development of OPIP. While many Improvement Partnerships leave decision-making capacity in the hands of a few individuals of the executive leadership, empowerment of our founding partners is a priority in Oregon. Our Executive Committee was formed from the original partners that applied to VCHIP for technical assistance: CAHMI, Medicaid, Office of Family Health, Oregon Pediatric Society, and Children's Health Foundation.

During the first several months of our operation, the executive leadership of OPIP held a series of meetings with other key stakeholders who had not been previously engaged, including: Family Voices, Oregon Center for Children and Youth with Special Health Care Needs (OCCYSHN), Doernbecher Children's Hospital administration, OHSU Department of Family Medicine, Oregon Rural Practice-based Research Network (ORPRN), and the Oregon Academy of Family Physicians. Several of these stakeholders now serve on our Executive Committee.

Following the formation of the OPIP Executive Committee, a charter was developed in late Fall, 2010 to clearly define the roles and responsibilities of the Executive Committee relative to the responsibilities of OHSU as an institutional home and of the executive leadership team. It



outlines the tasks and responsibilities of these groups. From this charter, a proposed organizational chart was developed (Figure 1 for the current organizational chart).



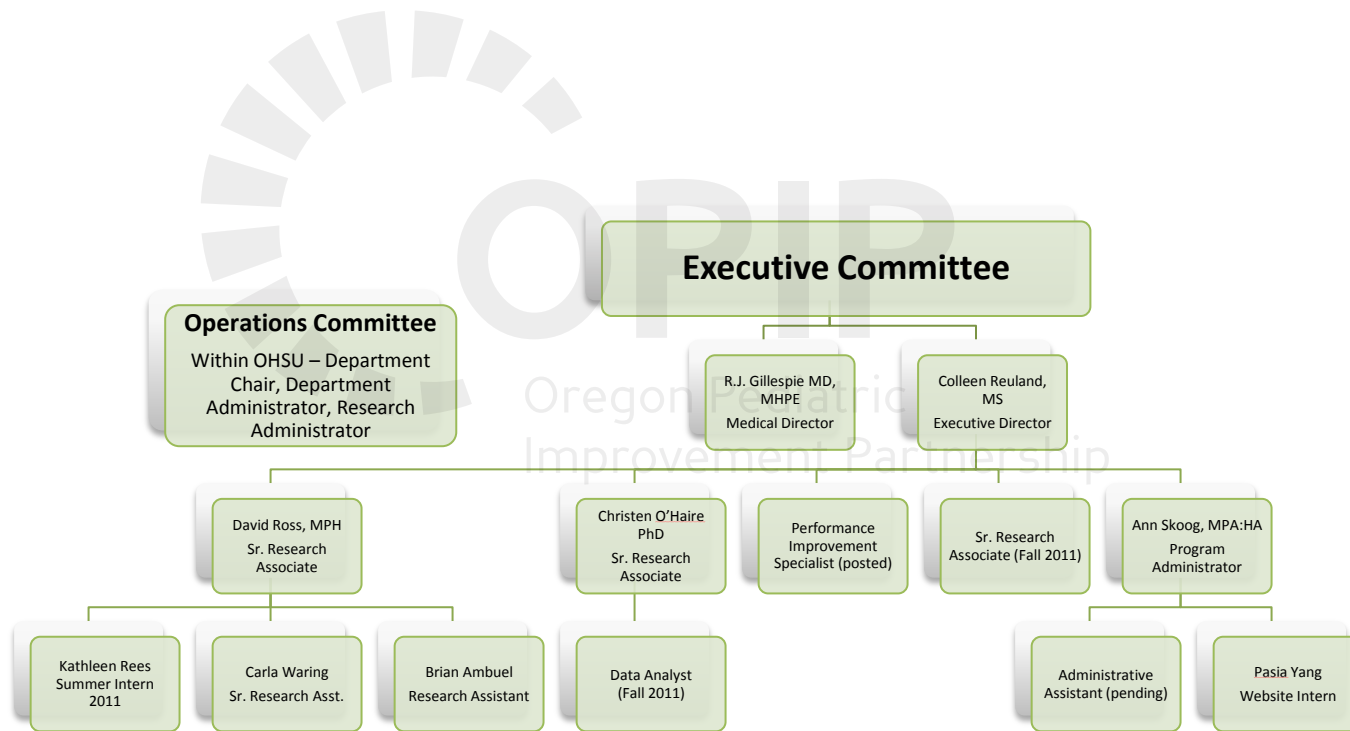


Figure 1: Current Organizational Chart



New Staff

We were fortunate to be able to recruit some highly qualified staff for our organization – two senior research associates, a program administrator, a senior research assistant, and a research assistant.

David Ross, MPH, Senior Research Associate

Mr. Ross started as a member of the OPIP team in May 2011 as a Senior Research Associate. For the past six years, he has worked in practice transformation and system improvement in primary care. Prior to joining OPIP he was in the OHSU Department of Family Medicine, where he served as project director on a HRSA grant to develop and implement quality improvement activities and curriculum for resident training around behavioral health integration in Primary Care. He also worked at Oregon Primary Care Association where he managed statewide data and research activities involving Oregon's Federally Qualified Health Centers, with a particular focus on the effects of quality improvement and delivery system design innovations. Mr. Ross has a Bachelor of Science in Biology from Pacific University, and received his Master of Public Health degree from Loma Linda University in Southern California.

Christen O'Haire, PhD, Senior Research Associate

Dr. O'Haire has over fifteen years of research experience coordinating research projects; organizing, managing and participating in multidisciplinary research teams; establishing and maintaining partnerships with the community, policymakers, insurers and providers; collecting data and analyzing complex data sets; conducting extensive and detailed literature reviews; writing grants; publishing papers; and successfully presenting original research to local and national audiences. Her research focuses on issues related to health services utilization by low-income children and adolescents. Prior to OPIP, she was the State Obstetric & Pediatric Research Collaborative (STORC) Coordinator, the BIRCWH Program Coordinator and an Oregon EPC Comparative Effectiveness Investigator. She has worked with community members, health services researchers, policymakers, librarians, frontline clinicians and other health care providers to ensure that the research that she conducted and reviewed was relevant, useful and accessible to all stakeholders. Recently, she completed her dissertation in Epidemiology in the Department of Community Health at Brown University. Her doctoral research explored the association between adolescents' primary care relationships and their



emergency department (ED) utilization. During her graduate work, she designed, conducted, analyzed, published and presented both clinical and community-based research that has focused on improving the delivery of health services to and the health outcomes of underserved, pediatric and adolescent populations. In addition, Dr. O’Haire participated in a Medicaid research and evaluation work group whose research efforts focused on understanding and improving the delivery of efficient, quality health care to Rhode Island’s Medicaid enrollees.

Ann Skoog, MPA:HA, Program Administrator

Ms. Skoog is the Program Administrator for the Oregon Pediatric Improvement Partnership (OPIP). She has been a member of the OPIP team since July of 2010 with primary responsibilities of management and coordination of the OPIP office, human resources, project management needs and implementation of all financial and administrative activities for OPIP, especially the management of University, Research (grants), Foundation and Contracted/Sale of Service accounts. Prior to Arrival at OPIP, Ms. Skoog’s work experience over the last ten years at OHSU includes the Child and Adolescent Health Measurement Initiative (CAHMI) as Program Administrator, Department of Pediatrics as Associate Administrator for Research and Education, Center for Hematologic Malignancies, Division of Hematology/Oncology as Program Administrator. Outside of OHSU Ms. Skoog has worked with organizations such as the Make-A-Wish Foundation of Oregon and Southwest Washington as Operations Director and the Veteran’s Administration of Oregon as an HR and Classification Specialist. She earned her bachelor degree in Mass Communications from the University of Denver and a Master degree in Public Administration and Health Administration from Portland State University.

Carla Waring, Senior Research Assistant

Carla Waring is a Senior Research Assistant in Oregon Pediatric Improvement Partnership (OPIP) since January 2011. At OPIP Ms. Waring provides coordination for Assuring Better Child and Health Development (ABCD) III Community Engagement Process and Parent Community Cafes. Prior to joining OPIP, she worked for the Oregon Office on Disability and Health (OODH) as a Program Specialist and as a Community Consultant for Oregon Office for Children and Youth with Special Health Needs (OCCYSHN). At OCCYSHN she coordinated the Developmental and Behavioral Screening



Learning Collaborative and the ABCD II, Early Childhood Screening Initiative Demonstration Project with Kaiser NW. Ms. Waring also worked as a Family Consultant within OCCYSHN where she developed the Family Liaison Training Manual to use in the Community Connection Network (CCN) teams across Oregon. Ms. Waring brings over 15 years experience providing education, training and technical assistance around disability systems and policy. She was a Training and Technical Assistance Specialist at Northwest Americans with Disabilities Act & Information Technology Center for three years. Before joining the Northwest ADA and IT team she worked at the Independent Living Center in Portland Or. She has experience working with local workforce development organizations in OR, WA, CA and MD. Ms Waring obtained a Masters Degree in Rehabilitation Administration from University of San Francisco, McLaren College of Business. She holds a BA in Liberal Arts with a concentration in Special Education from Ohio University. She has worked on special projects for such organizations at Portland and Clackamas Community College, Oregon Business Leadership Network, and ADA Answers Northwest.

Brian Ambuel, Research Assistant

Mr. Ambuel joined OPIP in July, 2011 as a Research Assistant. He received his Bachelor degree in Psychology from Lewis and Clark in 2010, and has experience as a research assistant in the Department of Public Health and Preventative Medicine at OHSU, as well as within the Medical College of Wisconsin. He plans on pursuing an advanced degree and future career in Public Health.

Logo and Website Development

In September we contracted with Genesis Duncan, a graphic designer who helped us create our visual identity, including our logo, PowerPoint template, letterhead, and business card designs. The green circle of the logo is meant to represent the connectedness of the partners in collaboration; it also invokes images of a measuring tape to reflect the concept of the importance of measuring quality of child health care.

In spring of 2011 we began working with a student intern, Pasia Yang, who will work collaboratively with Genesis in the development of our website. This is anticipated to be completed by the fall of 2011.



Collaborating in Quality Measurement and Improvement Activities

ABCD III

Our first project contract began in November, 2010. The ABCD III project is the third project in a series funded by Commonwealth and the National Academy for State Health Policy. The projects focus on improving detection and services for children at risk for developmental delay; the specific focus of the ABCD III project is improving care coordination between primary care providers and Early Intervention.

The core of the *ABCD for Oregon's Healthy Kids* Project is a performance improvement project (PIP) with the aid of an external quality review organization (EQRO). Through a forum of health agencies, managed care organizations, child health care providers, early intervention specialists, and family members, EQRO criteria are being created that builds upon existing early childhood primary care improvements including Oregon's ABCD-II Initiative, Oregon START curriculum for primary care, Help Me Grow linkages for primary care and early intervention, primary care-mental health quality improvement partnership projects, and web-based monitoring and support systems for school districts for early intervention services in the state.

Under federally determined Medicaid managed care rules, states must contract with an External Quality Review Organization (EQRO) and conduct topic-specific Performance Improvement Projects (PIPs). In December 2010, The Oregon Pediatric Improvement Partnership (OPIP) was designated to be the EQRO-like entity for this project. For ABCD III, the PIP is producing a model that integrates care coordination with standardized screening and referrals at the clinical level, with supporting payment systems and metrics for measuring improvement at the clinical and system levels. The PIP activities are eligible for enhanced federal matching funds that will support the efforts of participating managed care organizations. The managed care organizations will begin their Performance Improvement Projects (PIP) in late 2011.

The state ABCD III is partnering with OPIP to bring together a forum of health agencies, managed care organizations, health care providers, early intervention specialists, and family members to help design criteria for OPIP to build on existing early childhood primary care improvements. The OPIP role will be to evaluate the level to which each managed care organization (MCO) participates in the PIP, provide technical assistance to MCOs and report a



comprehensive summary of its findings to Medicaid. ABCD-III resources will leverage federal funding and will support development of a model that other states can use to create a PIP and design and test locally appropriate interventions and quality measures that improve linkages across systems that influence child development.

CHIPRA Medical Home Measurement Work

As part of the CHIPRA Category C work, OPIP is facilitating the evaluation of new and expanded patient-centered medical home (PCMH) models of care and care coordination hubs for children. The goal of this project is to assess whether the quality of child health care is improved, health disparities are reduced, better care value is achieved, and healthcare costs are restrained by the implementation of these models in Medicaid / CHIP provider and patient populations. The objectives of the CHIPRA Category C include identification of essential attributes of PCMH models that have the greatest impact on pediatric care quality measures, patient and family interaction with the health care system, and healthcare costs. From this work, a framework will be developed to assess the Medical Home across the three states involved in the CHIPRA grant (Oregon, Alaska and West Virginia).

OPIP will also be collaborating with the CAHMI on the Category A evaluation and will be leading the Category C evaluation. Given the evaluative nature of this demonstration, these activities overlap largely with the overall CHIPRA grant proposal. OPIP (with consultation from CAHMI) will assist in the design of the Medical Home Improvement (MHI) and measures that are sensitive to interventions. To achieve this, we will specify and test new measures, integrate new measures to leverage existing/required measurement, evolving IT infrastructure and develop strategies for implementing and communicating results of measurement to inform, stimulate and track improvement efforts. Comparisons will be made between the NCQA Patient-Centered Medical Home model (the model used by West Virginia), the Oregon Patient-Centered Primary Care Home (PCPCH) based on final PCMH and PCPCH standards and the definition of Medical Home currently being used in Alaska. The OPIP will further evaluate state-specific MHI efforts. We will identify key issues for states to consider when creating a realistic, feasible Medical Home quality improvement project. This measurement framework will be utilized in the Learning Collaborative described below.



Medical Home Learning Collaborative

The Medical Home Learning Collaborative is a joint project that will be led by the Oregon Pediatric Improvement Partnership (OPIP) and the Oregon Rural Practice-Based Research Network (ORPRN). It is an extension of the Oregon CHIPRA Demonstration Grant that was awarded to help: (1) test pediatric quality measures across the state, (2) develop a framework for measuring Medical Home within practices caring for children, and (3) test models of Medical Home within practices.

The original CHIPRA contract did not include a specific Learning Collaborative for the implementation of Medical Home in primary care practices. Through work with the Oregon Office for Health Policy and Research (OHPR) and Division of Medical Assistance Programs (DMAP), OPIP was able to negotiate the creation of such a Learning Collaborative. Along with the Oregon Rural Practice-Based Research Network (ORPRN), a proposal was created and subsequently approved by OHPR and DMAP. This proposal was created with significant targeted feedback by our Executive Committee to ensure that the work of the Learning Collaborative would be meaningful to primary care practices, and feasible for OPIP to manage. The contract officially began in July, 2011.

The purpose of the Learning Collaborative will be for practices to implement and evaluate strategies to achieve the outcomes and attributes of a medical home represented in the Oregon Patient Centered Primary Care Home Standards. The entities leading the Learning Collaborative (OPIP and ORPRN) have a parallel goal to use the lessons learned from the participating practices to develop QI change packages and processes that future practices could use to implement medical home. The learning collaborative approach will have the following attributes:

- 1) Centralized technical assistance on QI methods and standardized measures used across the collaborative by an entity with QI and measurement skills and expertise,
- 2) Practice-level autonomy within this structure to allow for practice-level innovation, a focus on ensuring participation of varied practices,
- 3) Shared data to inform learnings across the collaborative in order to further stimulate innovation
- 4) Allow for practices to address Medical Home features or attributes that are most relevant to their particular practice, and based on an initial assessment of each



practice's current level of medical home "maturity" as derived from baseline data collection.

A key element of the Learning Collaborative will be the inclusion of the patients. Another key feature of the medical home improvement work will be to assist practices in systems/processes to manage their population, including how to identify children and youth with special health care needs. As improved care coordination is a fundamental component of the medical home, identification of subpopulations with specific care management needs is vital to transforming practice processes.

The Learning Collaborative will recruit eight practices for participation (five will be recruited by OPIP, three by ORPRN) in five learning sessions over the three year contract. The learning sessions will focus on the core medical home concepts such as care coordination, enhanced access, and whole-person orientation of care.

Oregon Pediatric
Improvement Partnership

Supporting Evidence-Guided Quality Activities in Clinical Practices

One of the fundamental components of our mission statement is the implementation of evidence-guided improvements in clinical practices. To that end, our projects must always give attention to impacting clinical practices in a positive way.

ABCD III

In the development of the ABCD III improvement project, we identified four pillars to the screening, referral, and care coordination process for children at risk for developmental delays:

- Early identification of children at risk for developmental, behavioral, or social delays
- Children identified at risk for delays and / or with developmental disabilities are referred to Early Intervention
- Children at risk or with disabilities are receiving Early Intervention services
- Care coordination between the primary care sector and community based services

Each of these goals for the Performance Improvement Project has been linked with evidence-based strategies that can be used to improve practices:

Early identification: MCOs may provide screening tools for PCPs to use; MCOs may sponsor trainings on screening (such as the Oregon START project); MCOs can pay for screening to promote timely screening; MCOs may require screening to be a component of applicable well child visits.

Referral to EI: provide information to PCP about components of appropriate referral to EI, or provide sample referral forms for PCP to use; collect and disseminate information about community-based services to which providers can refer; connect with community-based efforts to create lists of resources and connections (e.g. 211 Info, Help Me Grow).

Ensuring receipt of services: work with PCP to ensure referred children have access to services; obtain information about children who accessed EI who were not eligible, and refer to other community based services; develop and coordinate referral tracking systems with PCP.

Care coordination between PCP and EI: pay for care coordination codes; develop systems to gather information about community-based services the child is accessing and receiving; assist in data integration between EI and other community based services and share with PCP; support development of individualized care plans and cross-system planning in collaboration with the PCP; develop flags for children receiving non-EI community based services that have not been screened by the PCP, and assign PCP if no PCP has been established for the child.

Medical Home Learning Collaborative

The primary focus of the Patient-Centered Primary Care Home Learning Collaborative will be to aid practices in implementing evidence-based components of medical, and that will likely have the greatest impact on patient outcomes. While the OPIP and ORPRN staff will be providing technical assistance to practices in implementing the relevant medical home standards, it will be up to each practice to identify the aspects of medical home that will be most relevant to the practices, based on their individual baseline assessments, their current functioning as a medical home, and their particular needs and interests.

Incorporating the Patient and Family Voice into Quality Efforts

ABCD III

In our first major contract for ABCD III, OPIP has been asked to work on the coordination and communication between primary care providers and community resources for children at risk for developmental delays. The goal of the project is to improve this communication loop, with the end result of an increase in provider awareness of the outcome of a referral to Early Intervention. With an eye on sustainability, it was decided that incorporating the family voice into the project will give it the best chance of long term success. In this case, we engaged in a three stage process, the first step of which is referred to as a Community Café.

The Community Café is a guided conversation with parents at the lead. One goal is to flatten differences in power among the individuals in the conversation so all voices are heard. Another is to bring together all of the voices in a community (however community is defined locally) to ensure that a variety of perspectives are brought to bear. We also hope that parents trained in this process will continue to meet and become empowered to make and support changes in their communities.

The Community Café approach allows the interventions for ABCD III direct and local, rather than as a one-model-fits-all approach. Guided by parents as leaders, each MCO-based community held Community Cafes to discuss experiences from a variety of perspectives and suggest improvements to the ABCD III teams. The Cafes included parents of young children who receive early intervention, and brought parents together to share their experience with what happens when a child enters a doctor's office, or receives a visit from a public health nurse, or goes to an educational service district for an evaluation.

Separately, OPIP interviewed managed care quality improvement staff, medical staff, early intervention specialists, and public health partners for their perspectives. Then, in the third stage of community engagement, OPIP will evaluate these conversations along with data collected from chart reviews, Medicaid administration, Early Intervention/Early Childhood Special Education and other sources to design system changes with each managed care plan. In this final stage, parents, providers, and community resource representatives will be brought together to share what was harvested from the community engagement process; the results of this final stage will drive the interventions for implementation that make up the Performance Improvement Project.



Informing Policies that Support Optimal Health and Development

Members of the OPIP Executive Leadership and Executive Committee participated in several state-led workgroups and committees that helped to inform policies around health care transformation and payment reform efforts. Several public comments were also submitted for both national and state policy efforts.

Patient Centered Primary Care Home – Pediatric Standards Advisory Committee

OHPR created a work group in Spring, 2010 to generate a medical home framework unique to Oregon that encompasses the core concepts of improved patient care, lowered costs, and better health outcomes. The product of this work group was the Patient Centered Primary Care Home (PCPCH) Standards. At the conclusion of the workgroup's efforts, it was recognized that the pediatric primary care perspective for this model was under-represented.

In Fall, 2010 OHPR convened a second committee, the Pediatric Standards Advisory Committee, that was charged with reviewing the original PCPCH Standards and modify the work so that it better reflect the reality of pediatric health care. The Committee's recommendations were incorporated into the original standards as a series of addendums to the background and text of the original document. Dr. Gillespie was a member of this committee, as were Dr. Jaffe and Ms. Hartzell from the OPIP Executive Committee. Ms. Reuland also served as an ex officio consultant to the Committee.

PCPCH Payment Workgroup

In May of 2011, OHPR called a workgroup together to explore how primary care providers might be offered different reimbursement mechanisms for adoption of the PCPCH Standards. This workgroup met three times over two months in May and June; the product of this workgroup was a framework of which standards would meet the definitions of Tier 1 and Tier 2 Medical Homes under the PCPCH Standards, and an understanding that the Medicaid Managed Care Organizations could come up with flexible business arrangements to link reimbursement



to the PCPCH Standards. There was considerable concern raised in the course of this workgroup about improvements that would need to happen at the state level in the attribution methodology that links patients with primary care providers. Drs. Gillespie and Jaffe participated in this workgroup.

PCPCH Data Workgroup

While OPIP was not specifically invited to participate in this workgroup, Dr. Gillespie was offered an opportunity to give feedback to the proposed measures that would link PCPCH Standards and the payment reform efforts of OHP. This workgroup will reconvene later in the Summer of 2011, and Dr. Gillespie has been asked to participate in this effort.

Public Comments

- Early Childhood Transition Team: Official Charge Feedback
- Agency for Healthcare Research and Quality, Office of Extramural Research, Education, and Priority Populations; Priority Setting for the Children’s Health Insurance Program Reauthorization Act (CHIPRA), Pediatric Quality Measures Program (PQMP)
- Early Learning Council: “Straw person” Proposal Feedback



Presentations

Gillespie R, Anderson B. (2011, January) Family Roles & Relationships: Opportunities for Partnership. American Academy of Pediatrics Preventative Services Improvement Project Learning Session, Chicago, IL.

Shaw J, Kus C, Holmes B, Gillespie R. (2011, February) Child Health Improvement Partnerships: Benefits for MCH Programs. Workshop Presentation, AMCHP Annual Conference, Washington, DC.

Duncan P, Shaw J, McGrath J, Gillespie R, Norlin C, Weissman M. (2011, May) The New CME: Implementing Quality Improvement to Meet Maintenance of Certification Requirements in Primary Care. Workshop Presentation, Pediatric Academic Societies, Denver, CO.

Gillespie R. (2011, June) Improvement Partnership Innovations in Oregon. National Improvement Partnership Network Annual Meeting, Seattle, WA.

Gillespie R. (2011, June) Impacts of MOC on Improvement Partnership Program Development. National Improvement Partnership Network Annual Meeting, Seattle, WA.

Gillespie R, Rosa M, Bronheim S. (2011, June) Patient- and Family-Centered Care in the Medical Home. American Academy of Pediatrics, National Center for Medical Home Implementation, 2011 CME Webinar Series.

Collaborations

National Improvement Partnership Network (NIPN)

Starting in Fall of 2010, OPIP was recruited to serve as part of the newly formed National Improvement Partnership Network Leadership Team. As part of the CHIPRA Demonstration Grants, the Vermont Child Health Improvement Program was funded to “create a model for targeting healthcare delivery, coordination, quality or access.” Through this funding, three tasks were identified:

- Assist an additional 20 states in development of a sustainable Improvement Partnership
- Continue to support the national network of Improvement Partnership states (NIPN) through the provision of technical assistance
- Evaluate the implementation, efficiency, and impact of the Improvement Partnership model and national network.

In the course of this project work, the Leadership Team will develop a five year strategic plan for the network, continue to plan and conduct monthly network conference calls and annual meetings, and continue to develop the network’s role in areas that align with members’ expertise, such as Maintenance of Certification, Medical Home, etc.

This collaboration has proven to be invaluable, in terms of mentorship for the executive leadership of OPIP in project design, general operational development, and quality measurement considerations.

The NIPN is considering developing a project across multiple IP sites, to form a “learning collaborative of learning collaboratives.” Such a project would allow IP sites to compare details of projects, share successes and challenges, and allow for the development of sustainable quality improvement “best practices” across states.



Unmet Needs

Organizational development: while we have come a long way in our organizational development in a short period of time, it is important for the Executive Committee to examine the organization from a more “big picture” perspective at a minimum annually. The Executive Committee will need to step back from the rapid growth of the last year and assess the relationship of OPIP to each of the stakeholder groups, the overall quality improvement and measurement environment, and the multiple efforts of the Oregon Health Authority.

Further, the Executive Committee will need to consider the development of sub-groups to address issues such as Operations and Finance, Health Care Policy, and Outreach and Membership. It is also important for the professional development of the Executive Leadership that a formal evaluation process be vetted by the Executive Committee.

OPIP Executive Leadership has effectively engaged multiple stakeholders in the first year, however there are important gaps in representation in our operations, most notably Emanuel Children’s Hospital.

Our charter describes the formation of an Advisory Committee to help connect relevant stakeholders in child health quality improvement and quality measurement. While the Executive Committee is tasked with oversight to the overall functioning of OPIP and the Operations Committee is tasked with oversight to the fiscal and human resources components of OPIP, the Advisory Committee is intended to be a place where a larger group of stakeholders can connect to ensure synergy in QI efforts. While some of the outreach done in the 2010-2011 year was meant to identify such stakeholders and brief them on OPIP’s role, a formal meeting of the Advisory Committee has not yet happened.

OPIP Staff: our rapid growth has been driven by the acquisition of multiple project contracts. While this work is vital to establishing the role of OPIP within the local quality improvement landscape, our rapid project growth has not been matched by hiring of project staff. The first several months of our next year will need to address the gaps in staff coverage of project work.

Because of this rapid growth, physical space within OHSU has been limited. Many of our staff members are in temporary spaces, and staff members are not physically co-located with each other. In the upcoming year, we hope to work with OHSU to consolidate our physical space to be more efficient and productive.

Goals for the Upcoming Year

1. Continued organizational development
 - a. Strategic plan – short and medium-term
 - b. Annual review of charter, organizational chart
 - c. Executive Leadership evaluation process
 - d. Development of an Issue Brief describing OPIP for use in recruitment, policy work, and marketing
2. Complete new hires to cover current project work / organizational chart
 - a. Performance Improvement Specialist
 - b. Data Analyst
 - c. Administrative Assistant
 - d. Possible second Research Assistant
 - e. Possible third Senior Research Associate
3. Continued outreach to relevant stakeholders
 - a. Legacy / Emanuel Children's Hospital
 - b. Providence / St. Vincent's Pediatrics Department
 - c. Health plans
 - d. Better connection with QI efforts within OHSU (OCTRI, Hospital QI, etc.)
4. Development of Advisory Committee to address larger stakeholder collaboration