



# Impacts of MOC on IP Program Development

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# How did MOC impact OPIP's development?

- Maintenance of Certification projects helped get OPIP on the map.
- OPIP began officially in July, 2010.
- Prior to that date, two partner organizations were working on three specific MOC projects.

# Oregon's MOC Projects

- Oregon Pediatric Society: **Screening Tools and Referral Training (Developmental Screening)**
- Children's Health Foundation: **Immunization Rate Improvement Initiative**
- Children's Health Foundation: **Asthma Care Management Improvement Initiative**

# Screening Tools and Referral Training

## *Oregon Pediatric Society*

- Designed to help introduce standardized screening in primary care, connect with EI and other community resources
- MOC aim statement:
  - Within 9 months of developmental screening implementation:
    - ASQ will be routinely administered to 75% of 9, 18 and 24 month olds
    - MCHAT will be routinely administered to 75% of 18 and 24 month olds

# Impact of START

- Over 500 program attendees, over 250 providers since Fall 2008 (only about 75 have claimed MOC)
- Of those who claimed MOC, screening rates all over 85%.
- Providers connected with EI, Public Health, Community resources
- Expansion of model into new topic areas:
  - Peripartum Mood Disorders
  - Mental Health Screening
  - Autism

# Immunization Rate Improvement Initiative

## *Children's Health Foundation*

- Using data from statewide immunization registry, practices conduct a “gap analysis” between claims and chart data.
- Practices customize PDSA cycles depending on where greatest deficiencies exist
- MOC aim statement:  
Increase 2-year-old immunization rates across the network by 4% by June of 2010.

# Impact of Immunization Initiative

- Initial phase of project did result in 4% increase in immunization rates, currently aiming for another 4%
- Familiarized providers with QI basics (PDSA cycles, chart review, using data for improvement)
- Impacted relations with health plans, Medicaid Managed Care Organizations

# Asthma Care Management Improvement Initiative

## *Children's Health Foundation*

- Network-wide immunization registry developed and implemented in late 2009

- MOC aim statement:

By December of 2010, the CHA network performance benchmarks for patients with asthma between the ages of 5 and 21 years will be as follows:

- 90% of patients will have a documented level of asthma severity.
- 90% of patients with persistent asthma will be prescribed a controller medication.
- 60% of patients will have a written asthma action plan.
- 40% of patients will have a planned asthma visit.
- 70% of patients will have received an annual flu shot.



# Impact of Asthma Initiative

- Functioning asthma registry for around 5000 patients
- Providers able to create patient-specific exclusion reports for different metrics
- Connections with state asthma programs, school nursing / public health

# Collective Impacts

*What MOC projects did for OPIP...*

- Connectivity
- Visibility
- Credibility
- Leveragability



# Connectivity

## *Building relationships*

- Initial projects helped to foster relationships needed for the IP
- Future IP partners began to work together and develop trust (OPS, CHF, CAHMI, Medicaid, Public Health)
- Projects designed to ensure mutual benefit, achievement of common goals
  - Medicaid, private health plans
  - Public Health
  - Early Intervention / school-based systems
  - Other community agencies

# Visibility

## *Getting to the table*

- Pediatric providers often left out of policy conversations historically (medical home, payment reform, etc.)
- State agencies within the Oregon Health Authority now know pediatricians are working hard at improving the system
- Now getting frequent invitations to participate in many OHA committees and workgroups

# Credibility

## *Gaining Trust*

- Physicians benefit from QI efforts – practices now engaged actively in QI
- Health plans engaged (or at least paying attention) due to impact on HEDIS measures

# Leveragability

*Using what we've accomplished and learned*

- Building off of practice-based QI to inform policy conversations
- Able locally to improve some health plan contracts
- Able to leverage results and relationships developed in attracting new contract work

# Improvement Partnership Functions

## *OPIP Mission Statement*

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

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

# Now what?

## *Questions for moving our development forward*

- Was it worth it?
- What are the next steps in leveraging MOC for IP purposes?
- What are the caveats?



# How to Cite this presentation:

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