
The Centers' for Medicare and Medicaid Services Quality Demonstration Grant: The Tri-state Children's Health Improvement Consortium

The Tri-state Children's Health Improvement Consortium (T-CHIC) is an alliance between the Medicaid/CHIP programs of Alaska, Oregon, and West Virginia formed with the goal of markedly improving children's health care quality. In February 2010, the Oregon-led consortium was awarded nearly \$11.3 million over a 5 year period.

Purpose of the Grant

In September 2009, the Centers for Medicare & Medicaid Services (CMS) released an invitation to apply for demonstration grants as outlined in the 2009 Children's Health Insurance Plan Reauthorization Act (CHIPRA). The overarching goal of the funding opportunity is to establish and evaluate a national quality system for children's health care.

Through this opportunity, the T-CHIC is using a variety of strategies to demonstrate the impact that different ways of delivering health care and health care information can have on a child's health. This project aims to drive continuous quality improvement in child health care by:

- ✓ Improving children's health and health care quality measurement;
- ✓ Integrating Health Information Technology (HIT) systems; and
- ✓ Developing the best models of health care delivery for children and their families.

Each participating state will learn what works best for improving children's health in their own state as well as in the other consortium states. Alaska, Oregon, and West Virginia each have different ways of providing health care to children in both rural and urban areas. This will allow the project to collect far more information on improving children's health care than if only one state was conducting the project on its own.

Grant Activities

Grant activities are broken out into three categories, although each category inherently has an impact on the others:

- ✓ Improving children's health and health care quality measurement
 - Oregon, through the Division of Medical Assistance Programs, is collecting and reporting on the entire initial core set of children's quality measures¹ as released by CMS and the Agency for Healthcare Research and Quality (AHRQ); Alaska and West Virginia are reporting on a subset of the measures. The States are identifying areas that require revisions to the technical specifications, making suggestions for additional measures and modifications that would improve their utility.
 - The T-CHIC is collaborating to field two versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, the Clinic and Groups Module with Primary Care Medical Home Items and the Health Plan 4.0H with Children with Chronic Conditions items, across the three states' Medicaid and CHIP programs.
 - Working with The Child and Adolescent Health Measurement Initiative (CAHMI) and the Oregon Pediatric Improvement Partnership (OPIP), the T-CHIC is assessing the feasibility and meaningfulness of the measures across a variety of audiences. The T-CHIC is also determining where there may be gaps, redundancy, or insufficient prevalence in order to identify a set of

¹ The entire list of core measures can be found at:

<https://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf>

measures that, taken together, can be used to estimate the overall quality of health care for children, including children with special needs.

- ✓ Integrating Health Information Technology (HIT) systems
 - West Virginia is working with 10 practices to implement a personal health record as a communication tool between providers and families.
 - Alaska is working with 3 practices to facilitate communication through their health information exchange, once operational.
 - Oregon is assessing which aspects of HIT enable or facilitate a practice's ability to become a patient-centered primary care home (PCPCH).
- ✓ Developing the best models of health care delivery for children and their families
 - West Virginia is working with 10 practices to implement the National Committee for Quality Assurance (NCQA) medical home model. Each practice also has an embedded care coordinator.
 - Alaska is working with 3 practices to implement a medical home as described by seven core competencies.
 - Oregon is working with the OPIP and the Oregon Rural Practice-Based Research Network to facilitate a Learning Collaborative with 8 practices from around the state. The overall goals of the Learning Collaborative are to:
 - Assist practices in achieving the Oregon Patient-Centered Primary Care Home (PCPCH) Standards.
 - Identify and categorize the challenges and barriers at the practice level in obtaining the PCPCH Standards, and evaluate the practice's experience of care and of implementation of the PCPCH Standards.
 - Create a technical assistance "package" for Pediatric and Family Medicine practices, across a diverse range of clinic settings, who are interested in achieving the PCPCH standards.
 - Assess the impacts of Medical Home / PCPCH designation on patient outcomes, including patient experience of care.