

*CT Child Health Improvement Partnership –
“CT-CHIP”*

*Children’s Healthcare Quality and Outcome -
Beyond Access and HEDIS*

*Presented to the CT Medicaid Managed Care
Council, 10/8/10 - M. Alex Geertsma, M.D.*

Restructuring of Husky – A rare opportunity,

....or just more of the same?

Has CT Received “Value” for It’s Medicaid Dollars?

Healthcare Value = Quality/Cost

What has been the state's "return on investment"?

- *We have settled for relatively easy to obtain, "low-lying fruit" – access, immunization, etc.*

While making little progress in many of the most important areas over the last 15 years

- *The present healthcare delivery and reimbursement system has not promoted enough meaningful improvement*

- *Lack of coordination of improvement efforts – splintered and siloed “projects” – inefficiency, replication of effort*
- *Focus on limited measures instead of actual healthcare outcomes*
- *Lack of technical support to practitioners, no practitioner financial incentives*
- *Despite successful coordinated efforts elsewhere in the country ...*

What are the most pressing health issues for our state's children today and in the future?

- *Asthma*
- *Obesity*
- *Developmental disability*
- *Behavioral difficulties*

- *chronic disease management*
- *prevention of disease*
- *child abuse/neglect*
- *inappropriate ER utilization*
- *avoidable hospital admissions*

What is needed statewide in Connecticut? –

A Truly Collaborative, Outcomes Based Quality Initiative

- *Child Health Improvement Partnership for CT –
“CT-CHIP” - Modeled after V-CHIP*
- *Active Involvement with the national improvement movement -*
- *Greater commitment of pediatric healthcare providers’ time and effort*

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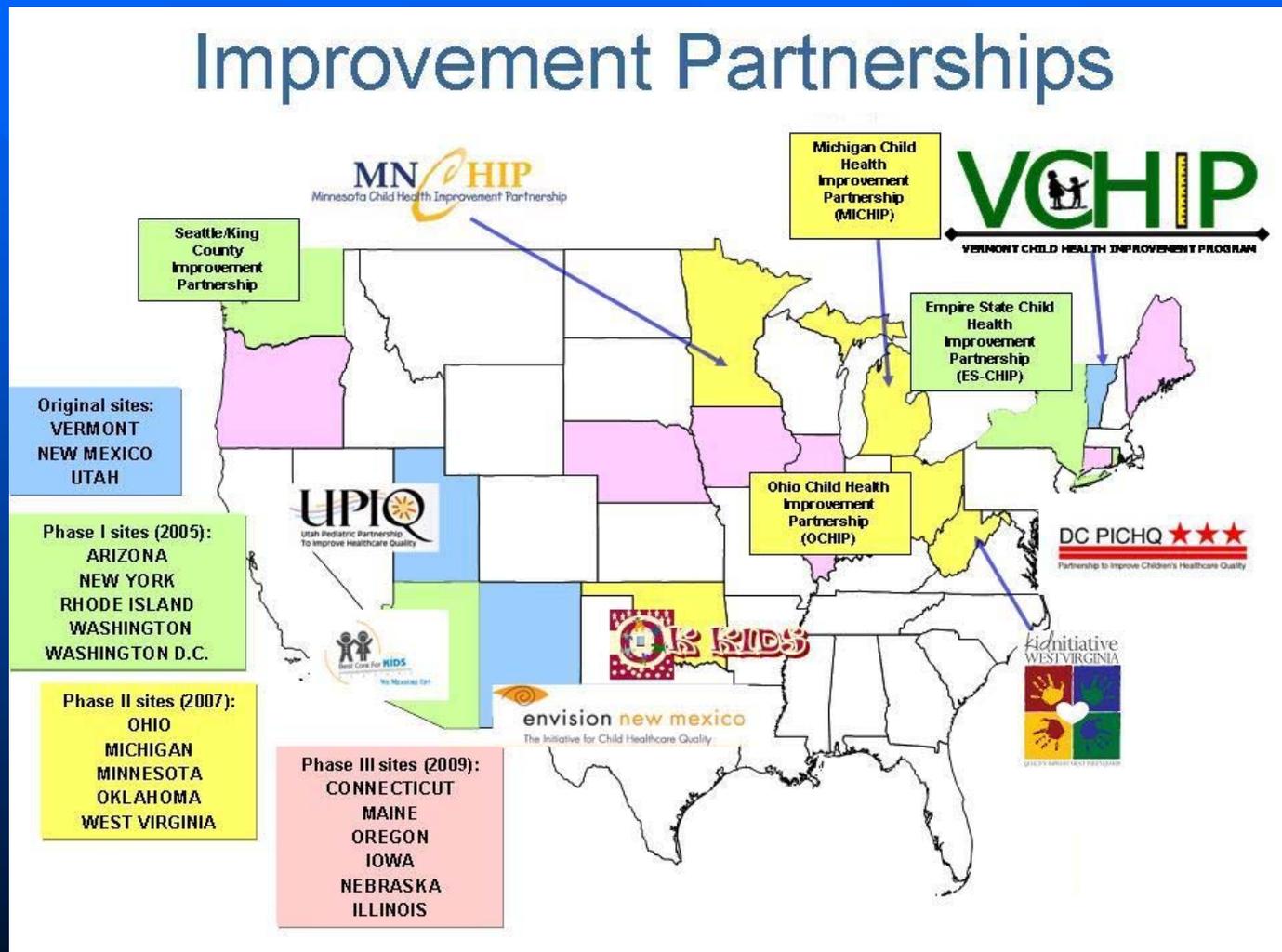
Child Health Improvement Partnerships

“An Improvement Partnership is a collaboration of public and private leaders that uses measurement-based efforts and a systems approach to improve the quality of children’s health care.”



National Improvement Partnership Network “NIPN”

Improvement Partnerships



What have we done, what have we learned?

- *2004 - CMS promotion of P4P, PCCM as a means of incentivizing quality and efficiency leading to -*
- *October, 2006 CT DSS participation, CHCS P4P Institute – Johnson Foundation Grant to DSS*

- *“CT-CHIP”*: Section 14 – CT Public Act 07-185
 - *To take effect 7/1/07*
- *DSS Husky Quality Improvement Plan*
- *CT PCCM “Pilot”*

Successful Quality Improvement Programs What Do We Know from National Work?

*From CHCS 2006 meeting, continuing updates
(e.g Commonwealth Fund, CHCS), published data,
private sector pilots, NIPN, other states:*

Healthcare Value = Quality/Cost

Quality and Cost are not independent variables if quality is pursued in the right way....

An effective emphasis on quality outcomes can and does reduce healthcare costs

1. There must be a truly collaborative infrastructure that can monitor, support, and help direct improvement efforts – it must be owned by all and dedicated to the improvement of overall healthcare outcomes for all of the states' citizens. It cannot be controlled exclusively by one entity or serve only one entity's interests.

2. *There must be positive, real incentives that will be sufficient to motivate providers to change and improve practice patterns and healthcare outcomes*

– Pay for Performance – “P4P”

*e.g.: PCCM – importance of numbers,
“economy and benefits of scale”*

3. *Incentives must be linked to meaningful, effective, evidence based methods of improving actual healthcare outcomes*

4. There must be a system of technical, direct hands-on support of provider practices to aid in the implementation of evidence based methods of improvement – e.g. NICHQ Learning Collaboratives, Easy Breathing and DPH Regional Medical Home Support Center Academic Detailing, CHDI “EPIC”

5. The Family-Centered/Patient Centered Medical Home Model of Primary Care Practice can serve as an extremely effective platform for change and outcomes improvement.

It is best incentivized and supported by a PCCM-type model of supplemental reimbursement

6. *The partnership should identify and enlist “early adopters” of practice change and improvement.*

Many of these “early adopters” will have already implemented various aspects of the Medical Home Model

The partnership should not only incentivize the early adopters, but encourage them to serve as models, leaders, and promoters of improvement in their communities, regions, and throughout their state.

What do we have, what do we need?

Long Overdue State Mandates

- *“CT-CHIP”: Section 14 – CT Public Act 07-185*
- *DSS Husky Quality Improvement Plan*

- *1/1/09 – Award of Technical Support Grant to DSS and “collaborators” from Commonwealth Fund to establish a Child Health Improvement Partnership - “CT-CHIP”*
- *1/1/10 – NIPN established by Commonwealth Fund and NICHQ – V-CHIP lead, Connecticut included*

Founding CT-CHIP Collaborators/Partners:

DSS

CHDI

CT AAP

TRIPP Center

Medicaid Managed Care Council

CT Health Policy Project

CT Commission on Children

Other Partners?

- *DPH Medical Home Advisory Council*
- *DPH?*
- *MCO's?*

“P-PIP”

- *“P-PIP” Pediatric Practice Improvement Partners –*

CT AAP

15 – 20 Pediatric primary care practitioners experienced in and committed to quality improvement and efficiency via evidence based practice change...

- *Federal CMS commitment to quality – CHIPRA
Quality RFP - average of \$10 million per award*

*5 of 10 awards involved NIPN states, 2 others
non-NIPN, NICHQ affiliated Improvement
Partnership states (MA, N.C.)*

No awards or state budget allocations for CT-CHIP

*Further federal funding opportunities are likely,
e.g. – Pro-Health Medicare Medical Home Pilot
but*

The window of opportunity may close rapidly

The Essential Role of Measurement and Outcomes

- *Measures are important only if we use them to improve care....they are not an end in themselves*
- *7 original Hedis Measures applicable to children origins of “low lying fruit”, low level expectations*

Raising the bar and relevance of measures -

- *New CHIPRA Measures - 21 measures directed at improving children's healthcare outcomes – greater improvement relevance*
- *Federal Quality Expectations, Funding Opportunities – tying CHIPRA measures/outcomes to P4P, PCCM*

The near future? More Alphabet Soup -

- *HIE*
- *CMS EMR Incentives*
- *MOC for M.D.'s*

What needs to be done?

- 1. Commit fully to CT-CHIP – resources, funds for administrative infrastructural implementation under DSS – data collection, etc.*
- 2. Set aside of maximum of \$7.50 pmpm for incentivization of quality, assure “economy of scale”*
- 3. Make use of existing resources and additional funds to coalesce quality support and spread*