National Evaluation of the CHIPRA Quality Demonstration Grant Program: An Update

Second Annual CMS Quality Conference: Improving Care and Proving It! Baltimore, Maryland

June 15, 2012



The National Evaluation Team

- Mathematica: H. Ireys, L. Foster, C. McLaughlin,
 C. Trenholm, A. Christensen, G. Anglin, B. Natzke,
 F. Yoon, and others
- Urban: K. Devers, J. Kenny, I. Hill, R. Burton, S. McMorrow, and others
- AcademyHealth: L. Simpson, V. Thomas
- AHRQ: C. Brach, S. Farr
- CMS: K. Llanos, B. Dailey

Today's Comments

- Updates on data collection: site visits, claims, and administrative data
- Website updates
- Looking ahead

Site Visits: Status

- Goal of initial site visits: gather information about early implementation experiences
- Much assistance from state project staff has yielded a smooth scheduling process, willing respondents
- 2012 visit schedule to 18 states, by month
 - March: 1 state
 - April : 4
 - May: 4
 - June: 4
 - July: 5

Site Visits: Early Observations

- Multiple interpretations of "demonstration"
 - Concept development: "medical home in frontier environment"
 - Pilot study: start local, expand statewide after grant
 - Showing how to do it, or how to do it better: improving results of earlier efforts to build statewide infrastructure for electronic sharing of data
 - Building the evidence base: gathering and analyzing information to inform future programs and policies

Site Visits: Early Observations

- Key factors affecting early implementation
 - Policy, program context: leadership changes, budget/spending/hiring constraints
 - Previous work: what these projects are building on
 - Related, ongoing projects: many interactions with other efforts
 - What states are doing now to sustain the project later
 - Role of multistate partnerships

Site Visits: Early Observations

- Quality measures: reporting "up" to CMS is very different from reporting "down" to practices
- HIT projects: numerous delays related to multiple agendas, initiatives, and technical problems; obstacles often beyond the control of CHIPRA project teams
- Many different strategies for provider-based models: behavioral health integration, improved patient compliance around well child care, better care coordination, tighter relationships between patients and primary care physicians, and others

Claims, Administrative, and Medical Home Data

- Working with seven Category C states (IL, MA, ME, NC, OR, SC, WV) and one Category B state (PA)
- Major efforts by states to provide files
- Essential to assess outcomes, impacts of state efforts to assist future planning and sustainability
- Analyses to address key questions; for example:
 - What are the characteristics of participating practices across states?
 - Is the medical home level associated with service use

Comments? Questions?

Web Page Updates

- Estimated operational date: end of June
- Three clusters of text and graphics
 - Home page: high-level overview of the program and evaluation
 - Clickable map of the demonstration states
 - State-at-a-Glance descriptions
 - Category descriptions
 - More about the national evaluation
 - Reports & Resources: findings, issue briefs

Web Page Mockup



Looking Ahead: Possible Topics for Evaluation Highlights Series

- What are states learning about practice-level reporting of quality measures? (August 2012)
- What are the characteristics of practices participating in medical home projects, and who are the children they serve?
- Are higher levels of "medical homeness" associated with more primary care visits and fewer emergency department visits?
- Learning collaboratives and practice coaches: what works? What doesn't?
- What strategies are states using to integrate behavioral and physical health services?

Looking Ahead: Other Possible Activities

- Opportunities for states to contribute materials, reports to web page
- Evaluation-focused calls with state evaluation teams
- Other ways to disseminate findings to demonstration states?
- In 2013 and beyond: replication guides, Profiles of Promising Practices, AHRQ Innovations, journal articles
- Other dissemination strategies: reading and resource lists, conferences, group consultations

Comments? Questions?

National Evaluation Timeline

- Year 1 (Aug 2010–Jul 2011)
 - Learn about state projects
 - Finalize evaluation design report
 - Develop data collection protocols, submit OMB materials, gain IRB approvals
- Year 2 (Aug 2011–Aug 2012)
 - Receive OMB/IRB approvals, negotiate DUAs
 - Collect baseline, initial implementation data: quantitative, qualitative
 - Plan dissemination strategies with key stakeholders
 - Publish first issue brief

National Evaluation Timeline

- Year 3 (Aug 2012–Jul 2013)
 - Analyze baseline data, report findings
 - Plan cross-sectional physician survey
 - Seek OMB approval for follow-up data collection
- Year 4 (Aug 2013–Jul 2014)
 - Implement physician survey
 - Collect follow-up data

Year 5 (Aug 2014–Sep 2015)

- Analyze follow-up data, report findings
- Create replication guides for states

For more information or to share your ideas, contact:

Henry T. Ireys, Ph.D. Senior Fellow, Mathematica Policy Research 202-554-7536 hireys@mathematica-mpr.com