Supplement to *Evaluation Highlight No. 6*: How are CHIPRA quality demonstration States working together to improve the quality of health care for children?

Evaluation Highlight No. 6 is the sixth in a series that presents descriptive and analytic findings from the national evaluation of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Grant Program. Of the 10 grantees that received awards, six represent multi-State partnerships involving 14 of the 18 CHIPRA quality demonstration States. The *Highlight* illustrates how States are using the partnerships to improve the quality of children's health care. It describes the strategies that States are using to create and maintain cross-State relationships, as well as the benefits and challenges of partnering. The full text of the *Highlight* is available on the National Evaluation of the CHIPRA Quality Demonstration Program Web page.

This supplement to the *Highlight* provides a snapshot of the six multi-State partnerships and the projects they are developing. Each grantee and its partners are implementing similar projects, although some partners are also implementing additional projects of their own (Table 1).

Table 1: Focus of the CHIPRA Multi-State Partnerships' Projects

Grantee	Partner State(s)	Quality Measures	Health IT	Provider Models[a]	Other Topics
Oregon	Alaska and West Virginia	✓	✓	✓	
Maryland	Georgia and Wyoming		WY	✓	GA
Utah	Idaho		✓	✓	✓
Florida	Illinois	✓	✓	✓	✓
Maine	Vermont	ME	✓	✓	VT
Colorado	New Mexico			✓	✓

✓ = All States are working on a topic. State abbreviations indicate that only partner is working on a topic.

[a]Provider-based models include patient-centered medical homes in pediatric and family practices as well as clinics (Oregon, Utah, Florida, and Maine), care management entities (Maryland), and school-based health centers (Colorado).

Grantee: Oregon. Partners: Alaska and West Virginia. This tri-State partnership conceptualizes its work as a State-level learning collaborative through which each partner deliberately structures its activities to promote collective learning, planning, and problem solving. The collaborative is facilitated by the State staff, with technical assistance provided by the Oregon Pediatric Improvement Partnership. Project activities include (1) collecting, reporting, and testing the use of CMS's initial core set of children's quality measures; (2) promoting the meaningful use of health information technology (IT) to enhance service quality and care coordination; and (3) implementing a joint patient-centered medical home demonstration.

Child-serving practices in the three States are participating in practice-level learning collaboratives intended to transform practices into medical homes. The three States are also working with the Child and Adolescent Health Measurement Initiative, a national initiative out of the Oregon Health

Sciences University, to develop their own "self profile" by using existing population-based measures to highlight their quality improvement needs. Through their partnership, the States have leveraged the expertise of Oregon and its consultant technical assistance partners to work with 21 practices in the three States through quarterly Webinars on screening children for special health care needs, supporting family engagement, and sharing insights about medical home transformation. In the 21 practices, the partnership also administered the Clinician and Groups portion of the Consumer Assessment of Healthcare Providers and Systems survey (CG-CAHPS) with the Patient-Centered Medical Home (PCMH) supplement. The partnership used the results to both develop shared medical priorities and inform quality improvement activities.

Grantee: Maryland. Partners: Georgia and Wyoming. These three States are working together as a State-level learning collaborative in order to implement or expand their care management entities (CMEs). The Center for Health Care Strategies (CHCS), a consulting organization, facilitates the collaborative and developed the quality improvement framework the States use to guide implementation of their projects. CHCS continues to play a key role in the partnerships by providing program management and technical assistance. CMEs are organizations that take a comprehensive service delivery approach to treating youth with serious behavioral health challenges. The cornerstone of this approach is a wraparound care-planning practice model intended to provide enhanced and intensive care coordination. The three States are seeking to improve (1) access to home- and community-based services, (2) clinical and functional outcomes for youth, (3) cost outcomes, and (4) resilience in children and youth with serious behavioral health challenges.

Grantee: Utah. Partner: Idaho. Utah reached out to Idaho as a partner because so many children in Idaho are treated in Utah. The States conceptualized their demonstration as one project that they would implement similarly in their respective States. Both States are (1) promoting the transformation of pediatric primary and specialty care practices into patient-centered medical homes; (2) establishing online resources with information about children's chronic conditions and community resources for family members of, and providers for, children with special health care needs; (3) connecting their State health information exchanges with each other and creating interfaces between them and public health systems (beginning with immunization data); and (4) spreading Utah's Improvement Partnership model to Idaho so that the two States can eventually function as a regional children's health care quality improvement network. The States intentionally delayed the implementation of Idaho's project so that it could leverage the lessons learned from Utah's early experiences. Idaho has benefited from Utah's materials and Webinar trainings. To sustain their close collaboration, project directors and implementation staff regularly communicate and travel across State lines.

Grantee: Florida. Partner: Illinois. Work between Florida and Illinois is being facilitated by Health Management Associates, a nonprofit health policy group that is providing technical assistance and consulting services, and fostering the transfer of knowledge and skills between the States. Both partners are collecting and reporting measures of children's health care quality by using existing State data sources and promoting the use of health IT and the development of health

information exchanges to enhance service quality and care coordination in the pediatric community. In addition, both States are providing training and technical assistance to child-serving practices to strengthen their medical home features. Florida is particularly interested in strengthening medical homes for children with special health care needs. The State is also continuing its work through the Florida Perinatal Quality Collaborative to address problems in birth outcomes and infant health, and it is supporting Illinois in developing a similar public-private collaborative.

Grantee: Maine. Partner: Vermont. Vermont and Maine have a history of working together on children's health issues. Through the CHIPRA grant, both States are supporting practices in quality improvement activities, including identifying child health needs, adopting and/or improving the use of electronic health records, and engaging in other strategies related to medical home transformation. Vermont is helping 20 States, including Maine, to establish Improvement Partnerships. The States are also implementing and evaluating the impact of medical home models in child-serving practices. As part of this work, Maine is using many of the tools developed by Vermont's Child Health Improvement Program. Both States are working on health IT projects. While this is not an area of collaboration for the partners, they do share information on progress, challenges, and lessons learned.

Grantee: Colorado. Partner: New Mexico. Colorado and New Mexico also have a history of working together and have brought complementary expertise to the partnership. The States' implementation teams meet regularly, solve problems together, and participate in the same local evaluation. Demonstration staff in the two States also visited each other's sites to compare approaches, share tools, and collectively problem solve. The partnership's goal is to help 10 school-based health centers (SBHCs) in each State to (1) improve the quality of preventive services they provide to children and adolescents (with a focus on periodic screening, diagnosis, and treatment; immunizations; screening for sexually transmitted infections; pediatric overweight; and depression and anxiety); (2) enhance their medical home characteristics; and (3) further engage students in their own health and health care. SBHCs in both States will complete their own medical home assessment. Practice facilitators in both States participate in shared learning activities, including Webinars, interactive conference calls, and formal training offered by consultant organizations. The States also co-created the tools that guide the implementation and evaluation of their efforts, including a master medical record review tool, an electronic comprehensive adolescent risk screening tool (the eSHQ), and a youth engagement with health services (YEHS!) survey.

Learn More

For additional details on the CHIPRA Demonstration States, see www.ahrq.gov/policymakers/chipra/demoeval/demostates/index.html.