

Table 1 CHIPRA Quality Demonstration Grant Program: categories, goals, and examples

Grant category (number of states with projects)	CMS's specific goals	Example project (state) and associated elements
A Report and use quality measures for children, including CMS child core set (10 states)	<p>Demonstrate collection and reporting on core set of quality measures</p> <p>Learn how best to collect data for measures and overcome barriers</p> <p>Learn how stakeholders use quality measures</p> <p>Measure impact of use of core measures</p>	<p>Report and foster improvement on quality measures (Alaska) Elements</p> <p>Systems survey in 3 practices in preparation for reporting patient experience measure</p> <p>Hired data analyst to address obstacles to reporting child core set measures from Medicaid administrative data</p> <p>Engaged Medicaid and public health staff to monitor performance on measures and develop QI strategies</p>
B Develop or enhance HIT, such as electronic health records (EHRs) and health information exchange (HIE) (12 states)	<p>Learn how best to implement HIT, including HIT promotion and how barriers can be overcome</p> <p>Learn how to use HIT data for quality improvement and cost reduction</p> <p>Measure impact of HIT on children's health care quality</p> <p>Determine if and how HIT increases transparency and consumer choice</p>	<p>Use HIT to improve information exchange and care coordination (Utah) Elements</p> <p>Laid groundwork for interstate HIE and shared immunization data with Idaho</p> <p>Developed and tested portal for pediatric medical record</p> <p>Enhanced online resources to help physicians and parents care for children with special health care needs</p> <p>Developed and implemented electronic platform that practices use to share information about quality improvement work</p>
C Develop or expand provider-based care models, such as PCMHs, SBHCs, or CMEs (17 states)	<p>Demonstrate that selected model can be implemented</p> <p>Learn how best to implement models of care and identify how barriers can be overcome</p> <p>Determine impact of selected model</p>	<p>Help 18 child-serving practices improve quality of care (South Carolina) Elements</p> <p>Provided practice facilitation (one-on-one technical assistance)</p> <p>Held 8 learning collaboratives</p> <p>Provided maintenance-of-certification credit to physicians</p> <p>Funded parent involvement in quality improvement work</p> <p>Hosted training on integration of primary and behavioral health care</p>
D Implement and evaluate the impact of a model EHR format for children (2 states)	<p>Evaluate impact of format on pediatric healthcare quality and costs</p> <p>Learn to use data from the format to improve quality and reduce costs</p> <p>Determine how to promote meaningful use of the format</p> <p>Identify issues with the format, such as interoperability or privacy concerns</p>	<p>Test format's usefulness with 4 health systems and a federally qualified health center (Pennsylvania) Elements</p> <p>Provided health care organizations funding to incorporate new Format requirements into their EHR systems</p> <p>Assessed usefulness of the format</p>

able 1 (continued)

Grant category (number of states with projects)	CMS's speci c goals	Example project (state) and associated elements

Table 2 Elements and intellectual capital sustained, by state and topic

State	Number of elements implemented (number sustained or highly likely to be sustained)	Number of elements implemented in topic areas (number sustained)										Intellectual capital			
		Service delivery transformation					Quality reporting						Family engagement	Partnerships	Other
		Learning collaboratives	Financial or labor resources	Facilitators	Training, certification	Health IT	Health	IT	Health	IT	Health				
Total	114 (64)	12 (6)	10 (2)	13 (10)	5 (3)	26 (19)	22 (10)	9 (3)	8 (4)	9 (7)					
Alaska	5 (3)	1 (1)	1 (0)	1 (1)	-	2 (1)	-	-	-	-			NS		
Colorado	4 (3)	-	1 (1)	1 (1)	-	-	1 (1)	1 (0)	-	-					

Table 3 Sustainment outcomes for elements, by topic

committee that focused on developing sustainment plans. Implemented by the program's 5th year were sustained after addition, researchers at the University of South Carolina (the grant period ended. Moreover, most states found a way key partner) systematically gathered information about the to sustain the intellectual capital developed during the grant experience and performance of the 18 practices participating period. As a result of the federal government's investment in the demonstration, as well as the state's performance on this grant program, many demonstration states were in a selected core quality measures. According to the program's strong position to extend and spread specific strategies for leadership, this information, when it was shared with the director of the Medicaid agency, helped demonstrate the program's value and contributed to a decision to establish a new unit in the Medicaid agency that would focus specifically on improving quality of care for children.

Third, states sometimes sustained programs by aligning program environment, implementation partners, program activities with the broader goals of the host agency and cloud, and characteristics of the demonstration itself all For example, Maryland used its demonstration to expand its long-standing efforts to improve intensive, cross-agency service coordination for children with complex behavioral health needs. The state and the University of Maryland (its partner with extensive experience in this area): (1) incorporated new modules into an existing training program for care coordinators, (2) customized an existing data system to meet local care coordination needs, (3) improved data infrastructure for monitoring services across agencies, and (4) developed and submitted a Medicaid state plan amendment (SPA) to improve access to and quality of services. When it was subsequently approved by CMS, the SPA provided a new funding stream to sustain several elements.

Fourth, stakeholder support was a critical factor in several states. For example, Utah used its grant funds to develop a website with modules describing chronic conditions affecting children, offering information tailored for physicians and families, and hosting a newsletter and blogs. As a result of the website's popularity with providers both within and outside the state, the state sought and received support from other grants and a major hospital system to cover the costs of the website's maintenance. In contrast, another health IT application (a platform for portable medical records) was developed and tested for several years but ultimately not sustained. Few providers could use the platform because of technical problems with the state's HIE and a key implementation partner viewed it as a low priority

Discussion

Assessing sustainment of key elements of the states CHIPRA quality demonstration projects provides insight into the fates of the "promising ideas" for improving the quality of children's health care that the grant program was designed to examine. These findings may provide useful insights for policymakers and child-health practitioners who have opportunities to invest resources for improving quality of care for Medicaid-enrolled children. Our findings indicate that more than half of the elements that demonstration states

can be canceled the next, or vice versa. Our analysis drew primarily on interviews with state sta , who may not have represented the perspective of all individuals involved in the grant. Similarly, we examined sustainment at the state level only, and therefore did not assess whether practices, school-based health centers, or other participating organizations continued elements without state support. Finally, despite purposive sampling of our four case study states, we may have failed to reach data saturation in identifying factors in uencing sustainment decisions.

Our ndings suggest that no single factor guarantees that demonstration elements will be sustained, but certain actions may increase the likelihood of sustainment. These include building a foundation for sustainment by aligning program goals with the goals of the home institution; -seek ing new sources of funding; engaging in early sustainment planning based on evidence about the program's perceived value; institutionalizing routines and infrastructures as much as possible; and leveraging the experience and in uence of implementation partners. Finally, as our and other case studies have shown, even e ective programs are unlikely to be sustained without a healthy dose of skill and dedication from the leadership team. Although this study grew from an evaluation of a federal demonstration to improve children s