Summary of the Design Plan for the National Evaluation of the CHIPRA Quality Demonstration Grant Program

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Please note: This document updates the original design plan submitted to the Agency for Healthcare Research and Quality on July 27, 2011.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allowed for funding of 10 demonstration projects to identify effective, replicable strategies for improving the quality of children's health care. In February, 2010, the U.S. Department of Health and Human Services announced demonstration grant awards to Colorado, Florida, Maine, Maryland, Massachusetts, North Carolina, Oregon, Pennsylvania, South Carolina, and Utah. Six of these States received grants to work in multi-State collaborations, bringing the number of States that received program funding to 18. In 2009, the 18 States

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The ongoing evolution of some State projects and State-sponsored evaluation activities poses the major challenge of designing and conducting a national evaluation for projects whose specific procedures and objectives are not yet fully defined. Moreover, States started the implementation of their projects at different stages because their experience with reporting of quality measures, diffusion of health IT, and medical home initiatives vary substantially. The national evaluation team is working and will continue to work closely with the demonstration States to align its objectives with State-specific implementation schedules and the States' experiences. This collaboration is especially important given the range of activities being pursued by States and varying timelines for implementation.

We have reviewed the grantees' original applications (submitted to CMS in January 2010), their final operational plans (submitted to CMS in November, 2010), evaluation addenda (submitted to CMS in April and May 2011), and their semi-annual progress reports (submitted to CMS on August 1, 2011 and February 1, 2012). Based on these reviews, discussions with AHRQ and CMS, and meetings of the project's technical expert panel, we identified several overarching design, data collection, and analytical challenges. One of the most important challenges involves determining the extent to which changes in quality outcomes, such as reduction in inappropriate use of emergency rooms or improved family satisfaction with care, can be attributed to the grantees' activities and interventions. To make this kind of causal inference, we need first a reliable measure of "the counterfactual"—that is, the outcomes that would have occurred had the CHIPRA quality demonstration funds not been available. Strong counterfactual data can provide convincing answers to questions about whether the CHIPRA funds actually made a difference or whether observed

- ☓ Identify strategies for more efficient and effective performance measurement of Medicaid and CHIP programs across all types of delivery and payment models

- ☓ Disseminate information on how performance measurement can be used to improve the quality of children's health care

Projects in Category A will be evaluated using a mixed-methods, longitudinal, comparison design. First, the national evaluation will document growth from 2011 to 2014 in the capacity of demonstration States to collect, report, and use the initial set of core measures, as well as supplemental measures. Reporting capacity will be based on the number of core measures States are able to report to CMS using the correct specifications. Use of measures will be examined with respect to state strategies for integrating these measures in quality improvement initiatives, developing different reporting modalities (for example, reporting to the public versus reporting to providers or plans), and to a more limited degree, linking measures to payment incentives.

Among CHIPRA grantee States, we also will examine the intersection of Category A with other grant categories. For example, we may compare progress in Category A for States with and without Category B funding. This will allow us to determine how CHIPRA-funded health IT activities might contribute to States' ability to collect and report the core set of measures. To strengthen the evaluation further, we also will compare the 10 CHIPRA Category A demonstration States to non-CHIPRA States with respect to growth in capacity to report and use quality measures. Comparison States may include the eight CHIPRA-funded States that are not participating in Category A, as well as States with no CHIPRA quality demonstration funding.

Category B: Using Health IT to Improve Child Health Care Quality

The goal of the CHIPRA Quality Demonstration Grant Program for Category B is to support demonstration States in using health IT effectively to improve the quality of children's health care, reduce Medicaid and CHIP expenditures, and promote transparency and consumer choice. The 12 States that are implementing Category B projects are using various combinations of EHRs, personal health records (PHRs) and HIEs for such purposes as (1) automated reporting of CHIPRA core quality measures; (2) EPSDT reporting; (3) providing clinical decision support; (4) providing reports to promote quality improvement in clinical settings and support the informational needs of public health agencies; (5) fostering consumer engagement; and (6) coordinating services across different types of providers (especially in connection with medical homes).

The national evaluation aims to:

- ☓ Document how States are implementing health IT effectively to improve the quality of children's health care and identify less effective strategies that States should avoid

- ☓ Measure the impact of health IT on the quality of children's health care, especially for children with special health care needs

- ☓ Determine whether and how health IT increases transparency and consumer choice while safeguarding the privacy and security of personal information.

- ☓ Assess the extent to which States used funding under these grants in ways that did not overlap with their use of other Federal health IT grants

To accomplish these goals, we will combine unique evaluation strategies. First, in one State (Pennsylvania), we plan to use a lagged comparison group design to conduct experimental analysis that compares processes, outcomes, and Medicaid and CHIP expenditures for children who

with the demonstration States. The evaluation of Category C interventions will make use of the full range of data sources assembled for the evaluation.

The medical home models that States are implementing vary along at least five important dimensions:

1. The specific definitions of PCMH on which they are basing their programs and the tools used to assess them,

2. The target population (all Medicaid and CHIP enrolled children or enrolled children with special health care needs),

3. Combinations of various activities (such as learning collaborative

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References :

Ireys, H., Foster, L., Christensen, A., et al. Design Plan for the National Evaluation of the CHIPRA Quality Demonstration Grant Program. Executive Summary. (Prepared by Mathematica Policy Research, Inc., under contract no. HHSA29020090002191). AHRQ Publication No. 12-MP064. Rockville, MD: Agency for Healthcare Research and Quality; July 2012.