The National Evaluation of the
CHIPRA Quality Demonstration Grant Pr ogram

Evaluation Highlight No. 3, August 2013

How are CHIPRA Quality Demonstration States working to improve adolescent health care?

Authors: Rachel Burton, Ian Hill, and Kelly Devers

Adolescents typically experience dramatic physical changes, usually become more independent decisionmakers, and often engage in risky behaviors. As a result, they require health services tailored to their unique needs. Several CHIPRA quality demonstration States are working with participating providers to enhance their ability to deliver such VHUYLFHV DQG LPSURYH WKH RYHUDOO TXDOLW\ RI KHD 1RUWK &DUROLQD DQG 8WDK DUH IDFLOLWDWLQJ DGRO

KEY MESSAGES

- States are encouraging primary care practices and SBHCs to expand screening of adolescents for a variety of health and behavioral risk factors and to counsel or refer adolescent patients as needed.
- Perceived shortages of mental health professionals in some areas have made some primary care providers hesitant to screen for mental health conditions. To overcome this, States are attempting to make primary care providers in rural areas more aware of local mental health providers by bringing them together at events and compiling lists of area mental health resources, for example.
- SBHCs often employ mental health professionals and thus have more capacity than traditional primary care practices to engage and counsel adolescents regarding GHSUHVVLRQ DQ[LHW\ VWUHVV GL€FXOW SHHU UH among this population.
- LQIRUPDWLRQ WR KHOS SURYLGHUV SULRULWL tablets are an innovative tool for collecting such information.

The CHIPRA Quality Demonstration Grant Program

In February 2010, the Centers for Medicare & Medicaid Services (CMS) awarded 10 grants, funding 18 States, to improve the quality of health care for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Funded by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the Quality Demonstration Grant Program aims to identify effective, replicable strategies for enhancing quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality (AHRQ) is leading the national evaluation of these demonstrations.

The 18 demonstration States are implementing 51 projects in ve general categories:

- Using quality measures to improve child health care.
- Applying health information technology (IT) for quality improvement.
- Implementing provider-based delivery models.
- Investigating a model format for pediatric electronic health records (EHRs).
- Assessing the utility of other innovative approaches to enhance quality.

The demonstration began on February 22, 2010 and will conclude on February 21, 2015. The national evaluation of the grant program started on August 8, 2010 and will be completed by September 8, 2015.

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care
www.ahrq.gov

Background

Although adolescents are a relatively healthy patient population, they experience mental and physical changes that can put them at risk for developing new conditions and engaging in

QHZ DSSURDFKHV GHVFULEHG EHORZ WR assess their progress toward adopting WKH SDWLHQW FHQWHUHG PHGLFDO KRPH model of care and seeking to increase DGROHVFHQWV· HQJDJHPHQW LQ WKHLU FDUH and use of SBHCs. Helping them LQ WKHVH H•RUWV DUH FRQVXOWDQWV ZLWK expertise in QI and youth engagement, ZKR R•HU DVVLVWDQFH WKURXJK VLWH YLVLWV Webinars, and telephone calls. For example, coaches help SBHCs pull medical charts and calculate quality measures, analyze medical records for visit completeness, and set goals for practice improvement.

Demonstration States encountered a number of barriers to improving care for adolescents.

Barriers to improving care include VRPH SURW0' (-ìO R Z @ 0 €7ð À € 0 ð 0 ð p 0

about a range of health risk factors and VWUHQJWKV VXFK DV LQ IRFXV RQO\ RQ PHQWDO K LQ 8WDK (•RUWV WR LQF screening questionnaires are aided in 1RUWK &DUROLQD E\ WKH fee schedule, which reimburses providers $8.14 each time they administer such a questionnaire.

Encouraging providers to load patient questionnaires onto tablets. Colorado DQG 1HZ 0H[LFR KDYH RXÀWWHG SDUWLFLSDWLQJ 6%+&V· with tablet computers and loaded them with a questionnaire that screens for health risk and resiliency factors. SBHC providers see the tablet format as a tool for adolescent engagement that is "fun" and "cool" and, thus, SRWHQWLDOO\ H•HFWLYH LQ UDWHV RI VFUHHQLQJ 2QFH students, survey responses are reviewed ZLWK VWXGHQWV FRQÀGHQWLDOO\ VWD• DQG DGGHG WR VWXGHQWV records. These surveys have revealed a KLJK SUHYDOHQFH RI VWUHVV V\PSWRPV RI GHSUHVVLRQ DQG VH[XDO DFWLYLW\ VWXGHQWV DJHV 7KHVH ÀQGLQJV KDYH KHOSHG VKDSH DQG UHÀQH 6%+&V· DSSURDFKHV WR behavioral and physical health services to their patients. Aggregated survey GDWD DUH VHQW WR WKH 6%+& VWD• RQ D quarterly basis and used to assess student population needs. In addition, D VXUYH\ UHJDUGLQJ VWXGHQWV· H[SHULHQFH with health care services is also administered annually on a tablet.

"With the adolescent population, the most important thing a provider can do is annually assess risk behaviors

(GXFDWLQJ SURYLGHUV DERXW FRQÀGHQWLDOLW\ laws. To overcome primary care SURYLGHUV· KHVLWDWLRQ WR GLVFXVV sensitive topics with adolescents, 1RUWK &DUROLQD·V 4, FROODERUDWLYH educated participating practices DERXW FRQÀGHQWLDOLW\ ODZV JRYHUQLQJ their State and encouraged providers WR HQWHU LQWR IRUPDO FRQÀGHQWLDOLW\ agreements with their adolescent patients.

Connecting primary care and mental health providers. $W LQ SHUVRQ PHHWLQJV 8WDK·V 4, FROODERUDWLYHV KDYH KDG local mental health professionals give "elevator speeches" to participating primary care practices that succinctly VXPPDUL]H WKH VHUYLFHV WKH\ R•HU during a session they call "speed GDWLQJ" 8WDK VWD• KDYH also compiled a comprehensive list of area mental health resources and partnered each of their participating practices with a local child psychiatrist who visits once a month to provide information, suggestions, and advice on patient cases.

Engaging providers with interactive dramatic exercises. $W 8WDK·V LQ person collaborative meetings, the State has used "forum theater," an interactive exercise in which actors play out clinical scenarios involving SUDFWLFH VWD• DQG D SDWLHQW $XGLHQFH members suggest ways to improve WKH LQWHUDFWLRQ DQG DFWRUV WKHQ UH DFW WKH VFHQDULR XVLQJ WKH DXGLHQFH·V WLSV For example, in one scenario, a father brought his son in for a sports physical, DQG WKH SUDFWLFH VWD• KDG WR ÀQG D ZD\ to incorporate screening for mental health issues into the visit.

2•HULQJ SUDFWLFHV PDLQWHQDQFH RI FHUWLÀFDWLRQ FUHGLW. Many CHIPRA demonstration States, including North Carolina and Utah, have arranged IRU SURIHVVLRQDO ERDUGV WR R•HU SURYLGHUV 02& FUHGLW IRU collaborative meetings and Webinars, FRPSOHWLQJ SODQ GR VWXG\ DFW F\FOHV GRFXPHQWLQJ D F practice made that was aimed at LPSURYLQJ TXDOLW\[21] and submitting SURJUHVV UHSRUWV DQG V quality measure data. States have found 02& FUHGLW WR EH DQ H•H recruit practices and ensure ongoing participation.

Results in some States suggest increases in the use of recommended care processes.

After pursuing the strategies described here, CHIPRA quality demonstration States reported observing some encouraging increases in the rate at which participating providers engaged in recommended care processes.

North Carolina. By the end of North &DUROLQD·V 4, FROODERUD of participating practices had adopted a comprehensive adolescent screener into their standard practice, up from

43 percent at the beginning of the FROODERUDWLYH 7KH 6WDWH·V FROODERUDWLYH is now an online course that family physicians and pediatricians from any State can access for free and use to earn 02& FUHGLW

Utah. Utah increased the rate at which participating practices screened adolescent patients for mental health conditions, from 3 percent at the EHJLQQLQJ RI WKHLU ÀUVW FROODERUDWLYH WR percent of adolescent patients by the end. $PRQJ SDWLHQWV ZLWK LGHQWLÀHG PHQWDO health issues, 73 percent had visits VFKHGXOHG WR WUHDW WKH LGHQWLÀHG PHQWDO health condition, up from 57 percent at the beginning of the collaborative.

&RORUDGR DQG 1HZ 0H[LFR. As a result of pursuing projects of longer duration, data collection is still ongoing in Colorado and New Mexico, where participating SBHCs have implemented WKH WDEOHW EDVHG VWXGHQW KHDOWK questionnaire and routinely administer it. These States will compare data across grant years to determine if clinical SUDFWLFH DGRSWLRQ RI WKH SDWLHQW FHQWHUHG medical home model, and youth HQJDJHPHQW LPSURYH RQFH WKHLU H•RUWV are fully implemented.

Conclusions

The CHIPRA Quality Demonstration 6WDWHV SURÀOHG KHUH DUH ZRUNLQJ WR LPSURYH DGROHVFHQWV· KHDOWK FDUH E\ educating practices and SBHCs about how to screen adolescents for sensitive KHDOWK LVVXHV LQ D FRQÀGHQWLDO PDQQHU encouraging them to strengthen linkages to mental health care, and using new training approaches to engage providers. 7KHVH WDUJHWHG H•RUWV WR LQFUHDVH screening worked in the short term in North Carolina and Utah. These States and participating practices are now exploring whether and how to sustain these gains.

Implications

Based on lessons learned in the four States highlighted here, other States LQWHUHVWHG LQ LPSURYLQJ DGROHVFHQWV· health care could:

- Exclude information about sensitive VHUYLFHV IURP ([SODQDWLRQ RI %HQHÀWV statements mailed to Medicaid/CHIP EHQHÀFLDULHV· KRPHV DV PDQ\ 6WDWHV have already done, to preserve DGROHVFHQWV· SULYDF\ LI SRVVLEOH ZLWKLQ 6WDWH ODZ DQG SROLF\[22]
- Clarify State and Federal privacy rules for providers, EHR vendors, patients, and their parents or legal guardians to increase their awareness of which services providers VKRXOG GLVFXVV FRQÀGHQWLDOO\ ZLWK DGROHVFHQWV ZLWKRXW D SDUHQW SUHVHQW DQG KRZ WR VHJPHQW WKLV LQIRUPDWLRQ LQ SDWLHQWV· UHFRUGV