

Supplement to *Evaluation Highlight No. 1: How are CHIPRA demonstration States approaching practice-level quality measurement and what are they learning?*

Evaluation Highlight No. 1 is the first in a series of reports that present descriptive and analytic findings from the national evaluation of the & K L O G U H Q ¶ V + H D O W K , Q V X U D Q F H 3 U Reauthorization Act (CHIPRA) Quality Demonstration Grant Program. In the *Highlight*, we discuss the early accomplishments, challenges, and lessons learned from four States pursuing practice-level quality measurement. The [full text of the *Highlight*](#) is available on the National Evaluation of the CHIPRA Quality Demonstration Grant Program Web page.

The practice-level reporting efforts of Maine, Massachusetts, North Carolina, and Pennsylvania, the four highlighted States, are described below. Our analysis is based on work completed by the States during the first 2 years of their 5-year demonstration projects. States are refining their reporting strategies and adding to the list of measures they are reporting. For more information

To learn more about the projects being implemented by Maine under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/rqnke{ o cmgtulchipra/demoeval/stateinfo/me.htm> or contact:

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Massachusetts' grant partner, Massachusetts Health Quality Partners, is a coalition of physicians, hospitals, health plans, purchasers, patient representatives, academics, and government agencies. This coalition is working to collect, analyze and report on the initial core set statewide. The State also will produce practice-level initial core set reports that include data on children insured through Medicaid, CHIP, and commercial insurers.

In addition to reporting on the measures, North Carolina has hired 14 part-time quality improvement specialists, one in each of the 14 CCNC community networks (these networks support primary care practices throughout North Carolina). The specialists analyze data at the practice and network levels, identify trends, define areas for improvement, and participate in content-specific training regarding the measures.

To learn more about the projects being implemented in North Carolina under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/rqmk/ocmgtu/chipra/demoeval/stateinfo/nc.htm> or contact:

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The Pennsylvania Department of Public Welfare (DPW) is reporting the initial core set of 24 health care quality measures to CMS. Eighteen of these measures are also reported back to practices and will be available on a dashboard that allows practices to compare themselves with each other. The State is working closely with two health systems, Geisinger Health System (* + 6 D Q G & K L O G U H Q ¶ V + R V S L W D O R I 3 K L O D G H O S K L D & + 2 3 EHRs and link data together across systems, such as vital records or immunization registries, to collect the measure data. CHOP and GHS were eligible for a payment of \$10,000 per measure for electronically extracting and reporting the measures.

DPW has also developed a pay-for-performance program around eight of the measures currently being reported. CHOP, GHS, and five other health systems in the State will receive \$5,000 to \$25,000 dollars each for absolute improvement on the measures.

To learn more about the projects being implemented in Pennsylvania under the CHIPRA Quality Demonstration Grant Program, please read more about it at <http://www.ahrq.gov/rqmk/ocmgtu/chipra/demoeval/stateinfo/pa.htm> or contact:

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Additional Resources on Child-Focused Quality Measurement

Bundy DG, Solomon BS, Kim JM, et al. Accuracy and usefulness of the HEDIS childhood immunization measures. *Pediatrics* 2012; 129(4): 648-56.

Chen AY, Schrage SM, Mangione-Smith R. Quality measures for primary care of complex pediatric patients. *Pediatrics* 2012; 129(3): 433-45.

Fairbrother G, Simpson LA. Measuring and reporting quality of health care for children: CHIPRA and beyond. *Acad Pediatr* 2011; 11(3): S77-84.

Gold R, Angier H, Mangione-Smith, R, et al. Feasibility of evaluating the CHIRPA care quality measures in electronic health record data. *Pediatrics* 2012; 130(1): 139-49.

Sloane PD, Wroth T, Halladay J. How eight primary care practices initiated and maintained quality monitoring and reporting. *J Am Board Fam Med* 2011; 24(4): 360-9.