

The National Evaluation of the

This brief highlights the major strategies, lessons learned, and outcomes from New Mexico's experience in the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). For this 5-year demonstration, CMS awarded 10 grants

replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality is leading the evaluation of the program.

New Mexico helped SBHCs to monitor quality and implement QI projects

New Mexico hired quality improvement (QI) coaches to help participating school-based health centers (SBHCs) carry out QI projects. First, QI coaches worked with SBHCs to improve the delivery and documentation of preventive services recommended by the Early and Periodic Screening Diagnosis and Treatment (EPSDT) standards for well child visits.¹ The coaches and SBHCs then addressed other QI topics given high priority by the State—pediatric overweight and obesity, depression and anxiety, sexual

that supporting centers took more time and resources than anticipated. As a result, New Mexico focused the work of QI coaches on 11 SBHCs instead of 17, as originally planned. Each SBHC received between \$10,000 and \$13,000 in grant funds for each year it participated in the demonstration. With this support, SBHCs—

- **I gXe U]hmfYdcflg' [i]XE =Y cflg'** CHIPRA

each SBHC into an existing repository to support the generation of quality reports for each center. These quality reports were used to guide QI activities.

- **Di fgj XE =dfc^Wg'** All participating SBHCs sought to increase provision and thorough documentation

of EPSDT preventive services, and they made good progress toward this goal (Figure 1). To improve performance in other priority areas as well, one SBHC scheduled regular followup appointments for youth that are overweight; another developed electronic health record (EHR) templates to help guide and document screening for sexually transmitted infections. SBHCs

New Mexico supported the implementation of an electronic risk assessment

To get a fuller picture of the health risks facing adolescents,

- that screens adolescents for social and behavioral risk factors, including poor nutrition, unsafe home environment, unsafe sexual practices, substance abuse, and depressed or anxious mood. The States drew on existing tools and guidelines to develop the questionnaire and worked with information technology experts to format it for a tablet. Adolescents completed the screener at the health center each school year. The system supporting the screener is integrated into the providers' tablets so they can discuss health risks with adolescents during their visit.

- **A Y JW** New Mexico piloted the screener in the 11 SBHCs working with QI coaches. Two-thirds of the middle school students (64 percent) and half of the high school students (50 percent) who visited these SBHCs during the 2013–2014 school year completed the screener. SBHCs reported that students felt more comfortable with the electronic screener than with paper-based screeners because they liked using the tablet. However, the State and the SBHCs indicated that the need to continually

State's 24/7 nurse help line to improve access after SBHC hours and establishing formal referral relationships with

EHRs more easily implemented new processes than did their counterparts.

Key demonstration takeaways

- assistance provided by the State to obtain and use data and develop new processes for monitoring and improving quality, and for engaging youth. Competing and system incompatibility made implementing these projects challenging in some locations.
- Electronic screeners administered on tablets were well received by youth. The screeners produced important information on youth's social and behavioral health-related risk factors that helped New Mexico SBHCs discuss sensitive topics with youth and improve population health management.
- Participating SBHCs are interested in maintaining the momentum from the demonstration but are concerned about securing needed resources to implement new QI projects and continue the use of the electronic screeners.

LEARN MORE

New Mexico's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site, available at <http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/nm.html>.

The following products highlight New Mexico's experience:

- ▼ *Evaluation Highlight No. 3:* How are CHIPRA quality demonstration States working to improve adolescent health care?
- ▼ *Evaluation Highlight No. 6:* How are CHIPRA quality demonstration States working together to improve the quality of health care for children?
- ▼ *Evaluation Highlight No. 8:* CHIPRA quality demonstration States help school-based health centers strengthen their medical home features.
- ▼ *Reports from New Mexico:* New Mexico completed an analysis of encounter data for SBHCs. The Youth Engagement and Health Services Surveys are also publicly available.

Endnotes

1. [Periodic-Screening-Diagnostic-and-Treatment.html](#).
2. Sebastian RA, Ramos MM, Stumbo S, et al. Measuring youth health engagement: development of the Youth Engagement with Health Services Survey. *J Adolesc Health* 2014;55(3):334:40.
3. The patient-centered medical home model is a primary care model designed to improve the quality of and access to care, and to engage youth and their families in their own care.
4. For more information on the NCQA medical home model, visit <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>.

The information in this brief draws on interviews conducted with staff in New Mexico and Colorado agencies and participating SBHCs and a review of project reports submitted by New Mexico and Colorado to CMS.

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or the development of this summary: Grace Anglin, Ian Hill, Ashley Palmer, Margo Wilkinson, and Arnav Shah.