Spotlight on Vermont

July 2015

This brief highlights the major strategies, lessons learned, and outcomes from Vermont's Ł Vermont—

- **Hired a practice facilitator with expertise in pediatrics.** During the frst few years of the demonstration, Vermont employed a practice facilitator specifcally to engage and support pediatric practices in their quality improvement (QI) efforts. The practice facilitator helped 28 pediatric practices—representing approximately 82 percent of all pediatric practices in the State—implement new processes to improve access to and quality of care. Rather than replace the pediatric-focused practice facilitator when she su f cient clinical expertise in pediatrics.
- **Helped practices obtain PCMH recognition.** Over the course of the demonstration, all but one of the 28 participating practices received PCMH recognition from the National Committee for Quality Assurance (NCQA). To gain that recognition, practices implemented new strategies such as using data to monitor practice performance, involving families in care plan development, and working with social workers and care coordinators to integrate medical and social services. Several practices indicated that the PCMH recognition process was

Vermont's Goals:

Partner State:

"The pediatric practice facilitator was a catalyst to help get us get going on pediatric quality improvement in the State."

— Vermont CHIPRA Demonstration Staff, July 2014

- **Hosted a learning collaborative on pediatric care coordination.** Community health teams working with pediatric practices and care coordinators within the practices told the State that they wanted additional training in pediatric topics such as family engagement strategies. In response, Vermont hosted a learning collaborative for 11 practices that involved three in-person meetings, monthly conference calls, and site visits. Practices reported that they learned new care coordination strategies, though several are concerned about reimbursement from payers for those activities.

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Vermont developed an electronic registry that stores health information that is either uploaded directly from providers' electronic health records (EHRs) or entered manually. Using demonstration funds to improve the functionality of the electronic registry for child-serving providers, Vermont—

- **Incorporated pediatric visit planners into the registry for preventive services, asthma, attention deficit hyperactivity disorder, and obesity.** Visit planners are electronic forms that guide a provider through a given visit, comparing a patient's health indicators with current guidelines and suggesting preventive services or assessments to be delivered during the visit. Demonstration staf worked with State agencies, practices, and health plans to identify child-focused quality measures for inclusion in the registry and started exploring the feasibility of programming the registry to calculate and report those measures.
- **Helped practices use electronic data to improve care.** The electronic registry was most useful for practices without EHRs. Such practices entered chart data into the system manually and used visit planners and quality reports to improve care. Most practices with EHRs indicated that their systems were not only incompatible with the State's registry (thus making automatic uploads infeasible) but that entering information into the registry was also duplicative of information that resided in their EHRs. Moreover, by the end of the demonstration, many practices had used their own resources to implement EHRs that enabled them to analyze patient information without using the State's electronic registry. Practice facilitators helped these practices incorporate visit planners into and pull reports directly from their EHRs to guide care delivery.

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State improvement partnerships engage a broad group of stakeholders, such as pediatric providers, hospitals, health plans, and academic medical centers, to identify strategies for improving the quality of pediatric care. The National Improvement Partnership Network (NIPN), operated by the University of Vermont, helps States develop or expand their partnerships.[2] Vermont provided NIPN with CHIPRA quality demonstration funds to continue its work. With this support, NIPN—

- **Provided technical assistance to improvement partnerships in more than 20 States.** NIPN staf conducted site visits to States and hosted monthly and annual training sessions for improvement partnerships. NIPN provided States with expert advice on QI strategies (for example, hosting virtual learning sessions) and QI topics (for example, oral health, asthma, and developmental screening). States' demand for NIPN's technical assistance grew over the demonstration period, and by the end of the demonstration, States' needs exceednershipese to improvement

Provided (for example, hosting virtual learning sessions)
strategies technical assistance to improvement

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