

State Report Out: Alaska

(6/3/14)



Overall progress, including key activities the grant has supported in Alaska over the last six months:

- Significant improvement in **CHIPRA measures** from CY 2012 to 2013
- Tracking of **special needs children** with socioeconomic needs
- SCF-**data** warehouse/mall; Peninsula-new **EHR**; **IFHS-upgrade**
- TCHIC-related **presentations** at statewide conferences
- **CAHPS** with non-TCHIC sites



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Overall progress, continued:

- Learning curriculum topics:
 - ▣ Clinical leadership
 - ▣ Mentoring
 - ▣ Care teams
 - ▣ Behavioral health integration
 - ▣ Sustainability and spread
 - ▣ CHIPRA measures
- Sustainability of procedures and activities of TCHIC work
- PCMH initiative
- Progress with care teams



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What have you learned from what you've done?

Any **“Ah-ha” moments** of interest?

- Reporting on CHIPRA measures brought focus and improvement
- A postcard reminder to parents to bring in their kids is non threatening. In another area, phone calls work better.
- Referral tracking – it's okay to have a limit on the tracking
- Do counseling and education work to bring behavioral change? (BMI)
- CAHMI CYSHCN screener spread to schools
- Results from using 96110

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Key Accomplishments and Lessons Learned

Category A: *Collecting and reporting on CHIPRA measures and the impact of reporting on quality improvement activities*

- State reported on 15 of 25 CQMs
- Practices reported on subset – demonstrated improvements between CY 2012 and 2013
 - adolescent immunizations
 - BMI
 - developmental screening
 - well child visits
 - linked to PDSA cycles
- New data mall complete with pediatric measures, data stewards, action lists
 - TCHIC supported infrastructure and pushed child measures to the top
- MHORT process illuminated PCMH-related gaps
- Grantees found CHIPRA measures more valuable than MHI-RSF

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Key Accomplishments and Lessons Learned

Category B: *Developing or enhancing health IT to improve pediatric care within the context of a medical home*

- Expansion of patient portals
- Kiosks in lobby help patients access portal and get signed up for insurance
- Peninsula hopes new EHR will combine primary care, dental, behavioral
- NextGen upgrade at Iliuliuk is promising for data extraction
- Two clinics are “on-boarding” HIE
- New IT team and QI Director at Peninsula
- Data mall- Displays CHIPRA measures, segmented by clinic and provider, to evaluate variation and performance. Best practices replicated across the system.
- Health IT evaluation strategy across TCHIC

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Key Accomplishments and Lessons Learned

Category C: *Developing or enhancing of patient-centered medical home and the improvement of complex care management and care coordination*

- ❑ All demo sites applying for PCMH recognition
- ❑ Practice facilitators have begun work with the sites on PCMH
- ❑ Care teams at PCHS: reduced wait times and boosted care continuity
- ❑ Spread of CYSHCN screener: Unalaska schools agreed to put screener in registration packets for preschool and kindergarten
- ❑ PCMH track at Alaska Rural Health Conference

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Key Accomplishments and Lessons Learned

Category C *(continued)*

- New statewide PCMH initiative– 5 clinics awarded grants
 - provided CAHPS and MHORT information for standardized measures
- Site visit with SCF to learn about data mall and care teams
- Peninsula closing the loop on referral tracking
- Added 96110 code to visits where developmental screening is done (PCHS)
- Morning huddles

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Barriers and Strategies to Address Them



Share any **barriers, problems, or challenges** you've encountered this year across the categories and objectives, whether they are resolved or not; and what you've learned from them

- Extensive **turnover** among staff and leadership at demo sites
 - How to use care teams in small clinics while a lot of staff is on leave?
 - How to measure effect of transformation amidst extensive turnover?
 - Director's resistance to practice facilitator TA - waiting on this
 - Need to remember the big picture
- Strategize for how to increase **leadership buy-in**; more planned
- **Spread** the lessons learned rather than calling it "TCHIC"

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Barriers and Strategies to Address Them



continued:

- Challenges with implementing new **Enterprise MMIS** and not being able to retrieve or validate data; Department data analyst transferred:

- workload and priorities impacted
- Department missed winter timeline with NCQA vendor on CAHPS 5.0H
- unable to validate practice-level data at the state level
- cannot move forward on developmental screening policy and immunization data for integration with Medicaid claims data from the Department's VacTrak immunization registry to allow for reporting on immunization CQMs

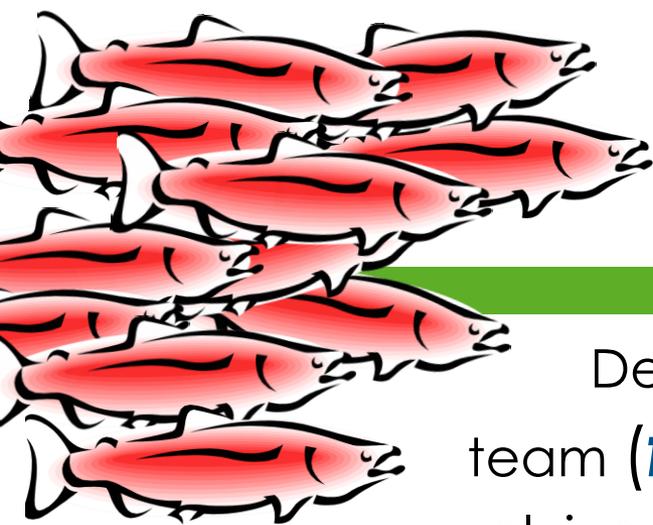
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Barriers and Strategies to Address Them



continued:

- **EHR** barriers:
 - **Lab** and test result assignments when one provider is covering for another
 - Clinicians still have to look in charts in case staff **coded** incorrectly
- Gaps within clinics - case managers not aware of clinic **strategic plans**
- ACA and Medicaid **changes**- took staff time at clinics
- **CYSHCN** go to specialty care outside FQHC; FQHC for acute care



State Report Out: *Alaska* Team Support

Describe any **needs** that you have from the team (**technical assistance**, support, problem solving, information sharing, etc.)

- ▣ **Involving parents** and families in QI
- ▣ **Leadership buy-in** at practice and state level



State Report Out: Alaska Looking to the Future

Provide a brief summary of **key activities/next steps** planned in the **next 3 months**.

- Proceed with **CAHPS** PCMH 2014 survey under TCHIC with the AK TCHIC grantees, the Title V grantees and the Medicaid “pseudo practice” sample frame
- Medicaid office to modify **scope of work** under the existing **CAHPS 5.0H** contract with DataStat
- Pursue **Departmental identification** of at least two **CQMs priorities** for QI efforts based on pediatric priorities received from pediatric stakeholders



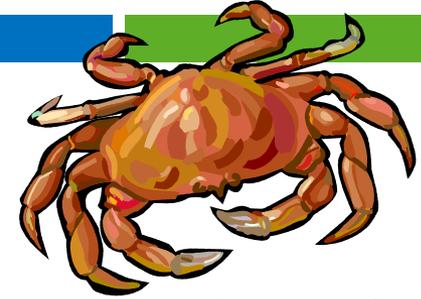
State Report Out: *Alaska* Looking to the Future

Next steps (continued):

- Sites working to establish policies and procedures for operation of care teams
- Support practice facilitators to work with demo sites on PCMH, sustainability of TCHIC-related processes, cross-training, and leadership buy-in, and QI and management
- Registry for at-risk babies (SCF)

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Evaluation and Dissemination or Spread

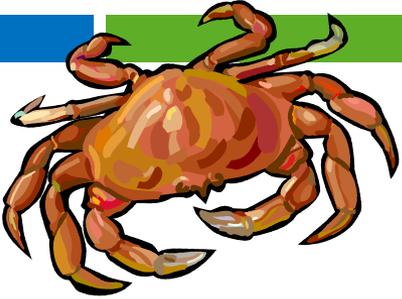


Recent progress, achievements or plans related to **evaluation and dissemination.**

- “River of Life” exercise during grantee meeting gave comprehensive view
 - Discussed TCHIC **impact** – pre-TCHIC and after
- **Work plans** being developed for sustainability
- TCHIC **practice facilitators** helping all sites with PCMH recognition process
- PCO director meets with **AK Primary Care Association** (with AK PCMH initiative) quarterly
- Practice facilitators would like to collect “**Alaska Best Practices**”

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Evaluation and Dissemination or Spread



Evaluation and dissemination, Continued:

- TCHIC lessons learned integrated into **clinic strategic plans** and procedures
- Sites working toward **PCMH recognition**
- **PCMH initiative**
- **CAHPS survey** for TCHIC and non-TCHIC sites
- Need cross-training at demo sites so TCHIC-related process can become part of **corporate culture**

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Implications for State Policy



Implications most valuable for your state-level project and state's **policies**

- Successes, challenges and strategies with TCHIC PCMH implementation are informing new NGA **Super Utilizer** project and new statewide **PCMH Initiative**
- **Quality measures** help identify system gaps and impacts of various payment methodologies and policies on practice structure
- TCHIC project staff, Department leadership connection to **stakeholder** organizations.
 - State-level Medicaid policy related to PCMH, payment reform and QI will be informed by the TCHIC work done at the practice and state levels
 - Stakeholder input will assist statewide policy on PCMH and **payment reform**.

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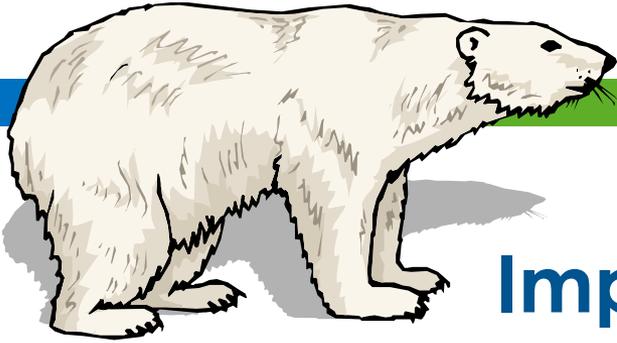
Implications for State Policy



Implications for your state-level project and state's **policies**, *continued*:

- Quality measures help identify system gaps and impacts of various **payment methodologies** (including billing practices and coding) and policies on practice structure (CHC, Tribal health organization), yet it is difficult to move forward when the efforts are primarily focused on reimbursing providers for services rendered, given all the new system issues.
- **Reimbursement** for **care coordination**, BH integration, and distance delivery
- Interest in basing payment on quality puts an expectation on **quality measurement** that has proven to be difficult in AK's FFS delivery system with different practice structures and billing methodologies. Quality measurement is more likely to be meaningful when payment and policy reform, including QI work, is done in tandem with multi stakeholder organizations at the table.

State Report Out: *Alaska* Implications for T-CHIC



Implications most valuable for T-CHIC

- How to **synthesize** and understand the lessons learned in different Medicaid/CHIP delivery/practice settings and **effectively communicate these findings** to the Federal government and state agencies so projects/agencies don't have to start at ground zero when implementing state or practice-level children's QI initiatives

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Implications for Federal Agencies



Implications most valuable for **Federal** Medicaid/CHIP agencies, CMS, or other federal agencies:

■ Implications for CMS –

- how to best encourage and support QI participation for states with FFS delivery with limited Federal resources
- should Tribal and CHC QI efforts focus on children's measures as reported in UDS or other standardized reporting already in place for these entities
- how do states account for discrepancies when billing does not capture all procedure codes performed under encounter or CHC rates, which leads to lower CQM rates reported.

■ Implications for other federal agencies (e.g. ONC, AHRQ) –

- how to best coordinate and **use the same CQMs** so practices and state agencies aren't reporting measures that are similar, but don't use the same methodologies.