Massachusetts Child Health Quality Coalition

Meeting #2
September 12, 2011
Meeting Goals

- Review priority gap areas identified by Gap Analysis and Prioritization (GAP) Workgroup
- Discuss short-term and long-term roles and pathways for Coalition in gap areas
- Discuss process and next steps to determine initial set of target areas for Coalition focus
- Provide background on the AHRQ/CMS Pediatric Quality Measures Program (PQMP) and discuss strategies for working with the Coalition
Management Updates

- Coalition Charter
- Coalition evaluation process
- Proposal for at-large Coalition members
- Workgroups
- 2012 meeting dates
GAP Workgroup Members and Staff

**Workgroup Members**
- Andrew Balder, BMC Health Plan
- Jeanne Clapper, Parent and Home First, HMEA
- Mark Doherty, DentaQuest Institute
- Beth Dworetzky, MA Family Voices @ Federation for Children with Special Needs
- Elena Eisman, MA Psych. Assoc.
- Brent Martin, Commonwealth Medicine/MassHealth

**Staff**
- Louise Bannister, CHIPRA Grant Project Director
- Christy Bonstelle, Children’s Hospital Boston
- Joan Pernice, MA League of CHC
- Joyce Pulcini, MA Coalition of Nurse Practitioners
- Janice Singer, MHQP
- Patrick Tigue, Community Catalyst
- Kathleen Walsh, UMass Memorial Hospital
- Barry Zallen, BCBSMA
- Melinda Karp, MHQP
- Lauren Piccolo, MHQP
- Gina Rogers, MHQP
Gap Analysis Process

- GAP workgroup
  - Two in-person meetings with additional offline work

- Data/evidence collection
  - Wide-ranging data sources, research evidence

- Stakeholder input
  - Coalition member pre-meeting survey input
  - 14 interviews completed (MA child health practitioners’ insights on care coordination, prevention, disparities, etc)

- Family input
  - 207 responses received
  - Additional insights from orgs with direct parent support

Core Selection Principles

Working List of Priority Gaps
Data Review

- Summary tables and data sources provided in handouts
  - Commonwealth Fund/Kaiser/Casey Kids Count state report cards, CDC, NS–CSHCN, MA MCH Needs Assessment, MA YRBS, MYHS, MA DPH Essential School Program reports, MHQP Clinical Quality Performance and Patient Experience Surveys, BCBSMA prevalence and cost ranks (pediatric members)

- IMPORTANT: priority gaps often identified where there are not good measures, makes quantifying gaps difficult
Survey developed by GAP Workgroup and MA Family Voices; asked parents to talk about the biggest challenges they face in promoting their child's health.

**Westwood/Mansfield Pediatrics**
- 86 responses, SE MA
- 30% of children identified as CSHCNs
- Average age: 9.4
- Most respondents receive health insurance through employer

**MA Family Voices**
- 121 responses statewide
- 55% of children identified as CSHCNs
- Average age 11.1
- Insurance:
  - 30% MassHealth,
  - 65% through employer,
  - 5% purchase insurance privately
Overarching Themes

- Whole child care concept, focusing on integration of behavioral, oral, and physical health
- Infrastructure for addressing both cost and quality; lack of alignment of how payers and providers are measuring value; measurement across systems
- Partnerships between families, health care professionals, and communities/schools
- Addressing disparities
Focus Areas/Domains

- Care Coordination
- Care Transitions
- Prevention/Health Promotion
- Access/Availability
- Quality Measurement/Improvement
- Patient/Family Partnerships
- Disparities

Refer to the 21 gap areas in the document

*Working List of Priority Gap Areas*
Discussion of Priority Gap Areas
Potential Coalition Roles/Pathways

- **Active engagement**
  - Developing consensus statements, white papers, guidelines, measures, clearinghouse venue for best practices

- **Facilitating collaboration**
  - Supporting alignment of measurement and systems improvement programming among stakeholders, supporting multi-stakeholder grant proposals, dissemination/integration of about active engagement activities

- **Endorsement/raising awareness**
  - Public education campaigns/materials, highlighting gap areas/reporting on improvement
Assumptions about the Coalition’s Role

- The Coalition does not have an operational role in forwarding systems transformations.

- The Coalition does have a policy level role in forwarding systems transformations.

- The Coalition roles/pathways on the previous slide are not mutually exclusive but could (and likely will) represent different points of Coalition activity within a given gap area.
Choosing initial targets for focus

Proposed Logic Model:
- IF the Coalition does XXXX, THEN YYYYY changes will occur to improve the delivery, outcomes, or costs of child health care in MA
- IF the Coalition does XXXX, THEN YYYYY child health outcomes will be improved

Proposed Criteria:
- Identified gap area from gap analysis
- Urgent or timely need; long vs. short term
- Low-hanging fruit/quick win
- Level of resource intensity required
- Opportunity to leverage ongoing work
Discussion of Coalition Roles and Pathways
Next Steps

- Take today’s Coalition input back to Strategy Workgroup (aka GAP Workgroup) for further discussion
- Strategy Workgroup to develop recommendations for initial coalition focus areas, roles, and pathways for discussion and approval at January Coalition meeting
CHB Center of Excellence
Wrap-Up

- Next Meeting January 2012