Agenda

- Process update
- Plan summary and points of agreement
- Next steps
Getting to the Framework and Beyond

- **The Good News:** You want to continue the work you started in the coalition
  - How did we determine this?
  - What do you value most?
  - How do you want to proceed?

- **The Implication:** We need to take the framework to the next level of clarity and detail to secure the necessary support
Understanding the Value of CHQC: Cost Effectiveness and “Raising all Boats”

• **We are more effective collectively than individually**
  o Cost effective advocacy on pediatric policy issues
    – CHQC comments on PCMH standards
    – Open call for measures
  o Cost effective advisory and content expertise on pediatric quality measurement
    – Measure Development Workgroup report
    – CHIPRA Core Measure Reports
  o Cost effective support and development of
    – Supports for family partners developed collaboratively with members
    – Tools for care coordination in practices (Task Force on Care Coordination Framework)

• **New funding sources**
  o Collective Impact Funding from foundations
  o Federal and state grants targeted for coalitions and collaborative proposals
Points of agreement (I)

• **Continue the work that has been started under the CHIPRA grant**
  - Measurably improve quality of health and health care for the children of Massachusetts

• **Advocate for and pursue system reform, with an emphasis on**
  - Measurement
  - Development of care models that improve outcomes and mesh with new payment models
    - Care coordination
    - Integration of behavioral health and primary care
    - Accelerated adoption of F/PCMH
Points of agreement (II)

- **Continue to build multi-stakeholder coalition**
  - Broaden membership based on evolving focus of activities
  - Establish governance and financial contribution expectations that encourage broad and equal participation

- **Align operational model with the CHQC theory of change**
  - Act as a backbone support organization under a Collective Impact framework to enable sustained focus beyond periodic convening
  - Incorporate administrative advocacy and a portfolio of initiatives aligned with the organization’s goals
  - Include assessment of the coalition and its impact on advancing quality and health outcomes for children
Points of agreement (III)

• Develop and refine a funding and resource model as follows
  o Select capable host organization aligned with mission, goals: MHQP appears to be best fit
  o Develop three year timeline to promote continuity, development, and momentum on initiatives
  o Create financial plan based on benchmarks, incorporating diverse funding streams
  o Assure sufficient funding for core operations (~$400,000 per year) while building in flexibility to staff up for grant-funded projects
  o Develop streamlined governance model that provides strategic guidance and supports member recruitment and retention
CHQC plans to act as a backbone support organization for Collective Impact

- **Collective Impact** prescribes broad cross-sector coordination around
  - A common agenda
  - Shared measurement system
  - Mutually reinforcing activities
  - Consistent and open communication
  - A backbone support organization

- **The backbone support organization** serves multiple functions
  - Providing overall strategic direction
  - Facilitating dialogue among stakeholders
  - Managing data collection, measurement and analysis
  - Handling communications
  - Coordinating community outreach
  - Mobilizing funding
CHQC’s theory of change

Plan
• Convene relevant parties
• Establish priority issues to address
• Reach consensus on solutions
• Determine how consensus position should be advanced

Implement
• Advocate with state, federal government, payers, providers
• Act as a vehicle for multi-stakeholder grants
• Adopt certain measures, tools to fill gaps
• Establish measures of success
• Maintain clearinghouse for evidence-based practices

Evaluate
• Criteria
  • Degree of consensus achieved
  • Extent to which solutions are implemented
  • Desired effects of interventions achieved
  • Publish report card on achievement of goals
Potential Initiative: Advocacy

- **Sample Initiative:**
  - Advocate with policy makers, payers, and provider networks for system changes to support Patient Centered Medical Home Implementation and accelerate adoption of PCMH operating practices

- **Target Outcome:**
  - Acceleration of patient participation in PCMH practices

- **Expected benefits:**
  - Improve status of child health in Massachusetts through higher achievement across all providers on key indicators of health care quality
  - Reduce overuse of services due to lack of care coordination and communication across a child’s network of care
  - Cost effective workforce readiness support as providers seeking training and development for new staff roles and requirements
  - Decrease days of school and work missed due to lack of care coordination
Potential Initiative: Measurement

**Sample Initiative:**
- Support the development of effective new measures of pediatric quality for providers, payers and policy makers

**Target Outcome:**
- Prioritized list of pediatric quality measures across key domains (process, outcomes, patient experience) that will be advanced for evaluation, testing and implementation by providers and aligned with new models of care and payment
- Inclusion of new measures in key measure sets and program standards

**Expected Benefits:**
- Measures to support the development and evaluation of new models of care designed collaboratively by providers, payers, patients and families
Potential Initiative: Delivery System Improvement

• **Sample Initiative:**
  o Develop Care Coordination Implementation and Measurement Tools

• **Target Outcome:**
  o Practical and effective tools to support high performing practices in their care coordination processes (e.g., Care Coordination Needs assessment tool)

• **Expected Benefit:**
  o Multi-stakeholder participation in development and testing will lead to smoother implementation and wider adoption
Potential Initiative: Family–Provider Partnerships

- **Sample Initiative:**
  - Family Leadership Institute

- **Target Outcome:**
  - Larger cohort of family partners who have resources to maintain and enhance their advocacy skills and contributions to collaborative efforts

- **Expected Benefit:**
  - Provider networks will have more family members able to participate fully in PFACs and other collaborative forums
  - Collaborative efforts that seek to involve family members will have resources for supporting family members most effectively
From Framework to Sustainability: Summer 2014

- Refine proposal to support EC efforts to secure support from current members and new members. Requirements by September:
  - Refined project list and statement of value for stakeholders
  - Development of specific dues/contribution structure for private and public members
  - Funding commitment from core members
  - Definition of governance, including structure, expectations, leadership

- In parallel, pursue grant funding opportunities that further the mission and provide proof-of-concept for sustainability
  - Develop “grant pipeline” approach that includes federal and state government opportunities and private foundation relationships
  - Submit grant applications for near-term opportunities
    - Pilot program developed collaboratively with CHQC partners for integration of behavioral health care into pediatric primary care
    - Provide for multi-stakeholder convening and processes in federal grants targeted for states
Discussion