MASSACHUSETTS
CHILD HEALTH QUALITY COALITION:
Where are we now?
What’s next?

May 29, 2013
TRACEY HYAMS
Executive Director
MA Child Health Quality Coalition
WebEx Quick Reference

• Phone lines are being muted

• Type questions into the Q&A box and select “All Panelists” from the drop-down menu

• To request to speak, click the hand below the Participants menu and we will unmute your line

• For technology issues only, please Chat to Host.
Today’s Agenda:

1) MA Child Health Quality Coalition: Past, Present and Future
2) Task Force Update: Care Coordination “Key Elements”
3) Task Force Update: Communication and Confidentiality
4) Workgroup Update: Measure Development
5) Questions and Next Steps
CHQC Goals

- Develop a 5 year statewide quality roadmap
- Advocate for child health in statewide activities
- Provide direction on the development of new measures
- Create synergies among existing activities
- Plan for sustainability
After an initial gap analysis, the Coalition identified several priority areas of focus.

**Goals**
- Promoting effective communication and coordination of care, particularly for children with behavioral health needs
- Building quality measurement expertise to inform health care system priorities
- Reducing non-urgent emergency department use

**Outputs**
- Care Coordination Key Elements framework
- Communication & Confidentiality resource guide
- Framework for measurement according to stakeholder and CHQC priorities

**Environment:**
- Linking to and informing policies
- CHAPTER 224 Health Policy Commission
- Behavioral Health Integration
- Accountable Care Organizations
- Statewide Quality Advisory Committee
- Medical Home Initiatives

**Sustainability:**
- Authentic Family-Provider Partnership
MASSACHUSETTS
CHILD HEALTH QUALITY COALITION

TASK FORCE 1 UPDATE:
Care Coordination “Key Elements”

Rich Antonelli, Co-Chair
Barbara Leadholm, Co-Chair
Gina Rogers, CHQC
Objective:

Defining and supporting implementation of a set of foundational elements of high-performing pediatric care coordination
Framework for High Performing Pediatric Care Coordination

<table>
<thead>
<tr>
<th>Key Elements</th>
<th>Sample Measures</th>
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<tbody>
<tr>
<td>1) Needs assessment, continuing care coord engagement</td>
<td>Ask family: did you get what you wanted?</td>
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<td>2) Care planning and coordination</td>
<td>Family participation in process</td>
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<td>Care team on same page</td>
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<td>3) Facilitating care transitions</td>
<td>HEDIS measures</td>
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<td>Patient Experience Survey</td>
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<td>Resource use</td>
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<td>4) Connecting with community resources/schools</td>
<td>Link to family partner</td>
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<td>Referral connections made</td>
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<td>5) Transitioning to adult care</td>
<td>Acquisition of self-management skills</td>
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<td>Integrated Model: Accountabilities Across All Stakeholders</td>
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<td>----------------------------------------------------------</td>
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<td><strong>Family</strong></td>
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<td><strong>Primary Care</strong></td>
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<td>Positive M-CHAT (autism screen @ well visit (HMV))</td>
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<td>Make referral</td>
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<td>Track referral</td>
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<td>Registry entry</td>
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<td>Receive report</td>
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<td>Incorporate into care plan</td>
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<td>Review with family</td>
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<td><strong>Subspecialty Care (Ambulatory)</strong></td>
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<td><strong>Commun. Based Orgs/ EI</strong></td>
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<td><strong>DPH/Title V</strong></td>
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<td><strong>Payer</strong></td>
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<td><strong>Family-to-Family Support</strong></td>
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Developing Support, Promoting Alignment

- Feedback from CHQC (Sept 2012 meeting)
- Presentations to commercial and MassHealth-contracted Managed Care Organizations
- Discussions with providers (systems/practices)
- Discussions with state agency staff working on care coordination issues
- Connecting with MassHealth Primary Care Payment Reform (PCPR) and Chapter 224 / Behavioral Health Integration
Care Coordination Framework Implementation

• This is transformational change – will take time and concentrated effort, no magic bullet

• Families’ role as authentic partners fundamental component to success; reciprocal capacity building

• Good measures to monitor successful care coordination – NOT suitable for P4P at present time

• Explore levers within Medical Home transformation and behavioral health integration work

• Opportunities from small feasibility tests/pilots
Next Steps

• Seeking alignment among stakeholders

• Refining the framework

• Dissemination
As a Member of the CHQC, You Can

• Provide input on how your organization/stakeholder group is assessing the effectiveness of care coordination.

• Participate in developing strategies for feasibility testing.

• Identify specific content needs for implementation tools and supports that you would find helpful.
TASK FORCE 2 UPDATE: Communication and Confidentiality

Co-Chair: Kathy Hassey
CHQC Staff Lead: Valerie Konar
Communication and Confidentiality Task Force

Objective:

Support effective communication between and among those who make up the child’s coordination network, while addressing issues of confidentiality.
Communication and Confidentiality Challenges

• Confusing rules for sharing and limiting information
• Different language used for the same concept
• Trust issues/stigma
• Lack of structures and methods to support information sharing
The Child’s Coordination Network Can Be Complex
A Communication and Confidentiality Resource Guide Will

• Describe roles and what information is needed by whom
• Highlight methods to facilitate trust and ensure confidentiality
• Share model systems, policies and forms
• Identify laws and regulations
Understand Roles and Perspectives in the Child’s Coordination Network

- Family/Youth
- PCP
- Behavioral Health Providers
- School Health Services
- School Education
Offer Tools and Resources in One Place

• How to establish trust
• Effective systems for sharing information
• How to ensure confidentiality
• Sample forms and policies
• Links to laws, regulations and resources
• Glossary of terms/acronyms
Support Authentic Family/Professional Partnerships

• Families tell us that good communication and complete trust in confidentiality is crucial
• Inappropriate disclosure or refusal to disclose can cause harm to a child and the family
• Provide examples of ways families and professionals can work together
The Resource Guide Will Not

• Give legal advice
• Have all the answers
• Focus only on the barriers
• Duplicate other resources on this topic
Other Activities of Task Force 2

• Submitted input on privacy issues related to behavioral health integration to the Children’s Behavioral Health Advisory Council

• Dr. Frances O’Hare presented our work to the Behavioral Health Integration Task Force
Next Steps

• Continue to refine and collect information and documents for the Resource Guide
• Determine format and dissemination strategy targeted for December 2013
• Respond to stakeholders’ requests for information about privacy issues
As a Member of the CHQC, You Can

• Provide names and contact information of people or groups who could provide us with more information
• Submit sample policies or forms that facilitate communication.
• Send to: Valerie.Konar@state.ma.us
Measurement Development Workgroup Update

Co-Chairs: Kathy Jenkins and Jan Singer
CHQC Staff Lead: Ayesha Cammaerts
Measure Development Process

• Formed Measure Development Workgroup (MDW), co-chaired by BCH and MHQP
• MDW identified the RAND Delphi process to
  • research existing measures
  • create new, or refine existing, measures of care coordination in behavioral health
• Pre-work group of experts formed to
  • Identify frameworks for care coordination and behavioral health
  • Review the measure landscape
  • Identify potential measures to propose to RAND selection committee
Aligning Work across Focus Areas

• MDW and Care Coordination Task Force (CCTF) of the Coalition co-chairs ensure alignment of work.
  • CCTF supports the MDW’s process (using the RAND Delphi method) to develop measures
  • MDW supports and agreed to use CCTF framework for care coordination key elements
  • Care coordination task force members will be involved in the measure development process
**Pre-Work Group**

- Complete literature reviews and begin measure drafting Winter 2013
- Revise and finalize draft measures Spring 2013
- Make decision regarding which measures go on for Delphi selection committee review Spring 2013

**Selection Committee Process**

- Coalition nominates potential members of selection committee Spring 2013
- Confirm, invite, and orient selection committee members Late-Spring 2013
- Selection committee convenes and selects final measure for Child Health Quality Coalition Summer 2013
Measure Development Next Steps

• Pre-work group to finalize list of measures to propose to selection committee.
• Selection committee will convene and select measures.
• Develop one or more care coordination metrics that can move to the testing stage.
• Review measure development progress with the Grant supported Child Health Quality Coalition in the Fall 2013
Questions?

- Type your question into the Q&A box and select “All Panelists” from the drop-down menu.
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Next Steps

Next MA Child Health Quality Coalition meeting:
June 28, 2013
9:30-11:30 am
Percy Room, Massachusetts Medical Society,
860 Winter Street, Waltham

Please fill out the brief exit survey to let us know your thoughts on this webinar, and suggest new topics.