

MASSACHUSETTS CHILD HEALTH QUALITY COALITION

Progress Report • June 2013

The first half of 2013 has been a time of transition for the Massachusetts Child Health Quality Coalition (CHQC), as the founding Executive Director, Gina Rogers, moved to California. All three working groups – The Care Coordination “Key Elements” Task Force, Communication and Confidentiality Task Force, and Measure Development Workgroup – have made exciting progress, as described below. I’ve been fortunate and excited to see their work inform health policy in Massachusetts and garner attention from key stakeholders. Planning for the CHQC’s sustainability after CHIPRA support ends is underway. Please let me know what you think about the CHQC’s activities. I’d love to hear your thoughts. – Tracey Hyams, Executive Director, CHQC

Care Coordination “Key Elements” (Task Force 1)

Recent Highlights

- Presented the Key Elements of care coordination framework to commercial and MassHealth-contracted Managed Care Organizations, state agencies, and providers
- Collected input on what stakeholders are measuring now, what implementation challenges they face, and priorities for action

Next Steps

The Task Force is continuing to enhance its Key Elements framework in ways that support stakeholder implementation efforts and offer linkages to the development of new payment models and financial incentive programs. Activities include:

- *Refining Key Elements Framework:* Task Force input and research that supports refinement of framework, key elements, and accountabilities
- *Disseminating and Supporting Implementation:* Support embedding the Key Elements concepts into CHQC members’ and other organizations’ activities through a phased process
- *Seeking Alignment:* Outreach to payers and other stakeholders to build consensus around strategies for assessing effective implementation and accountabilities; ensure synergies with other groups, including the work of CHQC’s Measure Development Workgroup

CHQC’s cross-stakeholder representation offers an excellent forum for developing consensus around useful, feasible measurement to assess the effectiveness of care

Objective:

To define and support implementation of a set of foundational elements of high-performing pediatric care coordination

Identify key elements of high-performing pediatric care coordination and link those elements to process, structure, and outcome measures to monitor their adoption

- Link to families’ desired outcomes of the care coordination processes and systems
- Focus on measures for internal use to monitor progress at first
- Emphasize value optimization as a fundamental component of sustainable care coordination systems

Disseminate and support implementation of the key elements

- Create tools and implementation supports
- Make connections among stakeholders that promote development of feasibility testing projects
- Promote inclusion of the recommended elements of effective care coordination and associated measures in the design of new delivery systems and payment models in order to support improved child health outcomes

coordination. The Task Force will continue to reach out to CHQC members to receive input on the care coordination framework, develop strategic approaches to feasibility testing, and help identify specific content needs for implementation tools and supports.

Background

The Key Elements framework was developed in the fall of 2012 based on input from members of the Task Force, family partners, and the broader CHQC. This framework divides care coordination objectives into five foundational domains:

- 1) Needs assessment for care coordination and continuing care coordination engagement
- 2) Care planning and communication
- 3) Facilitating care transitions
- 4) Connecting with community resources and schools
- 5) Transitioning to adult care

The framework has broad applicability to pediatric care, independent of condition or acuity, as well as adult care. The Task Force conducted a measure review to assess existing and potentially adaptable measures for each of the five domains. This review also helped identify where measure gaps exist, particularly in the “space between”—the linkages among all the stakeholders that coordinate the child’s care. The Task Force identified cross-stakeholder accountabilities to move beyond the primary care lens, using vignettes of children with behavioral health needs to exemplify care coordination activities. They also conceptualized measure bundles to assess the “space between” in integrated systems.

Following the presentation to the CHQC at its September meeting, the Task Force presented the framework to several payers (both commercial and MassHealth contracted MCOs), providers (both large provider systems and small practices), and state agency staff working on care coordination issues. The Task Force has also contributed to input provided by the CHQC to MassHealth on their Primary Care Payment Reform (PCPR) program and to the Children’s Behavioral Health Advisory Council for inclusion in the Council’s recommendations to the Behavioral Health Integration Task Force formed under Chapter 224.

Communication and Confidentiality (Task Force 2)

Recent Highlights

In April 2013, the Task Force submitted input on privacy issues related to behavioral health integration to the Children’s Behavioral Advisory Council, to be included in the Council’s input to the Behavioral Health Integration Task Force formed under chapter 224. That input noted that it is important to:

(continued ...)

Objective:

To support effective communication between and among those who make up the child’s “coordination network,” while addressing issues of confidentiality

Recent Highlights continued...

- Identify the set of information different members of the care team need to ensure the child’s

Background

The Communication and Confidentiality Task Force has identified a number of challenges to communication, including:

- Difficulty in attaining and maintaining trusting relationships between parents/youth and providers
- A misunderstanding of the importance of information sharing to facilitate the delivery of coordinated care
- A lack of understanding of rules governing information sharing (which becomes all the more challenging when schools are involved)
- A lack of structures and methods to support information sharing among providers, families/youth, schools, and other members of the child's coordination network

Additionally, the Task Force wanted its work to also address the issues of confidentiality that are important to consider in any exchange of information, and to highlight those confidentiality issues that are of particular concern when behavioral health issues are involved.

The Task Force noted that tools do exist to address these communication challenges, but that many of these are not well known to most families, providers and community-based programs. The Task Force determined that collecting and compiling these tips, tools and resources in one place, in a format that can be easily used by the various members of the child's coordination network, would be of value, and therefore decided to work on creating a Resource Guide.

Recent Highlights

The Measure Development Workgroup has completed the pre-work steps of the measure development process. The product is a draft set of over 30 quality measures of care coordination for children with behavioral health needs.

In addition, the Measure Development Workgroup has developed a recruitment strategy for the expert panel selection committee. This committee will review and rank the draft measures according to feasibility and validity as defined by the RAND Delphi Method of measure development.

Objectives:

To facilitate the development of logical, functional specifications of one or two measures to fill the gaps in pediatric care quality measures related to care coordination for children with behavioral health care needs

To provide expertise to support the measure review, selection, and recommendations made by the CHC

Next Steps

1. Finalize the measures developed by the pre-work group to propose to the expert panel selection committee for review
2. Recruit and convene a measure development selection committee. The group will have representatives from the multi-stakeholder CHQC
 - Recruit and orient members in the summer 2013
 - Measure selection process in fall 2013
3. Select care coordination measures for children with behavioral health needs from the set of measures developed by the pre-work group, using a consensus methodology
4. Propose a final set of measure(s) to the CHQC for review and consideration of what will be submitted to the CHIPRA Demonstration Grant administrators at CMS/AHRQ
5. Document the process of measure development, findings, and testing and implementation recommendations; use this report to share and support the testing of measures that were selected through the process

Background

The Measure Development Workgroup pre-work group convened for seven work sessions from January through May.

Activities accomplished to date:

- Convened a pre-workgroup to undertake the first steps in measure development
- Reviewed existing care coordination measures informed by the research of Task Force 1
- Selected a working definition for behavioral health
- Reviewed existing pediatric behavioral health measures
- Reviewed measures as they align to the care coordination framework

- Determined which existing measures could be modified to be effective measures for care coordination for children with behavioral health needs
- Determined an approach to align the measures
- Drafted measure templates for existing measures and new measure concepts; templates will form the offset of measures that will be ranked by an expert panel for feasibility and validity

Appendix – Task Force and Work Group Members

Members of Care Coordination “Key Elements” (Task Force 1)

Co-chairs:

Rich Antonelli	Medical Director for Integrated Care, Boston Children’s Hospital
Barbara Leadholm	Principal, Health Management Associates; Former Commissioner, MA Department of Mental Health

Staff Lead:

Gina Rogers	Consultant, MA Child Health Quality Coalition
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Deborah Allen	Director, Bureau of Child, Adolescent and Family Health, Boston Public Health Commission
Nancy Borreani	Family Support and Training Director, Families and Communities Together
Elaine Fitzgerald	Associate Project Director and Perinatal Operational Lead, National Initiative for Children's Health Quality
David Keller	Associate Medical Director, Office of Clinical Affairs/MassHealth Commonwealth Medicine
Peter Metz	Pediatric and Adolescent Psychiatrist, Director of Communities of Care, UMass Medical School
Beth Pond	Family Integration Specialist, Parent/Professional Advocacy League
John Straus	Director, Massachusetts Child Psychiatry Access Project, Senior Vice President of Medical Affairs, MA Behavioral Health Partnership
Bonnie Thompson	Family Resource Specialist and CHIPRA Family Leader, Mass Family Voices
Judith Vessey	Professor in Nursing, William F. Connell School of Nursing, Boston College
Jean Zotter	Director, Office of Integrated Policy, Planning, and Management, Department of Public Health

Members of Communication and Confidentiality (Task Force 2)

Co-chair:

Kathy Hassey	Director, School Health Institute, Northeastern University School of Nursing
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Staff Leads:

Val Konar	Project Manager, CHIPRA Quality Demonstration Grant & MA PCMHI Medical Home Evaluation
Randi Zegman	Project Coordinator, Massachusetts Health Quality Partners
Brittany Bell	Youth Advocate, Parent/Professional Advocacy League
Craig Bennett	Attorney/Family Law, Boston Children's Hospital
Elena Eisman	Executive Director/Director of Professional Affairs, Massachusetts Psychological Association
Lloyd Fisher	Site Chief, May Street Pediatrics; Assistant Medical Director for Informatics, Reliant Medical Group
Heather Frohock	Young Adult Intern, Parent/Professional Advocacy League, Youth MOVE
Linda Grant	Medical Services Director, Boston Public Schools; Adolescent Pediatrician, Boston Medical Center
Cathy Hickey	Information Specialist, Mass Family Voices
Lisa Lambert	Executive Director, Parent/Professional Advocacy League
Kitty O'Hare	Adult & Pediatric Primary Care/ Director of Transition Medicine, Boston Children's Hospital, Brigham & Women's Hospital
Beth Pond	Family Integration Specialist, Parent/ Professional Advocacy League
Jennifer Reen	School Psychologist, Lincoln-Sudbury Regional High School
Bonnie Thompson	Family Resource Specialist and CHIPRA Family Leader, Mass Family Voices

Members of Measure Development Pre-Workgroup

Co-chairs:

Kathy Jenkins Senior Vice-President, Chief Safety and Quality Officer, Boston Children's Hospital

Jan Singer Director of Operations; Project Director, CHIPRA, Mass Health Quality Partners

Staff Lead:

Ayesha Cammaerts Project Manager, Government Relations and Patient Safety & Quality, Boston Children's Hospital

Rich Antonelli	Medical Director for Integrated Care, Boston Children's Hospital
Eugenia Chan	Physician, Developmental Medicine, Boston Children's Hospital
Kathy Coltin	Director, External Quality Data Initiatives, Harvard Pilgrim Health Care
Marguerite Dresser	Director of Information Systems and Data Analysis, Mass Health Quality Partners
Karen Hacker	Executive Director, Institute for Community Health; Senior Medical Director, Public & Community Health, Cambridge Health Alliance
Constance Horgan	Professor/ Associate Dean for Research, and Director, Institute for Behavioral Health, The Heller School for Social Policy and Management
Roslyn Murov	Director of Outpatient Behavioral Health, Boston Children's Hospital
Michael Murphy	Staff Psychologist, Child Psychiatry Service, Mass General Hospital