

MA Child Health Quality Coalition

Vision Statement

To achieve and sustain transformational gains in child health care and outcomes across the care continuum for all children in Massachusetts.

Mission Statement

The mission of the Massachusetts Child Health Quality Coalition is to champion and advocate for child health care quality and measurement, facilitate a shared understanding of pediatric health care quality priorities across a broad-based set of stakeholders in Massachusetts, create a platform for formulating system-wide goals and objectives, and implement activities to support those goals and objectives.

Key Coalition Objectives

- Promote improvements in health care outcomes for children in Massachusetts by developing consensus around priorities for action and supporting the implementation of activities in those priority areas;
- Advocate for inclusion of child health issues in broader statewide activities;
- Provide direction on the development of new measures to evaluate and track progress related to children’s health care;
- Create synergies among existing child health measurement and improvement activities to increase impact; and
- Develop and implement plans to ensure the Coalition’s long term sustainability

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MA Child Health Quality Coalition
Taskforce #1: Care Coordination Key Elements
Update 9-12-12

Task Force Objectives

- 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 and identify partners for feasibility testing
 - Support consideration of 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

Framework

- **Start with focus on care coordination elements regardless of condition**; then build in additional elements and specifics for children with behavioral/mental health needs
- Focus is on **children and their families**; ensure special issues of importance to *child* health outcomes are covered
- **Extend beyond just the most serious children/youth with special health care needs** and address care coordination needs that ensure prevention and early intervention for all kids with behavioral health care needs
- Establish framework to allow for eventual consideration of **social, educational, and developmental needs of children**, in addition to needs in the medical domain (physical, mental/behavioral, and oral health providers)
- In developing the framework and associated measures, **consider the roles of, and accountability frameworks for, all stakeholders**, looking at care coordination broadly
- Need to **emphasize value optimization as a fundamental component of sustainable care coordination systems**
- Framework to emphasize the potential from transforming systems with greater integration of care

Current status

- Scope identified
- Framework developed
- Key care coordination elements specified with considerable context developed around issues related to effective implementation
- Landscape of measures linked to those elements reviewed
- Measure evaluation frameworks and selection criteria discussed
- Outreach to payers on the Coalition’s Policy and Planning Workgroup for input

Next Steps

- Enhance work with insights from all Coalition stakeholder groups
- Coordinate with activities of the Measure Development Workgroup and the Care Coordination Communication and Confidentiality Task Force
- Develop strategic approaches to feasibility testing

Anticipated Value of Deliverable to the Coalition

Improving care coordination for children has been demonstrated to improve quality of care while controlling costs. Effective care coordination can also lead to improved care integration for children with behavioral health care needs. Coalition members have emphasized the gaps in coordination of care for children with behavioral health needs, and the benefits that can accrue from more integrated care.

This work on care coordination will result in a set of key elements of care coordination and associated measures that the Coalition stakeholders will have access to, which may prove helpful to Coalition members in their work.

In addition, this work will result in a product that may prove helpful to new payment models and financial incentive programs are being developed. The Coalition's cross-stakeholder representation offers an excellent forum for developing consensus around useful, feasible measurement to assess the effectiveness of care coordination.

Anticipated Ask of the Coalition Membership

The task force is seeking input on the Key Elements and linked measures. The task force will be actively reaching out to Coalition members who can support outreach within their organization and within their stakeholder groups to help vet the draft framework and key elements matrix.

The task force also needs input from Coalition members to help develop strategic approaches to feasibility testing and help identify specific content needs for implementation tools and supports.

Taskforce #1: Care Coordination Key Elements Members

Name	Title	Organization
Co-Chairs		
Rich Antonelli, MD, MS	Medical Director for Integrated Care	Boston Children's Hospital
Barbara Leadholm	Principal	Health Management Associates; Former Commissioner, DMH and Senior Advisor, Office of Behavioral Health
Task Force Members		
Deborah Allen, ScD	Director, Bureau of Child, Adolescent and Family Health	Boston Public Health Commission
Nancy Borreani	Family Support and Training Director	Families and Communities Together (CSA in N. Central Worcester County)
Susan Epstein	President	New England SERVE
David Keller, MD	Associate Medical Director	Office of Clinical Affairs/MassHealth Commonwealth Medicine
Cristin Lind	Family Leader and CHIPRA Associate	Mass Family Voices at Federation for Children with Special Needs
Peter Metz, MD	Pediatric and Adolescent Psychiatry; Director, Communities of Care	Department of Psychiatry University of Massachusetts Medical School
Beth Pond	Training Coordinator	Parent/Professional Advocacy League
Gita Rao, MD	Program Manager, MYCHILD Project Launch/MYCHILD rep	Early Childhood Mental Health Program Boston Public Health Commission
Emma Smizik	Project Manager	National Initiative for Children's Healthcare Quality
John Straus, MD	Director, Massachusetts Child Psychiatry Access Project; Senior Vice President of Medical Affairs	MA Behavioral Health Partnership (MBHP)
Judith Vessey, PhD, MBA, FAAN	Lelia Holden Carroll Professor in Nursing	William F. Connell School of Nursing, Boston College
Jean Zotter	Director, Asthma Prevention and Control Program	Bureau of Community Health Access and Prevention Department of Public Health
Staff Lead		
Gina Rogers	Director, MA Child Health Quality Coalition	Massachusetts Health Quality Partners

MA Child Health Quality Coalition
Taskforce #2: Communication and Confidentiality
Update 9-12-12

Taskforce Objective: *Support effective communication between and among those who make up the child's 'care team', while addressing issues of confidentiality.*

Suggested Framework

1. What information can be legally shared between medical providers, behavioral health providers, families, and schools? (HIPAA, FERPA, IDEA, state regulations)
2. What information is needed by medical providers, behavioral health providers, families, and schools?
3. What concerns do medical providers, behavioral health providers, families, and schools have in sharing information?
4. What resources are available to facilitate information sharing?
5. What systems can be put in place to support information sharing?

Current Status

The group began recruiting members in the spring of 2012. Several members and one co-chair were identified and this group met for a planning meeting in May along with grant staff members. The group discussed the objectives, framework and outcomes of the Taskforce and agreed to provide information and related documents that address the framework questions.

The group identified types of participants which were needed to reflect the full scope of a child's care team, generated a list of people to recruit and agreed to recruit more members. Recruitment is underway and a kick-off meeting is being planned for September/October 2012.

Next Steps

1. Collect information and documents related to questions in the framework
2. Hold kick-off meeting

Anticipated Value of Deliverables

Possible outputs of this Taskforce may include a resource guide/toolkit that provides sample release of information forms, training resources, strategies to support systems and case studies that show how effective communication is established. The goal would be to eliminate barriers to communication among the child's care team while safeguarding family privacy.

Anticipated Ask of Membership

Provide input to the Communication and Confidentiality Taskforce and review recommendations when sent to the Coalition.

TF #2: Communication and Confidentiality Members

Name	Title	Organization
Co-Chairs		
Kathy Hassey	Director, School Health Institute	Northeastern University School of Nursing
	Provider	<i>To be recruited</i>
Task Force Members		
Craig Bennett	Attorney/Family Law	Boston Children's Hospital
Elena Eisman	Executive Director/Director of Professional Affairs	Massachusetts Psychological Association
Lloyd Fisher, MD	Site Chief/ Assistant Medical Director for Informatics	May Street Pediatrics/Reliant Medical Group
Linda Grant, MD	Provider, Adolescent Pediatrics Medical Services Director/Special Education	Boston Medical Center, Boston Public Schools
Patti Hackett-Hunter	Project Director	Mass Family Voices/ Family to Family Health Information Center at Federation for Children with Special Needs
Lisa Lambert	Executive Director	Parent/Professional Advocacy League
Frances O'Hare, MD (Kitty)	Pediatrics, Transition Coordinator, HMS Center for Primary Care Academic Innovation Collaborative Transformation grant	Martha Eliot Health Center Boston Children's Hospital
Jennifer Reen	School Psychologist/Clinical Counselor	Lincoln-Sudbury Regional High
Chandra Watts	Lead Youth Advocate	YouthMOVE Massachusetts and PPAL
	Behavioral Health	<i>Child psychiatrist/others addressing communication and impact of cultural/stigma issues to be recruited</i>
	School Nurse	<i>To be recruited</i>
Advisory Taskforce Member		
Abby Weiss	Manager	Child and Youth Readiness Cabinet MA Executive Office of Education/EOHHS connector
Staff Lead		
Val Konar	Project Manager, CHIPRA Quality Demonstration Grant	University of Massachusetts Medical School

MA Child Health Quality Coalition ED Use Working Group Update 9-12-12

Workgroup Objective:

Create a recommendation about Coalition action in the arena of ED Use.

In making its determination, the group will focus on answering the following set of questions:

- Is there enough of an impact on value (cost/quality) for the Coalition to be concerned with the rate of preventable ED use in kids?
- Given the scope and breadth of ongoing/planned activities designed to address preventable ED use in kids, is there any opportunity for the Coalition to impact the ED use issue enough to make it worthwhile to identify additional activities? If so, what are those activities?
- If it doesn't make sense for the Coalition to work on something new, then is there any benefit to be gained by the Coalition supporting the spread of existing promising practices through dissemination of information about the existing programs?

Framework:

The group has agreed on a set of principles to use when evaluating whether or not to recommend potential Coalition activities. These principles are:

- Does the Coalition have **capacity** for action?
 - Resources?
 - Leveraging the unique make-up of the Coalition?
- Will the action provide **value**? (Cost/quality)
- Will the action **duplicate** work being done by another Coalition task force or outside entity?
- Will the action **leverage** work being done by the Coalition or outside entity?

Current status:

The ED Use Working Group was formed and convened in June 2012.

Following a review of data gathered by project staff and workgroup members, and discussion at the meeting, **the group determined that there were enough system costs in pediatric ED use, as well as potential for an impact on health care quality, to merit further discussion on potential for Coalition initiatives in the arena of primary care treatable ED Use.** The group identified some potential populations of focus for further consideration: children aged 0-4, and children who use the ED more than once.

The group noted that any recommendation made to the Coalition on potential activities to undertake in this area needs to reflect on what interventions the Coalition has the capacity to do, and whether the intervention would provide value by either decreasing cost or increasing quality. Interventions should

also be considered in light of the connections to other Coalition work (care coordination and communication).

Based on these criteria, the group noted that the issue of urgent care capacity outside of the primary care office was outside the scope of the Coalition's capacity for action. However, it noted that encouraging connections between families and primary care providers was an area that it would consider as within the scope of the Coalition.

The group will augment its membership with a family representative and one from public health, and will reconvene in October as a working group to consider the work done to date, and to create a set of recommendations for Coalition action for the Coalition to react to.

Anticipated value of deliverable to the Coalition:

Activities selected to include in a recommendation created based on the criteria stated above are likely to be 'value-add' activities to those that may be already underway to address primary-care treatable ED use

Anticipated "Ask" of the Coalition Membership:

Review recommendations when sent to the Coalition, and provide input to the ED Use Working Group

Name	Title	Organization
Task Force Members		
Andy Balder, MD	Medical Director	Boston Medical Center Health Plan
Karan DiMartino	Marketing & Outreach Manager, Nutrition Division	Department of Public Health
Christopher Ferry	Business Development Specialist	Network Health
TBD Jim Glauber, MD	Senior Medical Director	Neighborhood Health Plan (NHP)
Deborah Gordon	Chief Marketing Officer	Network Health
Sharon Hanson	Director, MassHealth Office of Providers and Plans	MassHealth
Nelie Lawless	Director, MassHealth Primary Care Clinician Plan	MassHealth
Mark Mandell, MD	Chief Medical Officer	Partners Community Healthcare, Inc. (PCHI)
Anne P. Medinus, PhD	Senior Health Policy Analyst	MA DHCFP
Amy Roy	Manager, Clinical Integration	Baycare Health Partners (Springfield)
Jan Singer	Project Director, CHIPRA 24 Core Measures	Massachusetts Health Quality Partners (MHQP)
Gerry Thomas	Director, Community Initiatives Bureau	Boston NeighborCare Program, BPHC
Meri Viano	Statewide Regional Manager	Parent/Professional Advocacy League
Scott Weiner, MD	Emergency Physician at Tufts/Floating Hospital	MA College of Emergency Physicians (MACEP)
Greg Young, MD	President and CEO	Pediatric Physicians' Org. at Children's (PPOC)
Barry Zallen, MD, FAAP	Medical Director	Blue Cross Blue Shield of MA, Inc.
Staff Lead		
Louise Bannister	CHIPRA Grant Project Director	University of Massachusetts Medical School

ED Use Working Group Members

MA Child Health Quality Coalition Measure Development Workgroup Update 9-12-12

Workgroup 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 transitions for children with behavioral health care needs.
- To provide expertise to support the measure review, selection, and recommendations made by the Child Health Quality Coalition’s task forces.

Current Status

- The co-chairs of the Measure Development Workgroup (MDW) and Care Coordination Key Elements Taskforce recommended a focus of the MDW that meets the needs of both groups:
 - **MDW focus area: Measures of transitions of care for children and youth with behavioral/mental health diagnoses transitioning from inpatient settings to outpatient care/community support.**
- The recommendation was endorsed by the CC “Key Elements” Task Force members at their kick-off meeting May 15 and by the Policy and Planning Workgroup at its June 6 meeting.
- The Measure Development Workgroup is working in close collaboration with the Care Coordination “Key Elements” Task Force to ensure alignment of frameworks and maximize synergies of the two efforts.
- Preliminary literature search and review of articles on the topics of behavioral/mental health care transitions began in early August. This will provide the basis for a more extensive literature search that experts will complete in the fall/winter months.

Next Steps

- **Identify and convene a work group to begin framework development.** The group will include a parent, two representatives from in-patient psych settings (RN/SW/care coordinator and pediatrician), a primary care provider, an out-patient psychologist/SW, and a school representative.
- Define appropriate frameworks, domains, and refined scope and complete a detailed review of the literature to select a sub-group of potential measures within the focus area.
- Using a consensus methodology, select one or two mental health care transition measures for which logical and functional specifications will be developed.

Measure Development Workgroup Members

Name	Title	Organization
Co-Chairs		
Kathy Jenkins, MD	SVP, Chief Safety and Quality Officer	Boston Children's Hospital
Jan Singer	Project Director, CHIPRA	Massachusetts Health Quality Partners (MHQP)
Task Force Members		
Melissa Atherton	Center for Health Policy and Research	UMass Medical School (UMMS)
Kathy Coltin	Consultant	MA Health Quality Partners Harvard Pilgrim Health Care
Esther Jacobowitz Israel, MD	Director Inpatient Quality and Safety, QA Chair for Pediatrics	Mass General Hospital for Children
Mark Mandell, MD	Chief Medical Officer	Partners Community Healthcare, Inc. (PCHI)
Marie McCormick	Professor of Maternal and Child Health	Harvard School of Public Health
Linda Shaughnessy Marguerite Dresser	Business Development and Performance Measurement	Massachusetts Health Quality Partners (MHQP)
Staff Lead		
Ayesha Cammaerts	Government Relations and Patient Safety and Quality (PPSQ) Project Manager	Boston Children's Hospital