

Environmental Survey Response

1. **Name of project:** Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Project
2. **Key project personnel, roles and contact information**
 - Gwen Smith, Illinois Project Director, CHIPRA Quality Grant, Illinois Department of Healthcare and Family Services, 217/557-5438, Gwen.Smith@illinois.gov
 - Scott G. Allen, MS, Executive Director, Illinois Chapter, American Academy of Pediatrics, 1400 W. Hubbard St. Suite 100, Chicago, IL 60642, 312/733-1026, ext 202, sallen@illinoisap.com
3. **Is there information on a website? URL?**
<http://illinoisap.org/projects/chipra-quality-demonstration/> (forthcoming)
4. **What is the target population?**
Pediatric primary care providers (pediatricians, family physicians) serving children and their practice/clinic staff, statewide
5. **Short description/overview of project**
In early 2010, the [Florida Agency for Healthcare Administration](#) as the lead, and the [Illinois Department of Healthcare and Family Services](#) as the partner, were awarded one of ten [Children's Health Insurance Program Reauthorization Act \(CHIPRA\) Quality Demonstration Grants](#) by the [Centers for Medicare and Medicaid Services](#) (CMS). One activity of the CHIPRA grants is to make use of a new core set of children's health care quality measures approved for voluntary use by Medicaid programs and CHIP programs in 2010; these measures are posted on the Agency for Healthcare Research and Quality (AHRQ) web site at <http://www.ahrq.gov/chipra/>. The Demonstration Grants were awarded to allow states or combinations of states to work with these measures, as well as undertake a range of child quality improvement activities.

From 2010 to 2015, the grant will fund Illinois and Florida to work in four grant categories: Category A (experiment with, and evaluate the use of new measures for quality of Medicaid/CHIP children's health care); Category B (promote the use of health information technology for the delivery of care for children covered by Medicaid/CHIP); Category C (evaluate provider-based models which improve the delivery of Medicaid/CHIP children's health care services); and Category E (create a model targeting health care delivery, coordination, quality or access). The CHIPRA grant activities will ultimately provide pediatricians, family physicians and other child health providers in Illinois with:
 - expanded practice/physician level data that are available any time and able to be integrated into practice EMR systems and manipulated for provider specific use (reminder/recall systems, QI project reporting);
 - a voluntary practice assessment process that highlights available quality improvement programs and suggests specific practice systems changes and improvement efforts;
 - an incremental medical home program that recognizes and rewards high quality care and improvement efforts;
 - a coordinated approach to quality improvement involving multiple stakeholders; and
 - a system of incentives and benefits that are of interest to providers.
6. **Describe the elements of practice transformation within your project. Are you using the medical home model? Are you using a standard definition or evaluation tool for medical home model?**

The project is encouraging providers to assess themselves and seek recognition through the Physician Practice Connections®- Patient-Centered Medical Home™ (PPC-PCMH) program of the National Committee on Quality Assurance (NCQA), which is a project partner. However, other medical home assessments and training tools will be incorporated. Through the project, Illinois Medicaid may define its own medical home program/standards. In terms of practice transformation, quality improvement programs and other resources will be offered around the following medical home domains: enhancing access and continuity; identifying and managing patient populations; planning and managing care; providing self-care support and community resources; tracking and coordinating care; and measuring and improving performance. Other quality improvement programs will focus on specific clinical areas related to the 24 child health measures.

7. Describe the elements of community linkages within your project.

Illinois will develop a mechanism to allow medical home providers to electronically make referrals to other medical and community providers and have information about the services provided by means of care reports fed back to them. It will also collaborate with existing state and community referral resources to identify and promote new referral resources helpful to all medical homes.

8. Describe key collaborative relationships

The Illinois Department of Healthcare and Family Services has established multiple workgroups to undertake this project; they include provider associations, Medicaid managed care and primary care case management vendors, child advocacy groups, and others. The Illinois Chapter of the American Academy of Pediatrics (ICAAP) is subcontracted to engage practices/clinics, facilitate their medical home assessments, and develop and offer quality improvement programs.

9. Length of time in existence

The CHIPRA Quality Demonstration Project was initiated in 2010 with a planning year; activity started in February 2011 and will continue through February 2015.

10. Describe the funding of the project

The CHIPRA Quality Demonstration Project is funded by the Center for Medicare and Medicaid Services.

11. Describe how you intend or are currently evaluating the project. What outcomes are you tracking?

The evaluation will take both a project management approach (tracking implementation decisions and progress on meeting objectives) and a quality improvement approach (in which participating providers use the plan-do-study-act method to collect and report their own data, adding detailed, encounter-level data). Baseline data from up to 200 practices in the NCQA assessment will be considered against those practices efforts to improve and to seek formal recognition. The child health measures collect by Medicaid and reviewed periodically will provide additional data.

12. What are the results of the project to date?

The project has only completed a planning phase and has no results as of spring 2011.

13. Briefly list key challenges and successes?

Key challenges are anticipated to be provider engagement given the burden of completing medical home assessments and lack of coordination between Medicaid and private payers. Incentives are being discussed.

14. What support or resources do you need in order to expand or replicate your project?

Incentives for provider engagement are needed. Involvement of multiple payers is being sought in order to align incentives and facilitate provider participation.