

Improving Children's Health Care Delivery through the CHIPRA Grant

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- CHIPRA Quality Demonstration Grant
 - Five-year federal grant, February 2010 – February 2015
 - Award total \$9,777,361
 - DHS has applied for a one-year no cost extension
- Seven grantees
 - Children’s Hospital of Philadelphia
 - Geisinger Health System
 - St. Christopher’s Hospital for Children
 - Children’s Hospital of Pittsburgh of UPMC
 - Hamilton Health Center
 - Pocono Medical Center
 - Hershey Medical Center

- CMS' core set of Children's Health Care Quality Measures contained twenty-four pediatric focused quality measures
- Pennsylvania's seven grantees reported data on anywhere from eight to eighteen of the original quality measures
- Grantees electronically extracted the data directly from patient electronic health records (EHRs)
- Quality data was electronically sent to DHS through a secure FTP server
- The process laid the framework for submission of electronic data through the Meaningful Use program
- Grantees voted for eight quality measures that would qualify for Pay for Performance (P4P) incentives

- Pay for performance measures and average rate of improvement across grantees:
 - Immunizations:
 - Childhood: 10.5%
 - Adolescent: 3.1%
 - Developmental screening in the first three years of life: 13.8%
 - Body Mass Index Assessment: 5.0%
 - Well Child Visits:
 - First fifteen months of life: 8.65%
 - Children aged 3-6 years: 5.0%
 - Adolescents: 3.5%
 - Preventive dental services: 10.2%
- Grantees could earn \$5000 for each absolute percentage point of improvement, capped at 5% per measure and not to exceed \$100,000 per grantee per year

- Immunization Registry – PA Department of Health
- Each grantee was eligible to receive a one-time incentive payment of \$20,000 for bi-directional connection to PA-SIIS
- Connection to PA-SIIS required extensive work and changes within the grantees' EHRs
- Bi-directional connection: Children's Hospital of Philadelphia, Geisinger Health System, Children's Hospital of Pittsburgh of UPMC, Hershey Medical Center
- Uni-directional connection: Hamilton Health Center
- No connection: St. Christopher's Hospital for Children and Pocono Medical Center

Category D

- Implementing the CMS/Agency for Healthcare Research & Quality (AHRQ) pediatric EHR model format
- The model format was designed as the perfect pediatric EHR and contained 566 requirements under 21 topic sets

No.	Topic Set	Total Req.	No.	Topic Set	Total Req.
1.	Activity Clearance	6	12.	Patient Portal	11
2.	Birth Information	66	13.	Prenatal Screening	17
3.	Child Abuse Reporting	29	14.	Primary Care Management	31
4.	Child Welfare	20	15.	Quality Measures	5
5.	Children with Special Needs	23	16.	Registry Linkages	16
6.	Growth Data Requirements	61	17.	School Based Linkages	4
7.	Immunization	48	18.	Security & Confidentiality	23
8.	Medication Management	37	19.	Special Terminology & Information	9
9.	New Born Screening	16	20.	Specialized Scales & Scoring	35
10.	Parent, Guardian & Family Relationship Data	20	21.	Well Child & Preventive Care	83
11.	Patient Identifier	7		Total Requirements:	566

- Five of the seven CHIPRA grantees participated in the model format evaluation and each used a different EHR
- Grantees performed gap analyses of their EHR systems against the model format to determine the EHR's ability to meet all 566 requirements of the model format
- From the identified gaps, the grantees determined which unmet requirements would be implemented into their system based on clinical needs
- Grantees focused their implementation efforts on 193 requirements
- The top five implementation topic sets were: Well Child and Preventive Care, Immunizations, Children with Special Health Care Needs, Quality Measures and Patient Portal

- The majority of the five category D grantees will continue to use the model format as a guide for future EHR function upgrades
- Grantees have utilized the model format not only to improve their EHRs but to nurture relationships with their EHR vendors
- As of February 2015, the grantees were at various stages of completion:

Grantee Health System Name	Model Format Implementation Percent Complete
St. Christopher's Hospital for Children	55%
Hamilton Health Center	32%
Hershey Medical Center	93%
Children's Hospital of Pittsburgh	100%
Pocono Medical Center	57%

- Promoting the use of health information technology in children's healthcare delivery
- Leverage health information technology to maximize early identification of children with developmental and behavioral health concerns
- Increase care coordination for children identified through the screening process
- Enable timely and accurate diagnosis and appropriate referral/feedback
- Two of the seven grantees (CHOP and Geisinger) worked on this project and focused on screening for developmental disability, autism, adolescent depression and suicide, ADHD and postpartum depression

- Standardized screeners were built into the Electronic Health Records (EHR) system
- System flags alert staff to age-appropriate screen at patient check-in
- Patients utilize computer technology to answer screening questions
- Questionnaire(s) can be filled out in the waiting room, exam room or through the patient portal



Category B

- System automatically scores the screen and loads results into the patient's EHR
- Results available when patient sees physician at current visit

SCREENINGS	Questionnaire	Completed	Respondent	Result
	M-CHAT	08/22/13	Mother	PASSED (scroll down to view details)
	SWYC MILESTONES 24 MO	08/22/13	Mother	FAILED Score: 10 (Range: <=11) (scroll down to view details)
<input type="checkbox"/>	Include "Next Steps" information in patient instructions			
	Please review the items that were endorsed to determine accuracy and level of concern			
	Screening for developmental delay: Next Steps			© The Children's Hospital of Philadelphia
	Bill at close of encounter			
	Provider Resources	Family Resources		
	Letter for Early Intervention referral	FAQs about Early Intervention handout		
	Specialty referral orders	Your Two Year Old PFE		
	SWYC and scoring instructions: 24 month old	Choosing Preschool handout		
	M-CHAT and scoring instructions	Early Head Start PFE		
		Screening for developmental delay: Next Steps (Spanish)		
		Choosing Preschool handout (Spanish)		

Category B

- At CHOP, referral form templates are built into the EHR in the event a provider decides to refer a child to Early Intervention or for behavioral health services
- Most of the form's information is pre-populated by EHR data
- The provider uses the EHR's fax software to send the form directly to the Early Intervention or behavioral health agency



Health Appraisal
For Infant Toddler Early Intervention 0-34 Months
New Referral
Fax to Intake Department Philadelphia County- Fax 215-685-4638

Child: Demo Test Patient
DOB: 7/17/2011 (male)
123 Test Street
Philadelphia PA 12345
Phone: 267-123-4567 (home)

Additional Contact Information:
Primary Emergency Contact: Test Dad
Address: 123 Test Street
PHILADELPHIA, PA 12345 United States
Home Phone: 267-123-4567
Relation: Father

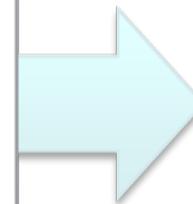
Review of patient's allergies indicates not on file.

Developmental Concerns (based on clinical observation and developmental testing)
Social Cognitive

Questionnaire	Completed	Respondent	Result
M-CHAT	07/17/13	Mother	FAILED
SWYC MILESTONES	07/17/13	Mother	PASSED
24 MO			

Was child premature: yes, gestational age 34 weeks

Current/Ongoing Medical Problems
Diagnoses
There are no active problems to disclose for this patient



- The e-screening project was initially tested at 12 primary care offices at CHOP and 11 primary care offices at Geisinger
- Since November 2011, the following number of screens were administered:
 - CHOP: 90,000 screens
 - Geisinger: 24,500 screens
- By February 2015, the e-screening project was rolled out to all primary care offices at both CHOP (31 offices) and Geisinger (55 offices) - the expansion was funded by the health systems
- Two national EHR vendors are taking steps to adopt the e-screening questionnaires into their standard foundation system which will make them available to all customers

- DHS applied for a one-year no cost extension to continue work under CHIPRA
- The category B e-screening project has become the main focus of the extension
- Five of the original seven grantees will pursue either implementation of the e-screener or continued analysis and improvement of the process
- CHOP and Geisinger will begin working on a pilot model to close the Early Intervention feedback loop to primary care from outside agencies using DIRECT secure messaging

- The advancements achieved under the CHIPRA Quality Demonstration Grant have proven to be sustainable because:
 - The projects are aligned with institutional priorities
 - Institutions have integrated the projects into their clinical processes
 - Evidence of quality improvement endures
 - Return on investment is realized
- Activities under the no cost extension will continue to improve the delivery of children’s healthcare as major health systems change the landscape of care