



State Quality Improvement Institute: Early Lessons and Future Plans

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Multiple Strategies Needed to Move Scorecard Indicators (and Transform System)

SQII states working on a set of strategies to improve quality, but most state activity can be categorized into the following areas:

- **Delivery and financing systems reform**
 - Improved care coordination through patient-centered medical homes
 - Preventable hospital readmissions
 - Payment reform to reward high value care by leveraging state purchasing power
- **Chronic care and population health improvement**
 - Ensuring adults and children get recommended preventive care
 - Reduction of obesity and tobacco use through population-based health interventions
- **Data collection and reporting**
 - Comparative information on physicians, hospitals, health plans
 - Registries
 - Health information technology adoption and exchange



Colorado

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- Colorado is creating incentives for consumers to seek, and providers to deliver, the most cost-effective care by:
 - Statewide “Never Events” policy
 - Changes in patient benefits and/or provider payment to incent the use of transition coaching and handover management
- Colorado is creating a process by which health care performance data are collected, standardized, evaluated, and made publicly available using the following four strategies:
 - Conducting gap analysis to identify and classify what data and performance measures currently exist
 - Assessing the value, consistency and clinical relevance of existing data
 - Determining the utility of quality measures
 - Determining the appropriate format to publish/disseminate the data
- SQII efforts have been modified to align with the goals of the newly created Center for Improving Value in Health Care (CIVHC)

Kansas



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- Kansas is implementing medical home incentive payments/ contractual rate adjustments in the State employee and Medicaid programs by 2010
 - Working on operationalizing medical home concept
 - All Stakeholders group with broad-based representation has met regularly to move the medical home concept to an implementation phase
- Recently released baseline health indicators on Access to Care, Quality and Efficiency, Affordability and Sustainability, and Health and Wellness
 - To provide a snapshot of the status of health and health care in Kansas compared to national and state benchmarks
 - 2 being measured for SQII: child Medicaid enrollees with a medical home and hospital admissions for pediatric asthma
- Newly created HITECH Stakeholder Group to compete for the grant funding available through ARRA



Massachusetts

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- **Goal:** think strategically about how to knit together multiple, simultaneous cost and quality reform efforts to exact change at the system level, at which the medical home is core
- **Massachusetts Medical Home Initiative**
 - Phase 1 of the roll-out plan begins with community health center practices identified through the CMWF/QUALIS safety net medical home initiative as well as practices that care for a high volume of MassHealth Primary Care Clinician (PCC) plan members
- **Massachusetts Health Care Quality and Cost Council and Special Commission on the Health Care Payment System together seeking transparency and payment reform**
- **Participating in Fund/IHI Reducing Re-Hospitalizations State Initiative**
 - Targeting hospitals that are within the admitting regions of the CHCs in the medical home initiative
 - Working to develop a measure of potentially preventable readmissions and feed data back to hospitals
 - Health Care Quality and Cost Council will publish the data on its consumer friendly website by hospital

Minnesota



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- **Population Health**
 - Statewide Health Improvement Program (SHIP): to help Minnesotans live longer, better, healthier lives by reducing the burden of chronic disease. SHIP will use effective, evidence-based strategies to create changes in policies, environments, and systems to support healthy behaviors that reduce tobacco use and obesity.
 - Grants to create community action plans, assemble community leadership teams, establish partnerships, and implement and evaluate interventions begin July 2009
- **Market Transparency and Enhanced Information**
 - Statewide Quality Reporting System led by Minnesota Community Measurement
 - Provider Peer Grouping to compare providers based on both quality and cost, offering more comprehensive information for consumers, providers, health plans and employers
- **Payment Reform**
 - Quality Incentive Payment System to reward high-quality providers
 - Health Care Homes to improve the health and quality of life of individuals with chronic or complex diseases
 - Baskets of care to bundle services together in ways that will create incentives for health care providers to cooperate and innovate to improve health care quality and reduce cost
- **Consumer Engagement**
 - Developing strategies to engage consumers around the issues of cost and quality in health care



New Mexico

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- Building multi-stakeholder (e.g., health care professionals, health plans and other insurance companies, hospitals, consumer groups, patient advocacy groups, and business) coalition to support on-going health care delivery innovations, public performance reporting, and financial incentive restructuring
 - Starting in Albuquerque where the majority of the state's population resides and the health plan and service providers are largely located and operate
 - Looking toward interventions focused on improving the care for diabetic patients and preventing diabetes among pre-diabetic patients
 - Piloting the use of the “medical home” concepts is one of several efforts expected in the coming year or two
- Reforms must be responsive to local social, cultural and linguistic, and geographic differences across the state
 - Rural and frontier areas will be the subject of special efforts

Ohio



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- Conducted 2 summits in November 2008 and April 2009 to engage stakeholders in developing a plan to transform Ohio's health care system
- Developed Ohio Health Quality Improvement Plan (OHQIP), focused on 4 core collaborative transformational strategies
 - Patient-centered medical home
 - Payment reform
 - Health information technology
 - Activated and engaged Ohioans
- Ohio Health Care Coverage and Quality Council was created through Executive Order in February 2009
 - Includes over 30 members from diverse perspectives
 - Charged with advising the Governor and General Assembly on improvements to health programs and policies; monitoring and evaluating implementation of strategies for increasing access and improving quality of the health care system in Ohio, and cataloging existing health care data reporting efforts, among other responsibilities
 - Will facilitate the implementation of OHQIP recommendations



Oregon

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- Oregon's state agencies that administer health insurance, health care, and public health programs are working together to align quality efforts in connection with the many private sector efforts underway in the state
- State Health Quality Improvement Team has been actively working to create a State Agency Health Quality Action Plan
 - Goals of the action plan are to use state purchasing power, oversight, and partnership opportunities to move Oregon toward:
 - Drastically reduced chronic disease, obesity, and tobacco use among Oregonians through prevention in the community and medical setting
 - A health system in which all Oregonians have access to an integrated health home, with a focus on primary care, prevention, and chronic disease management
 - A health care delivery system in Oregon that is the safest in the country
 - Work will be supported by establishing an agreed upon set of metrics in order to drive quality improvement and evaluate the impact of quality efforts
- Oregon Legislature is considering legislation that would realign health care functions in Oregon state government under an Oregon Health Authority and, among other reforms, support the creation of an Oregon Quality Institute to serve as a forum for supporting and aligning quality efforts statewide

Vermont



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- **Blueprint integrated medical home model**
 - Pilot program began in July 2008 in one of 3 communities
 - SQII team is linking project to other health initiatives in the state, monitoring its success, and determining sustainability
 - Seeking integration with behavioral health issues
 - Numerous implementation details underway, including: using HEDIS measures to set goals and evaluate quality, working with Vermont Medicaid to plan collaborative chart review process, developing a data exchange that supports program administration and evaluation and works for clinicians
- Developing plans for broad financial reform, including business plans for hospitals in a world of prevention and wellness, models for shared savings and reinvestment, using payment reform to support reducing avoidable readmissions
- Testing the ACO model



Washington

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- **Expanding patient-centered medical homes**
 - Washington Patient-Centered Medical Home Collaborative has launched provider training for up to 24 primary care practices
 - A 5-part evaluation design is being created encompassing (1) the degree of implementation of the medical home concepts, (2) patient/family experience, (3) provider satisfaction, (4) clinical practices changes in 3 chronic diseases as well as preventive health services, and (5) changes in cost and utilization data.
- **Developing payment strategies to support medical homes**
 - New legislation directs State agencies to design and implement one or more primary care medical home reimbursement pilots
 - Puget Sound Health Alliance supporting state by convening numerous stakeholders including health plans, purchasers and providers
- **Developing communication strategies for engaging consumers**
 - Puget Sound Health Alliance released its Community Checkup performance results by payer type
 - Shared Decision-Making Collaborative Stakeholder Group evaluating impact of Patient Decision Aids on improving patient decision quality and reducing unwarranted variation in health care
 - Washington-based system-level variation analysis revealed regional variation in a variety of inpatient surgeries, ambulatory care-sensitive conditions and resource capacity

Lessons Learned:

Initial Focus on Indicators Led to Systems Transformation Strategies

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- Selection of State Scorecard indicators helped set priorities and showed that improvement was not only possible but imperative and pointed to other states where better rates had been achieved
- However, as states considered the specific policy levers to achieve each measure-related objective, it became clear that a focus on broader reform—prevention, primary care, chronic condition management, and care coordination—would have an interactive effect
- Delivery and payment system redesign and supporting data collection activities became the underlying strategies to operationalize the desired reforms

Lessons Learned:
State Roles in Delivery System Reform are Significant with Appropriate Leadership

- States can play a variety of roles in broad system delivery and financing reform and can be leaders in galvanizing a coordinated public and private effort
 - But active and sustained participation of a state's highest level decision-makers is required
- Areas of effective state leadership:
 - Leverage purchasing power through public programs and state employee benefit plans
 - Coordinate various quality improvement activities within the state
 - Making quality improvement a priority; making the case publicly that there is significant opportunity to do better

Lessons Learned:
The SQII as a Technical Assistance Vehicle

- SQII states have benefited not just from technical assistance, but also from the activities that the Institute required of the state teams for their participation:
 - Application process
 - Designation of team leader
 - Site visits
- Furthermore, simply having a prestigious national foundation support their proposed health reforms can give state stakeholders in the states the political cover they need

Lessons Learned: *Short-term Versus Long-term Progress*

- **Can make important progress in one year, but such a substantial undertaking must also come with realistic expectations**
 - Set attainable interim goals that can become early successes
 - Actual implementation of action plans takes a great deal of time
- **It is critical to institutionalize the process so that long-term goals can be met long after the technical assistance comes to a close**

State Quality Improvement Institute: Phase 2

- **As the first year of SQII comes to a close, states are still in need of focused technical assistance to further facilitate implementation of quality improvement action plans**
- **SQII continues into year-long phase 2**
 - All 9 original states participating
 - TA provided through:
 - 3 regional meetings
 - 3 cyber-seminars
 - Customized state technical assistance via video and telephone meetings as well as site visits
 - SQII website
 - Final meeting