Taking Action with Evidence: Implementation Roadmap

National Performance Measure #10

For Assistance:
Please contact Temi Makinde
tmakinde@amchp.org
Brief Notes about Technology

Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)

Active Participation = 😊

For technical problems, please contact Temi at tmakinde@amchap.org

December 4, 2015
Brief Notes about Technology

Downloading Files

1. Name
2. Participant Homework.docx 1019 KB
3. Click to Download
4. Click to Download

December 4, 2015
Brief Notes about Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• Please complete the survey to be emailed at the conclusion of the webinar
Practice Poll

• What is your favorite thing about this time of year?
  – Weather
  – Holidays with family
  – Giving gifts
  – Receiving gifts
  – Office parties
  – Food
Objectives

- Describe efforts to date by MCHB and its partners in compiling the existing knowledge base of evidence pertaining to NPM #10
- Identify resources and partners from which to select existing evidence-based strategies based on the alignment of the state/territory’s Title V needs assessment findings with the NPM
- Evaluate potential strategies through the lens of current issues and opportunities in the field related to the NPM
- Share feedback with MCHB and its partners on additional technical assistance needed to identify evidence based strategies and subsequently, define measures
Featuring

Moderator: Iliana White, MPH, AMCHP

• Michele Lawler, Acting Director, Division of State and Community Health, MCHB/HRSA

• Cynthia Minkovitz, M.D., MPP, Professor, Johns Hopkins Bloomberg School of Public Health

• Charles E. Irwin, Jr., M.D., Director, Division of Adolescent & Young Adult Medicine at UCSF, and Director, Adolescent & Young Adult Health National Resource Center

• Claire D. Brindis, Dr. P.H., Director, Philip R. Lee Institute for Health Policy Studies at UCSF, Co-Project Director, Adolescent & Young Adult Health National Resource Center
Welcome & Opening Remarks

Michele Lawler, Acting Director
Division of State and Community Health
Maternal & Child Health Bureau
Health Resources & Services Administration
U.S. Department of Health & Human Services

MLawler@hrsa.gov
STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP
December 7, 2015

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

• To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a Team of Experts with specialty background and experience related to the performance measures

2) Provide reports including a critical review of the evidence of effectiveness of possible strategies to address National Outcome Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures via the Team of Experts

3) Provide ongoing consultation to State Title V MCH programs through the Team of Experts to support the State’s development of evidence-based or evidence-informed State Action Plans

4) Develop web-based supports and resources for State Title V programs

5) Establish an online platform for sharing best practices via a “Community of Practice” and to facilitate communication and information sharing on topics about the emerging needs of Title V state and discretionary grantees for implementing the Title V MCH Block Grant Transformation Process

6) Maintain and enhance an MCH digital library including the historical collection
Environmental Scans

- Compilations of strategies to advance performance for each of the 15 National Performance Measures (NPMs)

- Environmental Scans include:
  - **Reviews and Compilations**: identifies existing compilations for strategies that intend to improve performance for each measure; these include both scholarly reviews and compilations that have been produced by key organizations in the field
  - **Frameworks & Landmark Initiatives**: includes conceptual models underlying strategy implementation, these may or may not be explicitly highlighted in the Reviews and Compilations section; landmark initiatives include seminal programs/policies related to each NPM
  - **Data Sources**: indicates sources (e.g. PubMed), as well as criteria (search terms, publication date), and link to search strategy; also selected organizational websites
  - **Inclusion & Exclusion Criteria**: denotes types of studies, setting, populations of interest that were included in our search, and exclusion criteria
Strengthen the Evidence for MCH Programs: Environmental Scan of Strategies

National Performance Measure (NPM) #10: Adolescent Well Visit
Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

Introduction
This environmental scan identifies collections of strategies to advance performance for NPM #10, Adolescent Well Visit. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

• **Reviews and Compilations**: Identifies existing compilations for strategies that intend to improve performance for each measure
• **Frameworks and Landmark Initiatives**: Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
• **Data Sources**: Indicates sources, search criteria, links to search strategy and selected organizational websites
• **Inclusion and Exclusion Criteria**: Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at http://www.semch.org/technical-assistance.html

Table of Contents

| Reviews and Compilations | .......................................................... | 2 |
| Frameworks and Landmark Initiatives | ...................................................................... | 7 |
| Data Sources | ...................................................................... | 8 |
| Inclusion and Exclusion Criteria | ...................................................................... | 10 |

Strengthen the Evidence Base for MCH Programs is a collaborative initiative of the Women’s and Children’s Health Policy Center at Johns Hopkins University, AMCHP, and Welch Medical Library. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
<table>
<thead>
<tr>
<th>Review/Compilation</th>
<th>Summary</th>
<th>Web Link</th>
</tr>
</thead>
</table>
  • Use of theoretical frameworks to guide implementation of screening and counseling  
  • Interactive educational or workshop formats  
  • Multifaceted interventions involving 2 or more modalities (audit and feedback, reminders, standardized instruments, and involving local opinion leaders and reaching local consensus)  
  • Clinician training- targeted and easy to use screening and charting tools that are fully integrated into the clinic system  
  • Integration of EMR systems                                                                | N/A                                           |
  • Strategy 1: adopt current Bright Futures Guidelines for Adolescents  
  • Strategy 2: incentivize providers, adolescents, & parents to encourage preventive care  
  • Strategy 3: encourage teen-centered care  
  • Strategy 4: leverage missed opportunities to increase adolescent well-care visits  
  • Strategy 5: use social media  
  • Strategy 6: develop partnerships with key community stakeholders                                                                                      | http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf |
Highlights from the Review for NPM #10

- Reviews and Compilations include:
  - 5 compilations of strategies
  - 2 organizational websites

- Frameworks and Landmark Initiatives include:
  - 3 resources with health recommendations for adolescents
Examples of Strategies for NPM #10

• States
  • Provide adequate financing and reimbursement for preventive care
  • Make resources available for providers

• Organizations
  • Partner with local businesses, schools, community organizations, to engage families (e.g. ‘back to school’ promotions)

• HealthCare Practices and Providers
  • Identify opportunities to increase preventive visits (e.g. episodic, acute care, sport-required visits)
  • Monitor adolescent utilization and generate provider reports
  • Implement reminder management systems
  • Educate providers on teen-centered care
Technical Assistance

• Complement ongoing HRSA investments and expertise among discretionary grantees

• Strengthen the Evidence team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  • Varying levels of TA intensity
  • Recognize continuum of available evidence
  • Individual vs. groupings of states depending on needs

• Types of TA requests
  • Identifying possible strategies
  • Evaluating a selected strategy
  • Providing evidence relating to specific strategies
  • Adapting strategies for a specific population
  • Developing evidence-based or evidence-informed strategy measures

• Sample activities: In depth evidence reviews, connect states with MCH consultants, work collaboratively to provide communities of practice
Evidence-based or –Informed Strategy Measures (ESMs)

• “...the measures by which states will directly measure their impact on the NPMs.”
• Align with selected NPMs and strategies proposed to enhance performance on the NPMs
• Assess evidence-based or –informed practices that impact individual population-based NPMs.

Characteristics of ESMs

- Actionable
- Measurable
  - reliable and valid
  - data available or planned over time to track progress
  - may be a percentage, rate, ratio or number, or an indicator of achievement of an activity (e.g. development of standards or guidelines)
- Represents activity related to the selected strategy and is in the pathway to achieving a National Performance Measure (NPM) or a State Performance Measure (SPM)
- Links to an objective the State hopes to accomplish by tracking the measure
- State specific
Contact Us

• Technical Assistance Requests
  http://www.semch.org/technical-assistance.html

• Project Coordinator, Stephanie Garcia
  sgarci22@jhu.edu

THANK YOU!!!

www.semch.org
http://mchlibrary.jhmi.edu/
OPPORTUNITIES AND EXAMPLES IN THE TITLE V FIELD
Current and Future Efforts

How do states plan to address the adolescent well-visit?

• Common themes → People, places, products
  – Promotion and adherence of Bright Futures’ guidelines for adolescents
  – Partnering with local AAP chapters to reach providers of adolescents
  – Utilizing existing prevention programming, sexual health services, and risk-reduction to promote comprehensive services
  – Connecting with existing efforts focused on increasing vaccination rates, esp. HPV
  – School-based health education programs, school health services/SBHCs, and school nurses to help promote AWV
  – Increasing health literacy on the importance of the well-visit
  – Awareness-building and outreach/educational campaigns
Poll

• Do these strategies/themes resonate with your state action plans?
  – Yes
  – No
  – Unsure
The AYAH-NRC supports state MCH programs and other stakeholders serving adolescents and young adults with funding from HRSA’s Maternal and Child Health Bureau.

http://nahic.ucsf.edu/resources/resource_center/
Healthcare Opportunities for Adolescents and Young Adults

- Increased focus on young adulthood (IOM)

- Insurance Expansion
  - Medicaid Expansion
    - 31 States including D.C. have expanded as of Sept 2015
  - Marketplace/“State Exchanges”
  - Dependent coverage to age 26
Healthcare Opportunities for Adolescents and Young Adults

- ACA Preventive Care Provisions
  - Provided by plans without cost-sharing
  - Required services drawn from:
    - US Preventive Services Task Force “A” and “B” recommendations
    - *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*
    - ACIP Immunization Recommendations
    - HRSA-supported IOM recommendations for women’s health
University of California
San Francisco: NAHIC
Charles Irwin, Claire Brindis, Sally Adams, Jane Park, Lauren Twietmeyer, Fion Ng

Association of Maternal & Child Health Programs
Lacy Fehrenbach, Treeby Brown, Iliana White, Elliane Yashar, Cori Floyd

University of Minnesota: SAHRC/Konopka
Michael Resnick, Kristin Teipel, Glynis Shea, Rena Large

University of Vermont: NIPN
Wendy Davis, Judith Shaw, Steven DeVoe, Rachel Wallace-Brodeur,
AYAH-NRC Activity Overview

• Coordinate AYAH CoIN
  - Working with five states (IA, MS, NM, TX, VT)
  - Presentations from Sept. 2015 CoIN Summit here:
  - Topics addressed in Summit presentations include:
    ➢ State initiatives to increase insurance and rates of past-year well visit
    ➢ Creating developmentally appropriate health care systems and services
    ➢ Engaging youth
    ➢ Bright Futures Guidelines
AYAH-NRC Activity Overview

• Provide support to all states focusing on NPM 10
  - Through resource development and technical assistance (e.g., webinars, consultations, online opportunities for sharing)
  - Stay tuned for information about opportunities at the 2016 AMCHP conference, including skills-building workshop on January 23, 9 AM- 12 Noon
Increase capacity of public health & health care systems to improve care to AYA

Increased receipt and quality of AYA preventive visits
Resources and Support:

Available Now,
Coming Soon and
In the Works
Increasing Access: “Getting to the Door”

- **Today**: results from stakeholder interviews
- **Coming soon**: Compendium of promising strategies to increase access to care and increase uptake of well-visit
Improving Quality of Care: “In the Clinic”

• **Available Now:**
  
  - Fact sheet on evidence base for AYA preventive services
    
  
  - Clinical tools for delivering preventive services to young adults, updated November 2015
    
    ➢ [http://nahic.ucsf.edu/yaguidelines/](http://nahic.ucsf.edu/yaguidelines/)
  
  - Tool of AYA measures for quality improvement projects
    
    ➢ [http://www.uvm.edu/medicine/nipn/?Page=resource.html#Measures](http://www.uvm.edu/medicine/nipn/?Page=resource.html#Measures)
Integration: Linking systems

- In the works:
  - Tools & resources and support to help develop partnerships on AYA health care initiatives.
Improving **Equity** in Health and Health Care for AYAs

- **In the works:**
  - National report with measures for monitoring unequal treatment
  - Compendium for health professionals on social determinants on the health of AYA
  - Best practices for engaging AYAs in local communities undergoing system transformation
Accountability: Measuring State Progress and Outcomes

• Overview of national data sets with AYA health care access and utilization data

• Comparing of rates of preventive services across national surveys (2015)

• Tools and technical support to states for developing evidence-informed strategy measures (in the works)
We’re listening!

- **Contact us!** Use the comment box, contact information (end of presentation) or evaluation
- **Let us know**
  - Do these tools sound helpful?
  - What else do you need?
1. Improve **access & uptake** of preventive services

2. Improve the **quality** of preventive services

3. Improve **state/systems-level policies & practices** to assure access to high-quality preventive services

DRAFT as of Nov. 2015
1 Improve access & uptake of preventive services

• Improve outreach and enrollment for insurance
• Improve education/marketing about the value of the preventive visit
• Collaborate with public and private clinical delivery systems
• Leverage opportunities during clinical encounters (e.g. acute/illness visits, sports physicals, contraceptive counseling)
2 Improve the quality of preventive services

- Train providers & staff to strengthen capacity to provide AYA-centered care
- Strengthen clinic policies & practices to support AYA-centered care
- Leverage categorical health care services to include well care (e.g., sports physicals, immunizations, family planning)
3 Improve state/systems-level policies & practices

- Strengthen & link AYA care to other systems
- Strengthen confidentiality policies
- Assure compliance with the EPSDT program
- Adopt and promote ACA-supported Guidelines (Bright Futures, USPSTF, HRSA Women’s Guidelines)
- Strengthen policies to leverage existing AYA services for well care
- Address policies and practices for preventive services for the most vulnerable, e.g. those in foster care & juvenile justice systems
Potential Cross-Cutting Practices

- Partner with young people and their families
- Address youth health literacy
- Use public-private partnerships with key organizations
- Engage other important stakeholders (e.g., healthcare professionals, youth-serving organizations)
- Focus on achieving health and health care equity
Lessons Learned From States

Increasing Coverage & Preventive Visits for Adolescents and Young Adults (AYAs)

Claire D. Brindis, DrPH
Co-Project Director, AYAH-NRC
University of California, San Francisco

December 7, 2015
Methods

1. Calculated Insurance and Preventive Visit Rates
   - **Data Sources:** National Survey of Children’s Health & Behavioral Risk Factors Surveillance System
     - Pre- and post- ACA rates of *insurance coverage*
     - Pre- and post- ACA rates of *preventive visits*
     - Pre- and post- ACA *change rates*

2. Final Selection of States
   - Selection of top-performers ensured broad geographic and demographic representation
   - California, Colorado, Illinois, Iowa, Oregon, Texas, and Vermont

3. Interviewees
   - 25 MCH stakeholders (e.g., Title V Directors, Adolescent Health Coordinators, Youth Advocacy Organizations)
Major Themes: Outreach & Enrollment

Use of Community Agencies and Networks

Focus on Special Populations

Youth Engagement
In 2006, *Department of Public Health & Department of Human Services* collaborated to increase enrollment and retention in Medicaid and *hawk-i*.

- Contract with 22 local Title V MCH agencies to serve all 99 counties

In 2011, *Department of Public Health* awarded CHIPRA grant to engage uninsured adolescents and their families.

- Statewide outreach through youth athletics, after-school programs, and youth employment agencies.

**Results**: By 2014, 36,000 kids were enrolled in *hawk-i* (69% increase since 2006).

*Source: Iowa Department of Human Services, 2014; Askelson et al., 2013.*
Community Agencies

ILLINOIS

• In 2005, Healthcare and Family Services utilized All Kids Application Agents (AKAAs) to enroll uninsured children
  - Community-based organizations (e.g., faith-based, day care centers, and school districts) enrolled as AKAAs

• In 2006, AKAAs conducted over 275 enrollment events in supermarkets, malls, schools, etc.

• Results: 1.6 million children are enrolled in All Kids (33% increase since 2005)

Source: All Kids Preliminary Report, 2008; About All Kids, 2015.
Community Agencies
TEXAS - Enroll Gulf Coast

• Began in 2013 to coordinate, network and streamline efforts to efficiently and effectively engage eligible population of Greater Harris County

• Comprised of 21 organizations (e.g., Change Happens, Children’s Defense Fund, and Young Invincibles)
  - Internal committees include: Intelligence, operations, and logistics

• Results: 190,000 Houstonians were enrolled in the first open enrollment period (Oct. 1, 2013 - March 31, 2014)

Source: Atkinson-Travis, 2014.
Major Themes: Outreach & Enrollment

Use of Community Agencies and Networks

Focus on Special Populations

Youth Engagement
Special Populations

- Categorization of adolescent sub-populations
  
  - Demographically-defined
    - Racial/ethnic groups
    - Immigrant
  
  - Legally-defined
    - Foster care
    - Incarcerated
  
  - Other Youth Populations
    - Homeless

Source: Knopf et al., 2007.
Special Populations
Racial/Ethnic

- Six states focused on Hispanic/Latino, mixed-status, and undocumented youth
  - *Oregon Health Authority* designated state employees to directly oversee and coordinate outreach events (e.g., 3-day soccer tournament)
  - Texas’ *Enroll Gulf Coast* partnered with Univision to hold enrollment telethon
  - Boulder County (CO) co-located Health Coverage Guides every two weeks at a Spanish family resource center
Special Populations
Former Foster Youth

• Children Now, a California non-profit, spearheaded CoveredTil26 campaign
  - Informational flyers
  - Social media campaigns
  - Direct outreach
  - County contact list of individuals who would help navigate enrollment in Medicaid (Medi-Cal)
  - Toolkit with sample language and resources for outreach to Former Foster Youth
Major Themes: Outreach & Enrollment

Use of Community Agencies and Networks

Focus on Special Populations

✔ Youth Engagement
Youth Engagement

• **State-level Policy:**
  - *Youth Partnership for Health* (CO): Public health department employs youth to provide feedback and recommendations on programs, practices, and policies

• **State-level Media:**
  - *Oregon Health Authority*: Youth advisory group created “one of the most successful” teen-friendly flyers

• **Local-level Outreach:**
  - *Beacon Therapeutic* (IL): Peer advocates that lived in homeless shelters and assisted in recruiting homeless AYAs
Health coverage for Oregon teens like you!

Healthy Kids will pay or help pay for the bill when you go to the doctor, dentist, or school based health center. Healthy Kids provides no-cost or low-cost coverage for Oregon teens up to age 19 and covers the health care you need like medical, dental, vision, and mental health including chemical dependency and addiction.

It doesn't cost anything to apply so check out Healthy Kids today!

1-877-314-5678
www.OregonHealthyKids.gov
(OMA 09/11)

Source: Oregon Health Authority, 2011.
Major Themes: Preventive Care Visits

Commitment to Bright Futures Guidelines

Focus on Medical Homes

Capacity-Building
Commitment to Bright Futures Guidelines

• Vermont, 2008:
  ➢ State’s Medicaid program adopted Bright Futures as standard of care
  ➢ AAP Chapter organized ‘roadshows’ to educate providers about Bright Futures

• Illinois, 2011:
  ➢ State’s Medicaid program adopted Bright Futures as standard of care

• Colorado, 2014:
  ➢ State’s EPSDT program adopted Bright Futures’ Periodicity Schedule.

Source: States & Communities, 2015; EPSDT, 2015.
Major Themes: Preventive Care Visits

Commitment to Bright Futures
Guidelines

Focus on Medical Homes

Capacity-Building
Focus on Medical Homes
Colorado

• Medical Home Initiative, 2001
  - Goal to ensure all children receive care within a medical home
  - Brings together over 40 representatives from government agencies, health providers, NGOs, and policy-makers

• Legislation in 2007 established medical homes for children in Medicaid

• *Results*: By 2012, 45% of children in Medicaid/CHIP had a medical home compared to 41% in 2007

Focus on Medical Homes
Illinois

• Primary Care Case Management Program, 2006
  - Founded on the medical home concept called Illinois Health Connect

• SMART Act, 2012
  - Required 50% of Medicaid recipients be enrolled in care coordination by 2015

• Results: By 2012, 29% of children in Medicaid/CHIP had a medical home compared to 20% in 2007

Major Themes: Preventive Care Visits

Commitment to Bright Futures
Guidelines

Focus on Medical Homes

Capacity-Building
Capacity-Building Vermont

• **Youth Health Improvement Initiative**
  - Started in 2001 to support pediatric and family practices to improve preventive services delivery for youth ages 8-18
  - *Results*: 69 practices have been assisted in improving the quality of health care they provide

• **Child Health Advances Measured in Practice**
  - Started in 2012 to increase the efficiency, economy, and quality of care provided to Medicaid-eligible children and families
  - *Results*: 40 practices (95% pediatric) have participated in annual QI projects

*Source: YHII, 2015*
Capacity-Building
Oregon Pediatric Society

• Adolescent Health Project
  - **Purpose**: Increase universal screening, brief interventions, and referral to treatment for depression and substance use within the context of an adolescent well-visit
  - Trained 173 PCPs and clinic staff between March and November 2014
  - **Results**: By October 2014, enrolled practices reported improvements on a number of systems related to confidentiality, privacy, screening and QI capacity

Achieving NPM #10/ Increasing Preventive Visit Rates for Adolescents: Where Can States Make a Difference?
For more information

Visit the Center’s main website
http://nahic.ucsf.edu/resources/resource_center/

Contact us:
Jane Park, UCSF, 415-269-4272  
jane.park@ucsf.edu

Iliana White, AMCHP, 202-266-5252  
iwhite@amchp.org
Poll

• Do you think you can apply any of the strategies or resources presented to your state action plans?
  – Yes
  – No
  – Unsure
Q&A

• Mute your line by using the mute function on your phone or by using *6 to mute/un-mute
• **Raise your hand.** Using the icon at the top of your screen (example shown right)
• You can type your questions into the chat box (shown right)
AMCHP Innovation Station

- Online searchable database of cutting edge, emerging, promising, and best practices in MCH
  - New features and search functions!
- One-stop shop → Learn, Act, Share and Request Technical Assistance
Webinar Evaluation

Please take a few moments to provide feedback:

https://www.surveymonkey.com/r/CP5FCXQ
Thank you!