

Establishing a Child Health Improvement Partnership: A How-to Guide



Second Edition

October 2009

“Many people talk about the quality of child health care, but few do anything about it. Improvement Partnerships are the exception. They are designed to fill the need for leadership and action. Where IPs exist, state policy makers, public health agencies, health care leaders, and payers have somewhere to turn to make high quality health care for children a reality.

The Vermont Child Health Improvement Partnership (VCHIP), the prototype IP, has assumed responsibility for building a nationwide network of quality improvement organizations for child health care. Through this Guide, VCHIP staff and their colleagues across the country share what they have learned in order to help others build better systems of care for children and youth. It is an important contribution and a valuable resource.”

Ed Schor, MD, Vice President
The Commonwealth Fund

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The growing number of Improvement Partnerships (IPs) across the country—and rising interest from others wishing to develop them—has generated a need to gather and disseminate information about this approach to quality improvement. This Guide attempts to capture the existing knowledge base on IP.

First and foremost, it should be noted that The Commonwealth Fund’s leadership and support made this guide possible. In addition, the project team extends sincere appreciation to all those who contributed to this effort, including the IP sites, those interviewed for the guide, Advisory Board members, and those attending an Expert Meeting held to discuss IP lessons learned.

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Improvement Partnership Sponsors

The following organizations played an integral role in creating the Improvement Partnership concept initially, in fostering its development and expansion to other sites, and in developing this Guide.

The **Vermont Child Health Improvement Program (VCHIP)** is a population-based child health services research and quality improvement program of the University of Vermont College of Medicine. VCHIP's mission is to optimize the health of Vermont's children by initiating and supporting measurement-based efforts to enhance private and public child health practice. VCHIP provides an established mechanism for Vermont's clinicians to continually improve the care they offer to children and families throughout Vermont, and supports clinicians in their efforts by providing tested tools and techniques to improve care for specific populations.



The **University of Vermont College of Medicine**, in alliance with Fletcher Allen Health Care, has as its mission to render the most compassionate and effective care possible, to train new generations of caring physicians in every area of medicine, and to advance medical knowledge through research. They serve—and learn from—the community.



The **Commonwealth Fund's** mission is to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.



The **Vermont Department of Health's** vision is to have the nation's premier system of public health, enabling Vermonters to lead healthy lives in healthy communities. The Department of Health is proud to continue a long tradition of public health service and commitment to excellence in maternal and child health services in Vermont. As the State's lead agency for public health policy and advocacy, the Department developed a plan known as Healthy Vermonters 2010 that includes six measurable maternal, infant and child health objectives related to improving pregnancy outcomes. VCHIP is funded in part by the Vermont Department of Health, in collaboration with the Agency of Human Services (AHS) and the Office of Vermont Health Access (OVHA).



PART I – INTRODUCTION

What is an Improvement Partnership?

An Improvement Partnership (IP) is a durable, regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children’s health care.*

Improvement Partnerships are uniquely positioned to advance quality improvement efforts within a designated state or region because they provide an institutional home, staff, and other resources that are dedicated to facilitating quality improvement processes in clinical settings.

Collaborating organizations and individuals may include:

- Practice and hospital-based health care professionals (including pediatricians, physician assistants, nurse practitioners, nurses, family physicians, and obstetricians)
- State government agencies and programs (such as public health department, state Medicaid office)
- Academic institutions
- Professional organizations (such as chapters of the American Academy of Pediatrics [AAP] and the American Academy of Family Physicians [AAFP])
- Insurers and other health care payers
- Policymakers
- Parent organizations
- Other organizations in the region that have an interest in child health (such as community organizations, consumer groups, businesses, and quality improvement organizations)

What Do Improvement Partnerships Do?

Improvement Partnerships Serve as a Convener

As an “honest broker,” for child health care improvement efforts in a state or region, Improvement Partnerships are a neutral organization that links those who provide the health care with those who pay for, regulate, or have a public responsibility for it. With

* Although collaborations have been formed to address many other health care issues, the term “Improvement Partnership,” as used here, refers specifically to those that focus on child health and address a wide array of child health care system concerns.

the rapid and continued rise in health care costs, it is imperative that health care services and all efforts to study and implement new delivery care systems are coordinated and streamlined.

Improvement Partnerships Help Coordinate Child Health Improvement Efforts

Duplications and redundant efforts in the child health care system only contribute to an already overburdened system. Multiple health care organizations, each with their specific mandates and requirements, often work in isolation. They rarely share what works and what doesn't or collaborate on strategies for health care improvement. When evidence of effectiveness exists, rarely is the knowledge shared or spread to other areas.

Improvement Partnerships help coordinate child health improvement efforts in a state or region by assisting with implementation of evidence-informed care while streamlining efforts to reduce duplication and redundancy. Improving the efficiency of the child health care delivery system will allow for synergistic programs that complement one another.

Improvement Partnerships Create Linkages Among Stakeholders

The complexity of the current health care delivery system and the multiple local, state, and national efforts taking place can overwhelm even the most experienced leaders. Improvement Partnerships create linkages among the multiple levels of the health care system levels, such as:

- The patient and community
- Microsystems of care, such as office practices or hospital inpatient units
- Health care organizations
- The health care environment, including policy, financing, and regulation aspects

Improvement Partnerships bring together key players across the health care system that can effect desired changes. This coordination supports quality improvement in the clinical setting and promotes policy changes at the regulatory or state levels to sustain these improvements in care. It has been said that “all improvement is local.” Setting up local expertise in quality improvement allows the work to be tailored to the local environment. Experience with IPs suggest that while this is true, it is also true that local improvements benefit enormously from collaboration and learning at a national perspective. Improvement Partnerships are well positioned to lead improvement efforts on a local level while learning and collaborating nationally.

Improvement Partnerships Provide Institutional “Glue”

The complex and time-consuming task of moving quality improvement forward requires an organizational hub. As a leader from one IP stated, “we try to be the glue that holds all the players together.” Improvement Partnerships play a leadership role by convening key players from across the health care system and facilitating quality improvement processes that advance health care for all children.

We have this network of people knowing each other and knowing who to call. I think my goal would be that [we] could be a broker of some kind between certain groups and a connector. And we could start thinking about a system.

Health care leader from one IP

What Can an Improvement Partnership Do for You?

Improvement Partnerships have proven to be effective vehicles for improving child health care. These durable collaborations engage an array of public and private organizations in the work of advancing health care for children. They support the commitment and creativity of health care professionals and serve as a motivational force for the many individuals and organizations dedicated to improving children's health care. IPs are a resource for the entire state or region.

Improvement Partnerships are a Place to Go for Help

They:

- Serve as a place for quality improvement resources
- Translate national-level knowledge into the local framework
- Focus academic resources on local efforts
- Measure and evaluate new initiatives

Improvement Partnerships Serve as a Neutral Hub, Convener, and Catalyst

They:

- Convene disparate organizations and resources
- Maintain political or operational neutrality
- Identify priority issues in child health and engage partners who can effect change
- Build relationships among health care leaders, including payers, health care professionals, and public health entities
- Coordinate the recruitment of health care practices to participate in quality improvement projects
- Develop a network of health care professionals who are committed to improving the quality of children's health care

Improvement Partnerships are a Laboratory for New Ideas

They:

- Test and pilot new ideas and initiatives

- Draw on local and national expertise from a range of different disciplines to inspire innovative solutions
- Develop tools and practical strategies needed to advance the quality of care
- Provide pediatric providers with quality improvement project opportunities for maintenance of certification (MOC)

Improvement Partnerships Spread the Word and Measure the Results

See **Appendix 1** for a primer on MOC guidelines.

They:

- Bring evidence-based medicine to state government efforts
- Ensure the widespread distribution of existing practical tools and strategies for improving the quality of care delivered to children and families
- Measure improvements in care resulting from quality improvement projects
- Disseminate findings to encourage the spread of successful approaches and to inform public policy

Improvement Partnerships are well positioned to promote outstanding child health care because they create an organizational center for quality improvement and build a critical mass of quality improvement expertise locally. Lessons learned are transferred across multiple quality improvement initiatives to achieve added efficiency and an economy of scale. As IPs publicize their successes, they inform public policymaking and build the will for further change.

See **Appendices 2, 3, and 4** for IP websites and tools, websites of other relevant health organizations and IP publications.

The single most important accomplishment is creating the sense that we can improve health outcomes, and that we can work together to do that. Someone once said that the biggest barrier to change is the belief that change is impossible—because if you believe that, then it is impossible. We help create a culture across different government, university, academia, practitioner, and public health professionals, that you can collaborate and make things better. It'll be tough, but it can definitely be done and we are doing it. So I think that's our biggest accomplishment—having started this cultural shift.

Health care leader from one IP

Improvement Partnerships Across the Nation

The IP concept got its start in Vermont in 1999. The Vermont Child Health Improvement Program's (VCHIP) first effort was directed at preventive services. Two other IPs—Envision

New Mexico and the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)—were established in 2003 and 2005, respectively.

The Commonwealth Fund encouraged the growth of the IP concept by funding VCHIP to work with other states to launch similar efforts. Five IPs were established in 2005 and five in 2007. States are continuing to develop and express interest in forming improvement partnerships. In describing the role of improving children’s health care, Simpson* encourages building “on recent efforts to establish regional improvement partnerships in states that bring together state agencies, private payers, and provider communities.”

Currently, 15 IPs are engaged in a variety of efforts to improve the quality of child health care in their areas and 4 states have expressed interest in pursuing similar initiatives.

States that have established Improvement Partnerships

Arizona	New Mexico	Oregon	Washington
Connecticut	New York	Rhode Island	Washington, DC
Michigan	Ohio	Utah	West Virginia
Minnesota	Oklahoma	Vermont	

States that have expressed interest in initiating an Improvement Partnership

Illinois	Maine	Nebraska
Iowa	Massachusetts	

* Shaw JS, Wasserman RC, Barry S, et al. Statewide Quality Improvement Outreach Improves Preventive Services for Young Children. *Pediatrics*. August 28, 2006 2006;peds.2005-2699.

The following chart provides a quick overview of several IPs. The diversity shown in these few examples illustrates the flexibility of the IP concept and the range of potential partners and emphases.

Selected Improvement Partnerships: A Snapshot (Fall 2008)

	Date Formed	Institutional Home	FY 2009 Budget	Staff Size*	Practice/ Healthcare Professional Involvement	Area of focus
Vermont: VCHIP	1999	Academic Institution – University of Vermont College of Medicine Department of Pediatrics	\$6.25 million	23	34 pediatric practices (90% of PP) 30 family practices (29% of FP); 12 hospitals (100% of VT hospitals with OB services)	Foster Care, ADHD, Preventive Services, Developmental Services, Asthma, Youth, Prenatal Care, Obesity, Chronic Conditions
Utah: UPIQ	2003	Academic Institution – University of Utah School of Medicine Department of Pediatrics	\$210,000	2	269 community providers	Preventive Services, Developmental Services, Medical Home, Oral Health, Maternal Depression, ADHD, Asthma
New Mexico: Envision New Mexico	2004	University of New Mexico School of Medicine Dept of Pediatrics (fiscal agent). Offices co-located with state AAP chapter; reporting to Chair of Pediatrics and Director of Medicaid	More than \$100,000 + Medicaid match (JM interview)	5	Approximately 16 practices; 50 health care professionals	Obesity, Developmental Services, Behavioral Health/Suicide Prevention
District of Columbia: DC-PICHQ	2005	Children’s National Medical Center	\$820,000	3	10 pediatric practices; 2 school-based health centers and >100 health care professionals	Medical Home, Epilepsy, Obesity, Preventive Services
West Virginia: Kidnitiative	2007	West Virginia Chapter of the American Academy of Pediatrics	\$130,000 + in-kind office space for 2 yrs provided by the West Virginia University of Charleston	2	3 pediatric practices; 4 FQHCs; 3 medical schools; 1 resident teaching institution	Developmental Services, Obesity

* Staff size reflects total number of staff members hired (full and part-time) as of Fall 2008, with the acknowledgment that many functions also are carried out by individuals from partner groups who either donate considerable amounts of time or designate a certain amount of their staff members’ time to perform roles that staff will conduct once funding is available to hire them. See Chapter 5 for more on staffing an IP.

Improvement Partnerships Are Already Making a Difference

Improvement Partnerships are using a variety of strategies with health care practices, hospitals, and health care professionals to facilitate quality improvement:

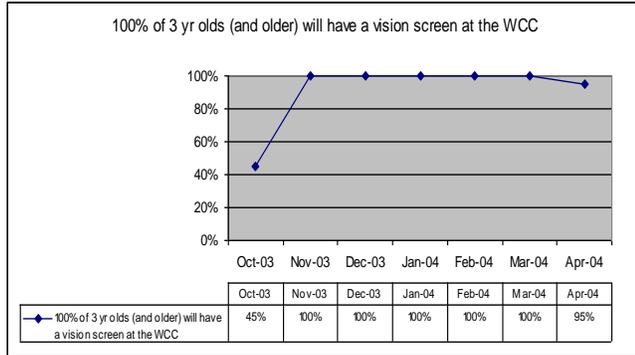
- **Researching evidence-based medicine** to ensure that the latest findings are made available to hospitals and practices
- **Engaging local and national experts** to ensure that health care professionals have access to the latest knowledge and strategies
- **Orchestrating learning opportunities**, such as Breakthrough Series Collaboratives,* customized site visits, and academic detailing or other individualized approaches
- **Providing tools for screening and assessment** along with a carefully selected array of informational resources that reflect advances in evidence-based medicine and best practices for clinical care delivery
- **Working with local health departments to link to community resources**, such as school nurses, mental health counselors, and substance abuse treatment providers so that children and families receive a continuum of care
- **Assisting with office system enhancements** that improve the flow of information, increase efficiency, avoid duplication and miscommunication, and enable best practices to be implemented on a consistent basis
- **Helping to track progress** by developing measures, measurement strategies and tools, and supporting data analysis and feedback
- **Sharing lessons learned and other findings with public health agencies and policymakers** to inform decision-making, enhance services, and target resources

These activities are making a difference in the lives of children, families, and communities, as can be seen in the following IP project examples:

* A Breakthrough Series Collaborative is a short-term (6- to 15-month) learning system that brings together a large number of teams from health care settings to seek improvement in a focused topic area.

Utah

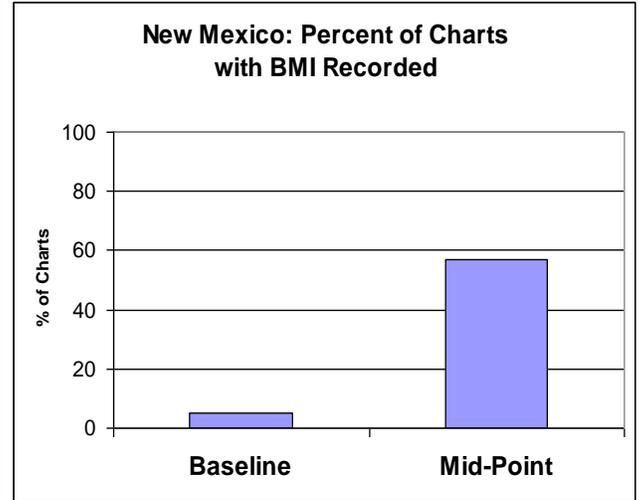
UPIQ's mission is to improve children's health by assisting pediatric and family medicine practices in delivering the highest possible quality care to their infant, children and adolescent patients.



Participating practices made improvements in many preventive services during UPIQ's first Learning Collaborative, including vision screening at Well Child Checks for children age 3 years and older.

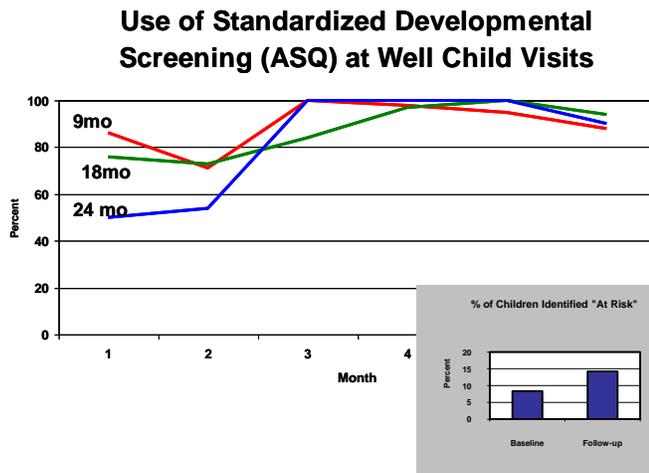
New Mexico

Envision New Mexico is a new pediatric healthcare initiative that aims to improve the quality of care provided to children and youth in New Mexico by helping health care providers change their behavior and practice systems of care in their offices and school-based health centers.



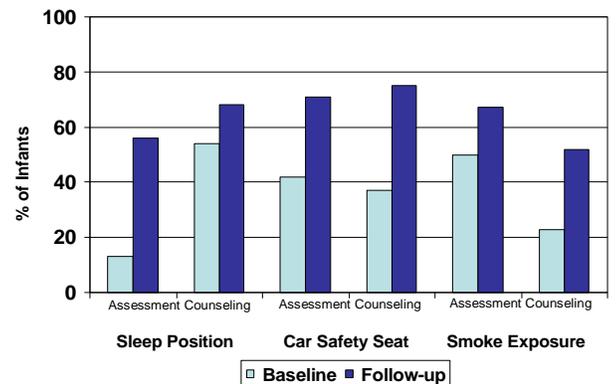
West Virginia

Kidnitiative provides leadership in health quality initiatives in West Virginia by working with clinicians and health care systems to develop, implement, and evaluate improvements in pediatric health care. The aim of the first Kidnitiative project was to implement the AAP recommendations on developmental screening in the primary care setting using a standardized screening tool in 11 pilot sites.



Vermont

The Vermont Hospital Preventive Services Initiative (VHPSI) engaged hospital improvement teams to improve the delivery of preventive services during the birth hospitalization. All 12 Vermont hospitals providing care to newborns and their families participated in VHPSI. Hospitals across the state made dramatic improvement in many areas of preventive care. Assessment and counseling rates for sleep position, car safety seat fit, and smoke exposure increased significantly.



Participating hospitals made improvements in many areas of caring for newborns. Among these were increases in assessment and counseling for sleep position, car safety seat fit and exposure to tobacco smoke.

(Under "Effectiveness", "Reaching Newborns" at Risk, VHPSI)

About this Guide

The growing number of IPs across the country—and rising interest from others wishing to develop IPs—has prompted an effort to gather and disseminate information about this approach. With support from The Commonwealth Fund, VCHIP conducted interviews with child health innovators who have been involved in developing IPs.

Documenting Lessons Learned in Nine States

Thirteen key informants from nine states were asked to share their perspectives on the challenges and benefits associated with the Improvement Partnership approach, as well as the strategies used to develop their own program. Interviewees included pediatric faculty, practicing pediatricians serving as leaders of local AAP chapters, Medicaid directors, and the executive director of an AAP chapter.

The interviews generally lasted about one hour, though a few ran for 90 minutes or more. Most of the interviews were conducted by telephone. All were tape recorded and transcribed to ensure that the resulting information was thoroughly documented. The interview transcripts were coded and a list of preliminary themes was developed. Preliminary findings from the analysis were presented at an Expert Meeting held at The Commonwealth Fund in June of 2005.

Material from the interviews has been integrated with additional information drawn from IPs in Vermont, North Carolina, Utah, and New Mexico, along with resources developed by national organizations, such as the National Initiative for Children’s Healthcare Quality and the Institute for Healthcare Improvement. This Guide presents major findings and lessons learned from all these sources.

Goal and Intended Audience

In response to the “how to” questions that many states have asked, this Guide attempts to share the best thinking and knowledge about what existing Improvement Partnerships have been able to accomplish. The Guide is designed for any state with an existing IP, regardless of the stage of development, or for any state contemplating setting up an IP. It is a work in progress and will be enhanced as the 13 sites participating in the “Fostering State and Regional Improvement Partnerships” project share their experiences and lessons learned. This project is sponsored by The Commonwealth Fund.

Finding Your Way Around the Guide

The Guide’s Introduction has defined an Improvement Partnership, described various models for IPs, and discussed the major benefits of IPs. The remaining chapters outline the necessary strategies for developing and implementing an IP and highlight success stories drawn from the interviews conducted with child health innovators from across the

country. The Guide also offers an array of tips and tools useful in developing an IP, including:

- Prompting questions to help guide planning discussions
- Worksheets designed to inform decision-making processes
- Checklists that outline the components of fundamental tasks
- Examples and lessons learned from IPs in several states
- Sample documents such as budgets and job descriptions for key staff positions that users can adapt for their needs
- Selected references that provide further information on key topics

PART II – ESTABLISHING AN IMPROVEMENT PARTNERSHIP

Improvement Partnerships can begin in many ways. In some cases, they gradually evolve in response to a shared need or vision. In other cases, they are created purposefully. Usually, an IP begins with the passion of a single individual or a group of people who want to improve child health care in their state or region.

Establishing an IP involves several major types of activities. Each is described in its own chapter in Part II of the Guide:

- Create a Plan
- Reach Out to Partners
- Establish an Institutional Home
- Develop an Identity for Your Improvement Partnership
- Hire a Director and Staff
- Obtain Financial Support and Develop Project Budgets
- Form an Advisory Group

Although the following chapters describe activities in terms of discrete tasks, it's important to note that establishing an IP does not always proceed in a straightforward, linear fashion. Some steps or activities can occur simultaneously; others may be repeated several times. A successful IP is built on a repetitive cycle with feedback leading to refinement and improvement. Although the ultimate goal of setting up a program that addresses child health improvement is common across IPs, the path to establishing such a program can, and does, vary.

Chapter 1. Create a Plan

The success of many endeavors depends on the thought and planning that goes into them before any action is taken. The same is true for establishing an IP. Before you act to create an IP, it's a good idea to first do some thinking and planning:

- **Analyze your situation.** Think about your region or state, the child health issues you face, existing child health improvement projects and initiatives, and the political and health care climate.
- **Identify potential partners.** Consider the other organizations or individuals you might want to work with and why. Also identify organizations that may feel threatened by an IP or that may be competing for the same funding or supporters.
- **Plan for the practicalities.** Consider issues such as finding an institutional home, hiring a director and staff, obtaining funding, and forming an advisory group.

Analyze Your Situation

Having a clear understanding of your region and the various issues faced by those in your area who are involved in child health is essential to a successful IP. The following questions are designed to prompt reflection and discussion among the lead individuals who are working to form an IP. They will help you identify the unique strengths, opportunities, and challenges in your region. They'll also show you where your knowledge may be limited. Knowing the information gaps will help you plan if you choose to conduct information-gathering activities.

Consider disseminating the following questions to members of your group. Then come together to discuss and document the collective thinking that emerges. It is important to determine the geographic scope of the region (typically a state or county) that your group will consider when responding to these questions.

An Improvement Partnership Situation Analysis

1. What are the basic **demographics** of your region?
2. Who are the **key players**—organizations and individuals—involved in health care issues for children?
3. What are the central **child health issues** in the region?
4. What roles do various **organizations** play with regard to these issues? Historical involvement may differ from their capacity in the future. What could be the future roles? Does the organization currently have the resources to participate?
5. What is the **history of collaboration** among the potential partner organizations?
6. What are the **current relationships** like among the potential partners, particularly regarding levels of cooperation or perceived competition? Where do Medicaid and the Department of Health sit within state government?

7. What is the **history of quality improvement** in the region? What quality improvement initiatives have been carried out in the past, and what is currently underway?
8. In what ways is the current **political climate** in your region likely to hinder or support quality improvement and the formation of an IP?
9. Do **state mandates** for quality improvement exist?
10. How stable is the **health care market** in the region? What is the practice environment and how squeezed are practices feeling?
11. To what degree is primary care delivered in the **private and public sectors**?
12. Based on your responses to the questions above, what are the **unique strengths and opportunities** that could be tapped to help build an IP in your region?
13. Based on your responses to the questions above, what is the appropriate **geographic scope** for your IP, at least initially?

Table 1 shows a completed IP Situation Analysis. This information reflects the conditions that existed in Vermont at the outset of their IP effort and summarizes the initial leaders' understanding of local conditions. Use this model to create your own IP Situation Analysis using **Worksheet 1.1** at the end of this chapter.

Find **Worksheet 1.1. An IP Situation Analysis**, on p.21.

Table 1.1 Vermont's IP Situation Analysis

Demographics	<ul style="list-style-type: none"> • One of the most rural states in the US • 2000 population: 608,827 • Homogeneous population is 98% white/non-Latino • Over 95% of child population covered by some form of insurance • Private primary care health care professionals accept all Medicaid patients
Key players	<ul style="list-style-type: none"> • A single public medical school in the state • A single state health department with regional offices • Small number of insurers • Existing quality improvement organization, with adult focus • Cohesive and active American Academy of Pediatrics state chapter
Child health issues	<ul style="list-style-type: none"> • Pediatricians, family physicians, and public health officials have agreed on a single menu of preventive services for children
Organizations	<ul style="list-style-type: none"> • University of Vermont • Vermont Department of Health • Office of Vermont Health Access (Medicaid) • Fletcher Allen Health Care (tertiary care medical center) • Vermont Program for Quality in Health Care • Professional organizations (AAP, AAFP)
History of collaboration	<ul style="list-style-type: none"> • History of strong collaboration between the public health and private sectors • Pediatric community is on good terms with state health department and has regular communications with Medicaid

Current relationships	<ul style="list-style-type: none"> Relationships are particularly strong between pediatric community and department of health Medicaid and Health Department separate in umbrella agency. Health Department responsible for EPSDT
History of Quality Improvement	<ul style="list-style-type: none"> Several members of University of Vermont pediatrics department have extensive quality improvement background and experience
Political climate	<ul style="list-style-type: none"> Generally child-friendly and supportive of private sector care of vulnerable populations Existing culture of quality improvement started in 1990s with Vermont Program for Quality in Health Care
State mandates	<ul style="list-style-type: none"> Managed care health insurance companies are mandated to do annual quality improvement projects
Health care market	<ul style="list-style-type: none"> Nearly all children are insured (with more than 35% on Medicaid) (Medicaid eligibility set at 300% Federal poverty level)
Private versus public care delivery	<ul style="list-style-type: none"> Health care takes place almost entirely in the private sector All MDs see children on Medicaid
Unique strengths and opportunities	<ul style="list-style-type: none"> Small size makes communication easier History of collaboration between public and private sectors can be built upon Strength of AAP chapter provides a network for innovation spread Strong public health interest in prevention and children
Geographic scope	<ul style="list-style-type: none"> Statewide

Each state or region that embarks on the process of establishing an IP encounters a unique set of opportunities and challenges. Local conditions affect how the IP can function and the reach of its efforts. Larger states, as defined by population, number of health care practices, and geography, face different challenges than smaller states. As you answer the Situation Analysis questions, you may want spend extra time considering the following issues, which are particularly affected by local conditions.

Size and Geography

Improvement Partnerships benefit, at least initially, from face-to-face communication among the various organizations and stakeholders. In the initial period, establishing these connections and fostering good working relationships is important to getting the IP started. Small states have the added benefit of ease of travel between sites and fewer numbers of people and groups to convene. Often small states have a central location that is used regularly for meetings or have existing meetings on which to build. Without the added burden of extensive travel, small states may find it easier to bring together people to help in building the Improvement Partnership.

Large states face the challenge of deciding upon one statewide IP or starting within a region or other geographically defined area. The burden of travel can be offset with interactive technology (conference calls, web, interactive TV), but generally these

mechanisms work best once a relationship is established and the work to be accomplished is defined and agreed upon.

Relationships and Communication Among Partner Organizations

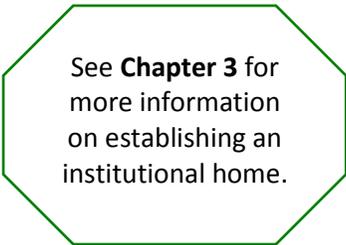
Familiarity among the leaders of partner organizations often varies locally. Individuals may have collaborated before or be connected in some way. Established relationships or existing communication channels between organizations often make it easier to take the initial steps in starting up an IP. In contrast, some regions may have organizations isolated geographically, without established lines of communication, or in head-to-head competition. Each may have established its own mission and goals without regard to other organizations. Organizations and individuals may not have had the chance, or may have made explicit decisions, not to come together and share their work.

An IP may be one way to facilitate communication and provide the opportunity for sharing and learning from one another. It also may provide the opportunity to streamline or reduce redundancies and duplication of efforts. Introducing the IP concept may provide a way for those who are active or with an interest in child health improvement to come together to coordinate and leverage their endeavors

Roles that Partner Organizations Will Fulfill

Partner organizations play different roles in establishing and maintaining an Improvement Partnership. Determining which organization will serve as the IP's institutional home is a key decision. For example, some states have had success housing the IP at an academic medical center, which often is viewed as a neutral organization with the fiscal and administrative infrastructure necessary for running the IP. The organization that serves as the institutional home must be able to serve as a bridge between those that deliver the care (health care professionals, hospitals) and those that underwrite and oversee the care (government, insurers, regulators).

Other key roles for partner organizations include recruitment of health care professionals into improvement efforts, provision of quality improvement, research, and medical content expertise, identification or provision of resources or matching funds, and political advocacy. The IP does not need to assume all these roles by itself, but must be able to bring together and coordinate the organizations and individuals that will fill these roles.



See **Chapter 3** for more information on establishing an institutional home.

There is no one right answer or one single way to set up an IP to ensure its success. Local factors, such as competition between partner organizations, will be a factor in the assignment of different roles. Improvement Partnerships may have difficulty engaging those institutions in discussions about a collaborative endeavor. In particular, the need to identify an institutional home is likely to raise questions and concerns about the “ownership” of the IP. Nevertheless, partner organizations often are able to resolve

contentious issues of this sort by focusing on the overarching goal of improving child health within the region or state.

Number of Health Care Professionals and Practices

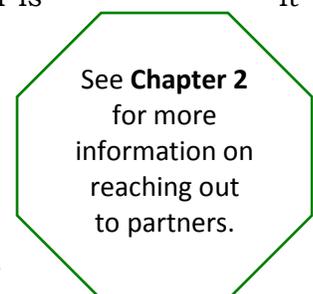
States and regions with fewer health care professionals and practices may have cohesive provider groups, which can facilitate recruitment for quality improvement initiatives. Improvement Partnerships in such states also have the advantage of being able to reach a greater percentage of health care professionals and practices with their quality improvement initiatives by the fewer number of partners they coordinate.

However, states and regions with larger numbers of health care professionals and practices will have a greater opportunity to succeed in multiple quality improvement endeavors without overextending individual providers and practices. Practices and professionals in these states and regions can work on discrete improvements with a better focus.

Identify Potential Partners

Potential partner groups are organizations that are active in child health in your state or region and that may have a role in improving the quality of care. As you reach out to representatives from potential partner groups, it is important to consider what they “bring to the table.” Table 1.2 lists potential partners, their primary interests and the potential contributions which each group could make to an IP. Helping potential partners understand what they can contribute and how their interests will be served is essential for engaging them in the effort.

Table 1.2 is by no means a complete list of the potential partners, nor is it intended to imply that all these partners must be involved in your Improvement Partnership. When starting out, it is important to consider who you will bring together. Most IPs find it easier to start small with a core group of partners. Deciding whom to include as part of the initial core group depends upon many factors, including the direction you want to take, the priorities in the state, and the availability of potential partners. Also consider how you want to deal with the “competition”—other organizations in your area that are involved in child health efforts. Some of these groups may be eager to work with you; others may pose a challenge to your efforts.



Parents should be involved as partners. In many IPs, parents have been included from the beginning. However, parents often are the hardest partners to support, because unless you include a parent who is employed by a participating organization, an individual parent will most likely not be funded to participate. Participating organizations can send a representative who is paid by that organization, but the IP may need to find funding to support broad parent participation.

Your answers from your Situation Analysis, the information from Table 1.2, and your knowledge of your state or region should help you identify potential partners in your area. Use **Worksheet 1.2** at the end of this chapter to create your list of potential partners, their main interests, and the contributions they could make to an IP.

Find **Worksheet 1.2. Potential Partners, Interests, and Contributions**, on p.22.

Table 1.2 Potential Partners, Interests, and Contributions

Potential Partners	Primary Interests	Key Contributions
Health Care Professionals	<ul style="list-style-type: none"> • Improve care delivery • Access tools, materials, curricula, methodologies for improving care • Partner with community resources to coordinate care and reduce duplication 	<ul style="list-style-type: none"> • Provide access to practice settings • Identify areas for improvement • Are willing to engage members of their practice in QI efforts
State, County, and Municipal Government (MCH, Medicaid)	<ul style="list-style-type: none"> • Improve health outcomes for citizens • Account for the value received for public funds • Focus on underserved populations • Coordinate community services • Increase interaction with health care professionals • Partner with health care professionals to improve the health care system • Access technical assistance for QI efforts • Inform state policy 	<ul style="list-style-type: none"> • Identify priority areas for QI efforts • Provide findings from analyses of state and local data • Participate in various QI efforts • Listen to the perspectives of health care professionals and other stakeholders • Support access to Medicaid funding • Coordinate links with local health departments and community resources • Identification of opportunities to inform state policy
Academic Institutions	<ul style="list-style-type: none"> • Conduct research and contribute to the existing knowledge base • Transfer research into practice • Educate students preparing to enter health care professions • Train Skilled Medical Professionals 	<ul style="list-style-type: none"> • Provide expertise in research, measurement and evaluation • Provide access to content experts who inform QI projects • Staff QI projects • Facilitate meetings • Develop curricula • Package and disseminate tools and materials that support best practices • Disseminate findings from QI efforts

Potential Partners	Primary Interests	Key Contributions
Professional Organizations	<ul style="list-style-type: none"> Educate members about strategies for improving care Support members by accessing technical assistance with QI efforts 	<ul style="list-style-type: none"> Provide leadership and experience in working with health care professionals Connect to health care professionals and practices Provide access to opinion-leaders among health care professionals who embrace and disseminate new approaches Help recruit health care professionals for participation in projects Provide training for Skilled Medical Professionals
Health Insurers	<ul style="list-style-type: none"> Ensure quality care for their members Meet QI mandates Access additional resources to support plan-initiated QI efforts 	<ul style="list-style-type: none"> Involve health care plan leaders who serve as advisors for QI efforts Involve their internal QI team who help carry out state and local improvement efforts Provide findings from analyses of patient care and health outcome data Supply financial resources, including incentives for improvements in care
Legislators and Other Policymakers	<ul style="list-style-type: none"> Improve outcomes for citizens Increase accountability to improve the value received for public funds Streamline & coordinate services provided by various statewide programs 	<ul style="list-style-type: none"> Provide policymaking opportunities Supply financial resources
Parents and Other Consumers	<ul style="list-style-type: none"> Patient-centered care Address specific health care needs 	<ul style="list-style-type: none"> Provide patient and family perspectives on care delivery Identify areas needing improvement

QI = Quality Improvement

Plan for the Practicalities

We’ve already discussed two big tasks in planning your IP: (1) getting a clear sense of the factors in your region that will influence the “why,” “how,” and “what” of your IP, and (2) developing a list of possible partners with whom you want to collaborate. A third big task is thinking about the practicalities involved in setting up and maintaining an IP. Each of these considerations is discussed in greater detail in later chapters.

- **Find an institutional home.** You’ll need to house your IP within some kind of institutional setting, such as an academic medical center, a hospital, or health department. Each setting has strengths and limitations. Chapter 3 has the details.
- **Develop an identity for your IP.** The seed of an IP is often a project that focuses on a specific child health issue. Over time, as new projects and collaborations emerge, the seed becomes an IP program. Improvement Partnerships have distinct “identities,” articulated through mission and vision statements, a focus on one or more child health topic areas, and specific target populations and partner

organizations. Chapter 4 discusses the activities that are instrumental in creating an identity for your IP.

- **Hire a director and staff.** Finding the right person to lead all the efforts involved in establishing and maintaining an IP is, of course, critical. As the IP evolves, additional staff will be necessary to manage the individual projects and guide the overall IP program effort. Chapter 5 provides guidance on this key aspect of establishing an IP.
- **Obtain funding** is an essential part of setting up, sustaining, and growing an IP. This issue is discussed in more detail in Chapter 6.

Chapter 1 Worksheets

1.1 An IP Situation Analysis

1.2 Potential Partners, Interests, and Contributions

Worksheet 1.1 An IP Situation Analysis

Demographics	
Key players	
Child health issues	
Organizations	
History of collaboration	
Current relationships	
History of Quality Improvement	
Political climate	
State mandates	
Health care market	
Private versus public care delivery	
Unique strengths and opportunities	
Geographic scope	

Worksheet 1.2 Potential Partners, Interests, and Contributions

Potential Partners	Primary Interests	Key Contributions
Health Care Professionals		
State, County, and Municipal Government (MCH, Medicaid)		
Academic Institutions		
Professional Organizations		
Health Insurers		
Legislators and Other Policymakers		
Parents and Other Consumers		

Chapter 2. Reach Out to Partners

An Improvement Partnership is all about collaborating with organizations and individuals who share your passion for improving child health care and who are in a position to make things happen to achieve that goal.

Once you have identified possible partners in your planning stage, the next step is to reach out to them and engage them in your IP. This chapter distills the experience of all the existing IPs in presenting 10 key strategies for recruiting and working successfully with partners. The chapter concludes with advice on an issue that's often overlooked—working with the competition.

Ensure Successful Partnerships

Work With People Who Are Enthusiastic About Improvement

Start out with a small group of leaders who have vision and energy and like to work together. Often three to five committed individuals form a core group of leaders who spearhead the effort to develop an IP. Their enthusiasm will help draw others to the effort.

Go with the low-hanging fruit. Work with people who are enthusiastic about making change. Go with people who, when they hear an improvement project described to them, light up and say, "I'd like to try that."

Physician, Washington State

Identify Common Ground

In discussions with potential partners, emphasize shared goals—such as improving child health—and move from the general to the specific to identify mutually beneficial ways to coordinate efforts. For example, in one state, leaders from the AAP Chapter and its Medicaid program shared an interest in improving Medicaid services for children. The AAP Chapter provided Medicaid with access to thoughtful pediatric input, pediatricians gained the capacity to influence Medicaid decision-making, and children's Medicaid services changed for the better.

Many of the physicians feel overworked and undervalued—like they're working up this endless hill that they have very little control over. Here's something you have control over—the systems within your own office. Here's how you can make them better. So I think it gives them a sense of empowerment.

Physician, Washington State

Focus on the Topics that Evoke Passion

Find the compelling topics in your region and seek funding to support quality improvement initiatives on those issues. For instance, obesity and asthma are currently attracting a lot of attention and therefore can help get people involved. Some partners will be much more interested in working on a particular health care topic than in building the partnership as a whole. Engaging them in a project about which they are particularly passionate provides the mechanism for involving them more broadly in the work of the IP. A number of IPs have been able to capitalize on health care issues championed by the governor, a business leader, or other public figures.

The governor's interest in early learning and the Neighborhoods to Neurons Report and the press on that nationally pushed some of the issues. It's always an element of personal passion that starts things off.

Physician, Washington State

Speak to the Needs of Key Stakeholders

When talking to the leaders of area organizations, try to elicit their agendas and tailor the conversation to their needs. For example, one IP leader garnered support from a hospital Chief Financial Officer by demonstrating the potential savings from an asthma initiative based on length-of-stay data. The numbers helped the Chief Financial Officer see how IP-initiated quality improvement efforts could help the hospital. Another IP meets annually with state health leaders (Medicaid, public health) to learn the state's priorities and needs that year so that the IP can align its work to address those needs.

When I talk to people, I know what their agenda is. So when I'm talking to the Chief Financial Officer of the hospital, I show him length-of-stay data. I show him potential savings here. We've used the beds differently. So he likes that.

Physician, Maine

Use Success Stories from Other Regions to Promote the Idea

Relay the accomplishments of existing IPs to potential partners to give a concrete picture of potential benefits. Several states found it helpful to arrange for leaders from established IPs to visit and spend time meeting with key leaders and professional organizations in the region. During such visits, seasoned IP leaders shared their experiences, fielded questions, and helped identify the common ground among potential partners in a new IP effort.

When we were first hatching the idea and trying to sell it to other people, I talked to the AAP Chapter President and said, "Wouldn't it be cool if we could do this here?"

Physician, Vermont

The site visits were really instrumental in helping us get the whole thing off the ground. The Improvement Partnership leaders came out here and held our hands in terms of how to bring people together and who we should have at the table. They spoke to our Pediatric Society and got them really jazzed. That was a powerful thing.

Physician, New Mexico

Get Buy-In From Opinion Leaders Early

Seek out child health opinion leaders and involve them early in discussing the vision for the IP, so they are fully informed and well-positioned to lend their support. Developing relationships with these individuals provides a solid base of support. For example, many IPs found that the involvement and endorsement of AAP Chapter Presidents (current, past, or President-elect) drew others to the effort.

“When VCHIP was just an idea, the faculty from the university approached me and asked what I thought. As a public health leader I’m always looking for opportunities to connect with the providers. Because of this partnership, I now have a group to go to for help with public health issues pertaining to children. They provide me with solutions, the latest guidance and ways to measure the child health initiatives in the state. I am able to support them with small grant funding and also with larger funds through the Medicaid match on the work they are doing to support the Medicaid population.”

Public Health Director, Vermont

Offer to Help Others Already Working to Address a Problem

Reach out to people who are working on a particular health care issue, acknowledge their efforts, and offer your assistance. For example, some IPs have been able to help state agencies by developing measures, measurement strategies, tools, and analysis and feedback. Other IPs research evidence-based medicine to ensure that the latest findings are available to health care providers.

We talk to people who are passionate about an issue and say, “You guys are doing a great job. What can we do to help you?”

Physician, Maine

Tap into Existing Networks

Work with existing entities, such as the AAP Chapter or Medical Home Leadership Network, to spread the word about the IP and its quality improvement initiatives. This strategy saves the IP the early job of having to develop its own mechanisms for communicating with individuals throughout the region. Request time on meeting agendas

to present information to the group and inquire about posting key pieces of information on organizations' web sites or Listservs.

Use existing organizations to help spread what you're trying to do. Everett Rogers wrote about this in the Diffusion of Innovations. Innovation spreads through a preexisting communications network.

Physician

Ask Key Stakeholders For Their Perspectives

Meetings of stakeholders provide an opportunity to listen to issues and seek stakeholder perspectives on the idea of an IP. Attend selected meetings throughout the state or region that provide opportunities to listen to the issues and ask various stakeholders for their perspectives on improving children's health care in the region. Their experiences and suggestions will greatly inform the development of the IP. In addition, individual meetings with child health leaders, such as the commissioners of health, mental health, human services, and education will broaden your personal connections and highlight your enthusiasm and expertise in the effort.

Share Ownership and Credit

Acknowledge the contributions of various individuals and organizations. Ensure that written and verbal communications adequately credit all involved. Although certain leaders of the IP effort are likely to receive much of the recognition, continually reinforce the notion that a partnership—by definition—works only when it receives support from an array of partners.

When I hear someone from Medicaid or Public Health presenting "our" results from an Improvement Partnership project and saying here is what "we" did, I'm delighted. I view it as a big "WE." In fact, I gladly provide the data so they can present them as what they have done for children in our state. Isn't that the point? As long we are improving the health care for children, does it really matter who is presenting the results or claiming ownership?

Improvement Partnership Director

We have an asthma program. If there's a problem with it, people come talk to me. If there's something great about it, I share the glory with everybody and I'm proud of it.

Physician, Maine

Work with the Competition

Improvement Partnerships are likely to encounter concern that they might compete with other entities in the state. Leaders working to set up an IP need to consider which organizations may feel threatened, particularly those that are already involved in efforts to improve the quality of children's health care. For example, leaders in one state recognized that a local research and evaluation center might feel that the IP was encroaching on their territory.

Improvement Partnership efforts in other states have recognized that they need to make clear that they are not trying to take over any of the important work being done by the Medicaid office and the Department of Health. They have used the following 12 strategies to effectively address concerns about potential competition:

- Reach out early to those who may feel threatened. Share your plans to develop an IP and ask for their suggestions on how to best improve the quality of children's health care.
- Express your desire to collaborate. Solicit ideas about how best to work together. Recognize that competition often leads to bringing the best products to market. Anticipate future competition, and align your work to be synergistic with other child health programs in your state or region.
- Acknowledge and appreciate the expertise that others may contribute to the effort.
- Identify ways in which the IP could serve as a resource that helps advance the interests of affiliated organizations. For example, an IP may enable all involved to develop greater expertise in quality improvement methodologies.
- Articulate the goal of bringing additional resources into the state rather than merely competing for existing sources of funding. When developing grant proposals, design the budgets to support staff in related organizations that could play important roles in the joint project.
- Work closely with statewide health care professional groups, such as AAP and AAFP chapters. Their members are part of competing health care institutions in the region, thus demonstrating the IP's commitment to serve all stakeholders in the region. These professional organizations can help to overcome resistance in the practices by promoting the IP, featuring the work of the IP at their regional meetings and providing their members a forum to discuss how to participate in such efforts while running a busy practice.
- Get Medicaid and other insurers involved early on to demonstrate the interest and support of payers.

- Create an Advisory Board and invite partner organization representatives to serve on it.
- Share all that you do and let everyone take credit. Make available presentation materials, including outcome data, for all partners to use when presenting to their own groups, or at local or national meetings.
- Ensure that all partner group contributions are recognized in all of the IP's communications. Include their logos in print and electronic materials to increase the visibility of their contributions.
- Feature some successes that occur at institutions and practice networks not affiliated with the IP's institutional home, particularly during early quality improvement initiatives.
- Consider initiating the IP in an area of the state or region where competition among major institutions is less. Then, build on early successes to help expand the geographic scope and attract additional partners.

Chapter 3. Establish an Institutional Home

Improvement Partnerships often are housed within a state entity, such as an academic medical center or public health agency. Or they can be housed in another type of organization with broad reach throughout the region. An AAP chapter, children’s hospital, or local health department, are examples of this latter kind of institutional home.

Establishing an institutional home involves a number of decisions, one of the most important of which is determining the type of institution in which to base your IP. You’ll also need to consider financial, leadership, and staffing factors in choosing an IP home and establishing yourself there. This chapter takes you through some of the common steps and considerations involved in this activity.

Consider the Strengths and Limitations of Potential Institutional Homes

Any type of institutional home has strengths and limitations. You’ll need to consider these carefully because you’ll want a home that not only meets your practical needs but that matches your mission and values as well.

The following table outlines the strengths and limitations that various entities may present were they to serve as the institutional home.

Table 3.1 Possible Institutional Homes: Strengths and Limitations

Institutional Home	Strengths	Limitations	Comments
University Department	<ul style="list-style-type: none"> • Expertise in grant writing, health services research, and data analysis • Faculty likely to display entrepreneurship • Existing 501(c)3 status with sponsored programs infrastructure • May have resources to invest in IP 	<ul style="list-style-type: none"> • Existing bureaucracy • High indirect costs may limit the direct costs available for improvement work 	If university is a public entity, then enhanced Medicaid match may be available
AAP Chapter	<ul style="list-style-type: none"> • Existing communications infrastructure for reaching pediatric health care professionals • Optimal chance for buy-in from pediatricians 	<ul style="list-style-type: none"> • Often lack strong administrative infrastructure • Often have little expertise in grant-writing or research • Often have little experience with entrepreneurship 	Potential for political challenges with family physicians

Institutional Home	Strengths	Limitations	Comments
Hospital	<ul style="list-style-type: none"> • If an academic teaching hospital, may offer many of the advantages of a university department (see above) • Good links to pediatric sub-specialists who care for children with chronic problems • Existing 501(c)3 status with sponsored programs infrastructure • May have resources to invest in IP • May have added capacity to raise funds from individuals and foundations 	<ul style="list-style-type: none"> • May not have good links to primary care health care professionals • May not have interest in primary care topics • Affiliation with one hospital may be threatening to other partners 	If it is the only (or primary) hospital serving children in the region, political limitations may be more easily overcome
Health Department	<ul style="list-style-type: none"> • Has strong interest in improving the health of the population • Usually focused on outcomes • May have resources to invest in IP • Has resources in epidemiologic research and data analysis • Has special access to funds from federal sources • May be the home of the region's Medicaid program 	<ul style="list-style-type: none"> • Political change (e.g., new governor or mayor) can cause upheaval in department priorities • Often experience hiring freezes in times of fiscal stress • Usually have weak connections to the provider/practitioner community • Bureaucratic processes and conflicts within state or local government can cause programmatic paralysis 	Structure of public health varies from region to region. In some areas, one health department serves entire region or state, and in others, public health is fragmented into state and local departments

Select a Supportive Institutional Home

Once you have decided what type of institution best fits the needs of your IP, you'll need to select the specific place that will house the program. One of the most important factors in making this selection is ensuring that your IP has support from the leadership of the institution. Consider the following questions:

- Does the mission of your IP fit with the mission of the institution?
- Who from the institution will be responsible for the IP?
- How does the IP fit in his or her programmatic priorities and vision?
- How involved will the institutional leadership be in decision-making and running the IP?

Identify Staff

You'll also need staff to support your IP. Chapter 5 goes into staffing issues in detail, but it also is a factor in determining your institutional home. You may draw some IP staff from the institution and they may initially provide in-kind contributions of their time while being supported by the institution. Eventually, you will need to seek funding to support staff members, but the initial funding may need to come from the institutional home.

See **Chapter 5** for more on funding staff positions and **Chapter 6** for more on obtaining financial support.

Viewed as an investment by the institution, these funds will allow an existing employee of the institutional home to devote part of his or her effort to the IP. In identifying staff and negotiating support for them from the institutional home, consider the following questions:

- Can the institutional home provide staff to support the start-up of the IP?
- If so, how many, what other competing responsibilities will they have?
- How long can they be supported and at what percent effort?

Identify Office Space

You also will need space for offices, meetings, storage, and other purposes. This space could be existing space already occupied by the staff cited above or could also include offices for new staff you plan to hire. Keep any planned expansion or growth in mind. Initially, you may welcome any space, but if space is at a premium you may find yourself continually asking for additional offices, conference rooms, and other work space.

To work through your office space needs, consider the following questions:

- Where is the space located?
- Will the space allow you to grow?
- Is it equipped with phones, computers, office equipment, printing and photocopying resources and supplies, or do you have to provide them?
- Does the space have good proximity to your partners or other collaborators? Some IPs are housed close to public health departments or AAP Chapter offices.

Develop Contracts or Documents for any Agreements You Make

Depending on the type of institution in which you establish your IP and the nature of the agreement you have with respect to staff, space, and other arrangements, you may need to set up a contract or formal agreement with the institution. A contract or memorandum of understanding will likely be necessary if your arrangement involves any transfer of funds

to cover staff support or project work. Answering the following questions will help you determine your needs for a contract or formal agreement:

- Do you need to document on paper any of the arrangements or agreements?
- If so, what will the contract or document cover and for what period of time?

To help you work through all these issues, we've compiled them into Worksheet **3.1 Making Good Decisions about an Institutional Home**. You'll find it at the end of this chapter.

Find **Worksheet 3.1 Making Good Decisions about an Institutional Home**, on p.34.

Improvement Partnerships and Their Institutional Homes

As the table below shows, existing IPs have set up shop in a variety of settings, ranging from AAP chapters to universities to public health facilities.

LOCATION	IP NAME	Institutional Home
Arizona	Best Care for Kids	Arizona Chapter of the American Academy of Pediatrics
District of Columbia	District of Columbia Partnership to Improve Children's Healthcare Quality (DC-PICHQ)	Children's National Medical Center/DC Department of Health/DC Chapter of the American Academy of Pediatrics
Michigan	Michigan Child Health Improvement Partnership (MICHIP)	Michigan Medicaid
Minnesota	Minnesota Child Health Improvement Partnership (MNCHIP)	Minnesota Chapter of the American Academy of Pediatrics
New Mexico	Envision New Mexico	University of New Mexico
New York	Empire State Child Health Improvement Partnership (ES-CHIP)	New York State Department of Health
Ohio	Ohio Child Health Improvement Partnership (OCHIP)	Ohio Medicaid
Oklahoma	Oklahoma Key to Improving Developmental – Behavioral Services (OK KIDS)	University of Oklahoma
Rhode Island	Rhode Island Child Health Improvement Partnership	Rhode Island Chapter of the American Academy of Pediatrics
Utah	Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)	University of Utah
Vermont	Vermont Child Health Improvement Program (VCHIP)	University of Vermont
Washington	Seattle/King County Improvement Partnership	Public Health – Seattle & King County Health Action Plan
West Virginia	Kidnitiative West Virginia	West Virginia Chapter of the American Academy of Pediatrics

Chapter 3 Worksheets

3.1 Making Good Decisions about an Institutional Home

Worksheet 3.1 Making Good Decisions about an Institutional Home

Question	Answer
<p>Select a supportive home</p> <ul style="list-style-type: none"> • Does the mission of your IP fit with the mission of the institution? • Who from the institution will be responsible for the IP? • How does the IP fit in his/her programmatic priorities and vision? • How involved will the institutional leadership be in decision-making and running the IP? 	
<p>Identify staff</p> <ul style="list-style-type: none"> • Can the institutional home provide staff to support the start-up of the IP? • If so, how many, what other competing responsibilities will they have? • How long can they be supported and at what percent effort? 	
<p>Identify space</p> <ul style="list-style-type: none"> • Where is the space located? • Will the space allow you to grow? • Is it equipped with phones, computers, office equipment, printing and photocopying resources and supplies or do you have to provide? • Does the space have good proximity to your partners or other collaborators? 	
<p>Develop contracts or documents</p> <ul style="list-style-type: none"> • Do you need to document on paper any of the arrangements or agreements? • If so, what will the contract or document cover and for what period of time? 	

Chapter 4. Develop an Identity for Your Improvement Partnership

As we mentioned before, IPs have distinct “identities,” which are evident from their mission and vision statements, their child health focus areas, and their target populations and partner organizations. This chapter takes you through the steps of creating an IP identity:

- Articulate a Shared Vision
- Create a Mission Statement
- Name Your Improvement Partnership
- Develop a Logo

Articulate a Shared Vision

A vision statement is a clear, inspiring statement of the future state of your IP, defined in terms of your primary objectives and strategic direction. It’s a long-term view, a picture of how you would like the world of health care for children to be in your state or region.

If the partners in your IP share a common vision, then they also can share the work entailed. The process of developing a shared vision moves the focus from competition to collaboration. It gets the group members thinking about what is possible, what they want to accomplish, and how they can contribute. This step in setting up your IP should not be overlooked, and the work put into creating a compelling vision statement is time well spent.

When the leaders of several existing IPs described their visions for their partnership, three common themes emerged:

- A passion for providing the highest quality care for children
- A belief that improvement is possible
- A commitment to using the science of quality improvement as the primary mechanism to drive, measure, and document improvements in care

Your vision statement can be written by as small or as large a group as you wish. If creating the statement will help unify your partners and encourage them to move forward together, then it may be important to involve your partners early in the discussion. Consider returning to the documents you created during your planning phase. Your situation analysis and possible partners worksheets may help stimulate your thinking.

Emerging IPs may find it helpful to use the following simple questions to prompt discussion among potential partners.

- What does your group hope to achieve in terms of improvement in care for children?

- Where are you now?
- Where do you want to be in 3 years? 5 years? 10 years?
- How do you see the various partners in your region interacting and participating to achieve your long-term goals?

Create a Mission Statement

In contrast to a vision statement, which focuses on “what” you want to do, a mission statement focuses on “how” you plan to do it. A mission statement concentrates on the present by describing the IP’s purpose, the goal of its activities, and its values. A mission statement needs to work for your organization.

A mission statement serves as a guidepost, allowing an IP to assess the appropriateness of each opportunity or potential activity. Opportunities and activities can be judged by the degree to which they fulfill the mission. Those that are not consistent with the mission can be quickly discarded.

Your mission statement should answer the following three questions:

- What are the opportunities or needs that we want to address?
- the *purpose* of the IP
- What are we doing to address these opportunities or needs?
- the *business* of the IP
- What principles or beliefs guide our work?
- the *values* of the IP

*The mission statement is what the organization must use to “rally the troops.”
.... It must express the organization’s purpose in a way that inspires
commitment, passion, innovation, and courage.*

Janel M. Radtke

Strategic Communications for Nonprofit Organizations

As with articulating a vision for your IP, creating an enduring mission statement is a critical step in establishing your IP. The work you put into creating this statement is time well spent.

Your mission statement can be written by as small or as large a group as you would like. Consider whether your partners will want to participate and when you want to involve them. It is often easier to react than to create, so you may want to draft several possible mission statements and then convene a group to review, discuss, and jointly decide upon the final version.

TIP!

Many resources exist on the Internet to help you develop vision and mission statements.

When drafting your mission statement, use the following checklist to make sure it is clear, concise, and compelling. You want to be sure that staff, advisory committee members, and others closely connected to your IP can use the statement to relay key points when they are asked about the partnership. Does your mission statement:

- Clearly describe the work you do?
- Use only commonly understood words?
- Use action verbs?
- Motivate key stakeholders?
- Evoke passion?
- Provide direction for the future?

To help you create your own mission statements, here are mission statements from a few existing IPs. They may vary in length and wording, but they all answer the three questions and meet the criteria described above.

Arizona – Best Care for Kids

Mission

To improve children’s healthcare by fostering a culture of quality improvement and its measurement through partnerships with practitioners, payers, families and organizations which deliver care to children.

District of Columbia – DC Partnership to Improve Children’s Healthcare Quality (DC-PICHQ)

Mission

To improve pediatric healthcare quality and health outcomes for children in District of Columbia.

Goals

- Build and fund an enduring regional Improvement Partnership in DC
- Engage key stakeholders in shared leadership model
- Utilize demonstrated quality improvement (QI) methodologies to promote incremental change across the spectrum of care (provider-practice-plan-city)
- Develop data to drive improvement in leading child health outcomes

Minnesota – Minnesota Child Health Improvement Partnership (MNCHIP)

Mission

The Minnesota Child Health Improvement Partnership, a public/private partnership, will ensure optimal family-centered child health care by creating and supporting continuous quality improvement in clinical practices.

Goals

- Providing vision to empower grass-roots leadership of quality improvement within communities
- Supporting health care professionals and systems to develop, to implement, and to measure improvements in pediatric health care as guided by research
- Fostering partnerships with children and their families that guide quality improvement in health care
- Engaging all health care professionals, families, community leaders and policy makers in pediatric quality improvement so that the partnership raises the standard of child health care for all populations in Minnesota

New Mexico – Envision New Mexico

Vision

To envision what can be and to create the highest quality health care possible for all children in New Mexico.

Mission

To be a leader in quality initiatives through:

- Statewide and national collaborations
- Outreach, education, and interdisciplinary training
- Application of evidence-based best practices
- Technical assistance
- Evaluation

New York – Empire State Child Health Improvement Partnership (ES-CHIP)

Mission

- Provide our members with the best tools, skills, and knowledge to remain the best qualified health professionals to deliver care to infants, children, adolescents and young adults.
- Participate in educational forums in which issues of importance to children and pediatricians are addressed.
- Work with individuals, government and non-governmental organizations to secure access to and delivery of high quality care within the concept of a “Medical Home” for all children.

- Ensure that the decision-making which affects the health and well-being of children and their families is based only on the needs of those specific children and families.
- Monitor the effect changes to the health care delivery system have on children and pediatricians.
- Improve pediatricians' awareness of the value of membership in the Academy at the Chapter, District and National levels.

Oklahoma – Oklahoma Key to Improving Developmental – Behavioral Services (OK KIDS)

Mission

To improve the quality of children's developmental and behavioral services in primary care settings.

Goals

- Enhance quality of children's health care service system by improving recognition, classification, and treatment for children at risk for diabetes
- Help primary care physicians and staff build in systematic diabetes screening
- Increase primary care physicians' and families' knowledge/use of community resources
- Develop local infrastructure for primary care quality improvement

Rhode Island – Rhode Island Child Health Improvement Partnership

Mission

To create a comprehensive and coordinated early childhood system that supports families and communities in promoting positive early childhood development so that all children enter school healthy and ready to learn.

Utah – Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)

Mission

UPIQ's mission is to improve children's health by assisting pediatric and family medicine practices to deliver the highest possible quality of care to their infant, child, and adolescent patients.

Vermont – Vermont Child Health Improvement Program (VCHIP)

Mission

To optimize the health of Vermont's children by initiating and supporting measurement-based efforts to enhance private and public child health practice.

Goals

- Be viewed as a motivational force for improving the quality of pediatric health care services by acting as a resource of knowledge and expertise which continually encourages health care professionals in Vermont toward outstanding pediatric care

- Continue to foster partnerships with private and public organizations.
- Support creativity, excellence, and respect in all of our interactions.
- Strive to build innovations that sustain our mission by examining unique perspectives and approaches to support practitioners in their efforts to improve care throughout measurement-based initiatives.
- Conduct research and disseminate information through publications and presentations in order to share our growing body of knowledge on successful quality improvement initiatives with others, in Vermont and nationally, who seek to do the same.

Washington – Seattle/King County Improvement Partnership

Mission

To improve the health of Washington State’s children by disseminating evidence-based interventions using quality improvement methods that improve the health care delivered to children.

West Virginia – Kidnitiative West Virginia

Mission

- Working with clinicians and health care systems to develop, implement, and evaluate improvements in healthcare deliverance.
- Collaborating on statewide and national levels to build capacity and momentum for quality improvement in child health care.
- Providing technical assistance and education on quality improvement methods.
- Engaging clinicians, community members, allied health care providers, and policy makers/stakeholders in child health quality improvements.

Name Your Improvement Partnership

Deciding on a name for your IP is an important—and sometimes challenging—step in the process of setting up an IP. Terms such as “program” and “partnership” are often included in the name to reflect the inclusivity of IPs. The term “program” suggests that the IP goes beyond a single project and intends to carry out various activities aimed at improving the quality of children’s health care. The term “Partnership” implies, and rightly so, that working with others is core to the functioning of the IP. Many IPs also identify the geographic scope of the partnership by including the name of the state or region.

Some IPs incorporate additional elements into their name. For example, the Utah Pediatric Partnership to Improve Health Care Quality chose a name whose acronym contains an important message that the IP wanted to convey. The acronym—UPIQ—which is pronounced “you pick,” emphasizes that participating health care professionals have a role in selecting projects that UPIQ will participate in as well as projects they will work on.

When leaders in New Mexico were trying to identify the right name for their IP, they solicited suggestions from colleagues. They asked people to vote for the name they liked best. Envision New Mexico was ultimately selected by members of the IP’s Advisory Committee. Although it was not the first choice of some of those who spearheaded the IP effort, it has proven to be extremely effective and has since been embraced by all involved. The Director reported that Envision New Mexico is widely seen as a forward-thinking name that encourages all involved to consider what they want their state to become.

State	Improvement Partnership Name	Acronym
Arizona	Best Care For Kids	
District of Columbia	DC Partnership to Improve Children’s Healthcare Quality	DC-PICHQ
Michigan	Michigan Child Health Improvement Partnership	MICHIP
Minnesota	Minnesota Child Health Improvement Partnership	MNCHIP
New Mexico	Envision New Mexico	
New York	Empire State Child Health Improvement Partnership	ES-CHIP
Ohio	Ohio Child Health Improvement Partnership	OCHIP
Oklahoma	Oklahoma Key to Improving Developmental – Behavioral Services	OK KIDS
Rhode Island	Rhode Island Child Health Improvement Partnership	
Utah	Utah Pediatric Partnership to Improve Healthcare Quality	UPIQ
Vermont	Vermont Child Health Improvement Program	VCHIP
Washington	Seattle/King County Improvement Partnership	
West Virginia	Kidnitiative West Virginia	

Create a Logo

A logo creates a visual identity for your IP and lends a professional appearance to your print and electronic materials—from your letterhead and website to any educational resources you develop and disseminate. Logos increase the visibility of IPs by providing a recognizable image that unifies and “brands” the various projects that the partnership carries out across an array of health care topics.

Before you begin to develop a logo, check with your institutional home to be sure that a separate logo for your program will not cause any difficulties for them. For example, IPs housed in a state health department may experience challenges with regard to obtaining a logo.

Here are a few logos that IPs have developed. Some have used the talents of their own staff members to develop a logo in-house, while others have hired a graphic designer. All have developed a unique image that reflects their own state or region. For example, the logo for Envision New Mexico incorporates a Native American theme, and the logo for VCHIP makes use of the classic dark green color that is widely associated with the state.



Chapter 5. Hire a Director and Staff

One of the first, and most important, tasks in establishing an IP is finding the right director or lead person to guide and manage the program. As your IP evolves, you also will need to hire staff to supervise individual projects and manage the overall IP program effort.

This chapter provides helpful advice about issues to consider when hiring an IP director and filling staff positions. Appendix 5 provides a sample job announcement, job description, and recruitment letter for an IP director. It also contains detailed job descriptions and employment advertisements for the IP staff positions described below. These items are examples and provide wording that you can adopt as is or adapt to fit your needs and circumstances.



See **Appendix 5** for samples of job descriptions, employment advertisements, and other materials useful in hiring an IP director and staff.

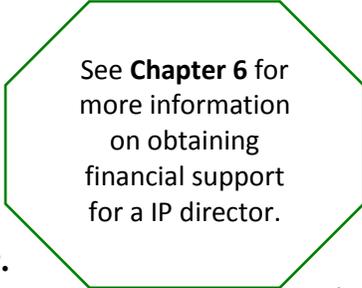
Identify Funding to Support a Director

The biggest initial challenge in establishing an IP is identifying funding to support an individual to lead the program. This funding is likely to constitute the program's largest single expense at start-up. Two alternative strategies can be used:

- **Seek support for a portion of the time of an existing employee of the institutional home.** It's estimated that the minimal amount of time needed to direct the creation of an IP and expect results from the effort is 40 percent of a full-time equivalent employee.

The advantages of this approach are that it requires a relatively small, and therefore relatively easily obtained financial commitment from the institutional home. It also does not require the effort or expense of a job search for a new employee.

The disadvantage is that, even when the offer of time is made in good faith, the amount of time promised by the employer at the institutional home may not be realized due to encroaching responsibilities from the remainder of the person's job.



See **Chapter 6** for more information on obtaining financial support for a IP director.

- **Seek funding for a new full-time director of the new IP.**

It is important to note that the financial commitment from the institutional home for a new person to serve as a full-time director needs to extend for several years, as it is not realistic to expect the new IP director to bring in full salary support from other sources for at least 3 years.

The advantage of this approach is that the individual hired will devote his or her complete effort to establishing and managing the partnership.

The disadvantage is that it requires additional financial resources plus the time required to advertise the position, interview applicants, and make the decision.

Fill Improvement Partnership Staff Positions

As IPs develop and grow, staffing needs will change and expand. Early in an IP's development, one person often is responsible for overseeing and administering the IP program as well as developing and managing specific projects. However, when an IP grows to more than about 10 employees or 3 to 4 projects, you will begin to need staff who are dedicated to managing the entire program as well as staff who are responsible for individual projects.

It is at this point that you IP will begin to differentiate between the program and project roles and hires to fill the specific positions in each group:

- **Program** staff are individuals with day-to-day responsibility for running the IP. Generally, these individuals do not work on a specific project, but are responsible for ensuring that the entire program runs smoothly, that projects are successfully completed, and that the IP's mission is advanced. Program positions typically include a Program Director, Program Operations Manager, and a Program Administrative/Financial Assistant.
- **Project** staff are individuals who are assigned to specific projects and are responsible for ensuring that each project is completed on time and within budget. These positions include Project Director, Improvement Advisor, Project Coordinator, and Expert Faculty.

When you begin to add staff members, your IP will need to develop appropriate processes for hiring and orienting the new staff members. You will need to consider:

- The regional job market
- Availability of funding
- Skill sets required for specific jobs
- Institutional guidelines and policies regarding hiring and salaries

Determine Improvement Partnership PROGRAM Positions

The following sections, which provide brief overviews of each position, clarify the various roles that staff members perform.

Program Director/Principal Investigator

The Program Director serves as an innovative and entrepreneurial leader who oversees all the programmatic efforts of the IP. The Director brings substantial experience in health services/outcomes research, grant-writing, and program administration. The Program Director collaborates with national leaders in child health services research, as well as representatives of provider groups and state government, to carry out measurement-based child health care improvement activities in the state and region.

Program Operations Manager

The Operations Manager is responsible for administering and coordinating program operations, human resources, finances, and contracting. The Manager directs the financial activities of the IP, such as analyzing, interpreting, and summarizing complex and/or confidential financial and administrative data; negotiating scopes of work with granting agencies; identifying new sources of funding; planning budgets; and developing alternative spending scenarios as scopes of work and resource needs change. The Manager is actively involved in program planning and regularly provides organizational and operational recommendations to the Program Director.

Program Administrative/Financial Assistant

The Administrative/Financial Assistant performs basic and advanced administrative functions to facilitate the efficient operation of the IP. The Assistant is responsible for coordinating appointments, meetings and travel; providing support to IP personnel and visitors; reconciling invoices, processing payments, and tracking data; and assisting with the preparation of grants, presentations, and professional documents among other clerical duties.

Determine Improvement Partnership PROJECT Positions

Project Director

The Project Director serves as a teacher and coach for the practice teams participating in quality improvement projects. The Director has clinical expertise relative to the project topic—often from experience in nursing or social work. The Director teaches practice teams how to make small and rapid changes for quality improvement, helps them solve problems, and encourages them throughout the whole process. The job also involves overseeing all aspects of the project—planning meetings and conferences, developing timelines, writing reports, monitoring budgets, developing the necessary clinical tools, and providing suggestions on measurement strategies. The Director has day-to-day responsibility for the project's success and is focused on thinking about how to maximize that success.

Expert Faculty

Faculty members bring content-specific expertise to a project and are often connected to regional or national efforts to address the topic at hand. Project faculty include clinical

and research faculty members at academic medical centers as well as leading physicians practicing in the region. They serve as champions for quality improvement in health care settings, often after having experienced the benefits of quality improvement in their own practices. Faculty are contracted to work on various aspects of a project and the particulars of their responsibilities are customized according to the individual and the project. Typically, they provide high-level guidance on clinical tools, measurement strategies, and policy implications at state and national levels. Expert faculty also provide the peer relationships that help with recruiting practices and explaining participants' responsibilities in terminology that cuts through quality improvement jargon. In addition, they often help disseminate findings by serving as co-authors for manuscripts and presenting project results at state and national meetings.

Improvement Advisor

The Improvement Advisor needs to have a solid understanding of the theory and science of quality improvement. The person filling this role may be a data analyst, program evaluator, operations engineer, statistician, or epidemiologist. The Advisor needs to set aside a broader research mindset and focus on issues that are most clinically relevant and feasible within practice settings. On a day-to-day basis, the Advisor designs project evaluation plans, develops measures for projects, designs the instruments and systems for collecting and analyzing data, and reports on the findings. The Improvement Advisor also teaches the practices and project team about the data, helping them to identify interesting findings and next steps.

Project Coordinator

The Project Coordinator is responsible for the logistical aspects of the quality improvement project, such as scheduling meetings, maintaining the project calendar, taking minutes, and handling other forms of correspondence. The Coordinator provides expertise in conference planning, helps design and administer surveys, conducts chart audits, performs data entry, and may conduct basic data analysis. The Coordinator also assists with marketing by designing project brochures, and writing short articles for the website and newsletter. The Coordinator is an essential problem-solver for the whole team by trying to anticipate the needs of the project faculty and team members, and suggesting ways of meeting those needs.

Consider Other Aspects of Finding a Director and Hiring Staff

Understand the Hiring Mechanisms in Your Institutional Home

Hiring procedures vary from one institutional home to the next. Large institutions, such as universities, hospitals, or health departments, have a personnel or human resources department with strict procedures for creating job descriptions, establishing job searches, and setting salaries. It is important that those establishing an IP make use of this department in planning any hire and throughout the hiring process.

Provide Learning Opportunities for Staff

It would be ideal to hire people with experience in quality improvement methodologies, specifically individuals with experience working with health care professionals and practices or hospitals. Unfortunately, these individuals are rarely available and you will most likely have to hire and then train. Learning quality improvement methodology is not intuitive, so you will need to be prepared for a considerable period of learning for anyone hired into IP positions. To foster staff learning, try to make available a range of training options, such as:

- Attending formal trainings (local or national organizations provide trainings on various aspects of quality improvement techniques and methodologies)
- Shadowing or learning from others who are doing this work (finding another IP or a similar project that you are interested in and asking if staff can spend a day or two observing and learning from others with similar roles)
- Being coached by someone with experience (hiring a “mentor” or “coach” to help train the new staff member either in person or over the phone)
- Completing self-directed learning (reading or observing by attending similar programs in your state or other states)
- Learning on the job (just diving in and doing it)
- Doing all or some combination of the above

Chapter 6. Obtain Financial Support and Develop Project Budgets

Funding is often the most challenging aspect of setting up an IP. Funding can come from a variety of sources, and whom you approach, how you approach them and what you say, can vary. How do you think through this issue? How should your efforts be expended? The most common question asked by sites setting up an IP is, “How is it funded?” This chapter describes strategies to consider in obtaining start-up and ongoing financial support.

Improvement Partnerships have found that state Medicaid agencies often are able to draw down Federal matching funds to provide essential resources for work carried out by IPs based at public institutions, such as state universities and health departments. This funding can be a significant source of support, and the chapter also discusses some of the ramifications of pursuing this avenue.

Once you have obtained financial support, you will need to develop detailed and realistic budgets for your projects. This chapter concludes by describing a few factors that will affect your budgeting process and providing tips for developing good budgets.

Obtain Financial Support to Get Started

Each of the existing IPs has worked to attract financial support from multiple sources. Funding mechanisms vary from one region to the next, and obtaining sufficient financial support depends on the creativity of the leader at each IP.

Funding sources accessed by existing IPs to support quality improvement include:

- Academic medical centers (pediatric, family practice, obstetric, and psychiatric departments)
- State health departments
- Title V
- State Medicaid agencies
- Insurance companies
- Local hospitals
- Local and national foundations
- Federal grants
- Health care professional groups, such as the local chapter of the American Academy of Pediatrics

Funding for IPs often does not come through the traditional response to an RFP because no known funding streams for this work currently exist. Rather, IPs are supported

through a conglomeration of creative and innovative funding streams. Here are a few strategies that existing IPs have successfully used.

Combine Funding with In-Kind Support

Most IPs report that they use multiple approaches to fund the start-up costs for the IP, such as seeking core dollars to support the development and infrastructure costs, usually from local foundations, university or departmental funds. Some rely upon in-kind contributions of the institutional home in the form of space, equipment, and administrative staffing, but that must be combined with core dollars to support the IP staff.

Leverage Funding

Leveraging funding can be an effective strategy for securing start-up funds for an IP. Obtaining commitments from some organizations to contribute funds contingent on commitments from other organizations will allow for sufficient resources once the first organization follows through with funding.

Explore Hidden Opportunities

Supporting the establishment of an IP may require a creative exploration of opportunities that may not be readily apparent. For example, a public academic institution may be able to claim pieces of work conducted by the pediatric faculty as the "state share" and be eligible for drawing down matching Medicaid dollars. Approaching a Departmental chairperson to request office space or administrative staffing resources may be the starting point for the IP. In this arrangement, the IP gains in-kind resources and the Department gets the added benefit and recognition of supporting the IP.

Use Current Project Funding as a Catalyst

Another option is to use current project funding as the impetus for starting the IP. For example, if a faculty member, leader at an academic institution, or leader at a health department secures a grant for a local project (such as obesity or child mental health initiatives), the funded project may be used as a launching point for the IP. This route requires resourcefulness, and often the in-kind contributions of others, but it may be what it takes to get the IP launched. If funding is awarded to conduct a regional or statewide project to improve child health, then the IP leaders may want to use this opportunity to explore an ongoing partnership. This first joint project can be the nexus for starting the IP and securing in-kind resources from others.

Obtain Financial Support to Keep Going

Once the IP is started, the challenge turns to supporting the infrastructure as well as attracting new funds to support project-specific initiatives. Although often not as challenging as seeking infrastructure funding, the IP will be faced with decisions regarding the alignment of project activities with the mission of the IP. Does it respond to a Request for Proposals that is not aligned with its mission but might provide significant funding in

the short term? What are the opportunity costs of grant writing? How does the IP stay connected to state programs that could contract with the IP for work? These are some of the ongoing questions that IPs face once they are up and running.

People and organizations fund projects based on a perceived need and the perception that the work you will do will meet or address that need. You must listen to whomever you approach to understand their needs and then align to meet their needs. When you design your work to demonstrate an ability “to be the answer to someone else’s problem” (as opposed to a problem that you perceive or want to address), you become an invaluable resource to others and the funding will follow.

Funding remains a critical factor that determines an IP’s long-term sustainability and growth. As of 2008, IPs vary widely in their ability to obtain funding and in-kind support. Cumulatively, 10 states/regions have raised more than \$6 million in funding. Five reported in-kind contributions totaling \$587,470 with \$5.43 million in pending funding. The most successful sources of funding have included leveraging Medicaid matching funds, federal grants (e.g., MCHB, CDC, SAMHSA) and state/local sources (e.g., health department contracts).

Consider Applying for Medicaid Matching Funds

Using Federal Medicaid matching funds is one mechanism that IPs have used to improve the services for Medicaid children in the state while bringing in funds to support the IP. This funding is available to states wishing to leverage additional dollars to support their Medicaid program. These dollars are deemed “administrative” and are to be expended on programs that support the State Medicaid Plan. Certain non-Federal expenditures by an approved public entity in the state, which meet the eligibility criteria for matching, can be “put up” as the “state share” of Medicaid expenses and therefore be eligible for matching with Federal dollars. The Federal dollars are “drawn down” to match these non-Federal expenditures. In this case, an IP would qualify as a public entity if it is based in a public institution, such as a public university or public health department.

The use of this mechanism varies from state to state, with some states viewing this as an opportunity to strengthen and advance a comprehensive health program for their children and make liberal use of this mechanism of funding. Other states are much more cautious and participate minimally or not at all. Because Medicaid is administered by the state, each state determines the activities and administration of their program. These include determining rates, provider eligibility, and the rules and procedures for claiming Medicaid administrative match.

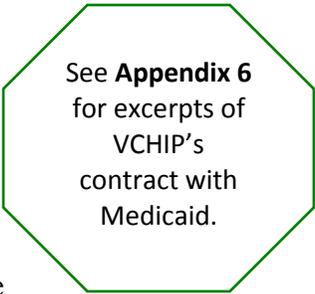
One IP that has used Medicaid matching funds is VCHIP*, which is partially funded through these Federal funds. Certain activities conducted by the university’s faculty and

* Shaw, J.S., Wasserman, R.C., Barry, S., Delaney, T., Duncan, P., Davis, W., Berry, P. (2006). “Statewide quality improvement outreach improves preventive services for young children.” *Pediatrics*. **118**(4) e1039-47.

staff at the University of Vermont (an instrumentality of the state of Vermont), may be claimed for matching with Medicaid federal funding. Stringent criteria are used to determine whether funds are eligible for a match:

- The activities must be aimed at ensuring the provision of early and periodic screening and diagnosis of eligible Medicaid recipients under age 21.
- The activities must be a priority for the state.
- The activities must result in recommendations for changes in state Medicaid policy.

Appendix 6 provides excerpts of the contractual language contained in the VCHIP contract with Medicaid. Three sections from the contract are included: 1) an explanation of how the State Medicaid Plan and the EPSDT requirements relate to child health; 2) the aim of the Improvement Partnership in Vermont; and 3) a description of activities for a sample project. These excerpts are included to demonstrate how the work of this IP meets all the criteria for funding by being inextricably linked to the Federal requirements, meeting the exclusive needs of the Medicaid program, and informing Medicaid policy.



See **Appendix 6**
for excerpts of
VCHIP's
contract with
Medicaid.

How to Obtain Medicaid Matching Funds

Setting up the mechanisms to obtain Medicaid funding is not easy. Medicaid is complex, the Medicaid language is difficult to interpret and the financing is complicated, bureaucratic, and subject to frequent policy and procedural changes. However, once the mechanism is established, Medicaid is a considerable source of funding and is rewarding because it supports a partnership effort that has the potential to make a real difference in the lives of Medicaid children.

If you are considering this mechanism, be prepared to devote considerable time to administering the funds. The reporting and record-keeping responsibilities will require an initial investment of substantial administrative and budgetary resources. It also may involve consultation with lawyers to assure proper interpretation of the language and rules.

To leverage the Medicaid matching funds, your IP will need to establish a formal partnership with the Medicaid program (or its designee). Through an established agreement (usually a grant or contract), the Medicaid agency accesses the reimbursement funds (“Medicaid match”) based on the non-Federal funds (“state share”) spent by the IP. This becomes a true partnership because neither group is able to access these new funds without each other. Medicaid needs the IP to secure and spend non-Federal funds and the IP needs Medicaid to draw down the matching funds. What emerges in this partnership is a shared vision for child health and often an expansion or refocus of services by those involved to improve health care for the most vulnerable children and families.

Sources of Non-Federal Funds Eligible for Medicaid Matching

Certain expenditures from the following sources could be eligible for matching, assuming that the activities meet the criteria for administrative matching funds:

- Grants from local or national foundations or organizations (e.g., March of Dimes, AAP Chapter)
- Salaries and departmental costs for faculty and staff participation in the IP, assuming the IP is housed in a public university (e.g., academic institutions, public hospitals)
- Public agencies working on activities (e.g., schools)

If your IP is using, or considering using, Medicaid matching funds, the following strategies can help you maximize their impact:

- **Maintain your focus.** Stay focused on child health while looking for the synergy between your IP and the priorities of the Medicaid program. When possible, align the interests and expertise of IP faculty and staff with the needs in the state.
- **Know your mission.** Your mission should always guide help with programmatic decisions. Does your IP aim to improve certain outcomes, work in specific areas, focus on changes to Medicaid policy, begin new or expand existing programs or focus statewide or locally? All individuals working with the IP should understand how their work contributes to the mission.  and
- **Look for funding that aligns with state priorities.** Look for non-Federal grants that will contribute to the child health priorities in the state and that complement the interests and expertise of the IP faculty and staff.
- **Collaborate with other states.** Seek out people in other states that are doing similar work to learn from and to share ideas and new approaches.
- **Manage funds correctly and maintain accurate records.** Overseeing Medicaid matching funds is a complex and cumbersome process. Stay updated on changes to rules or procedures and keep copies of all correspondence. It is likely that you will be audited at some point, or the state will be audited and will request certain information from your institution. Auditors may be interested in reviewing contractual language, IP activities, and finances.

Develop Project Budgets

Once your IP is up and running, you'll need to develop clear and realistic budgets for managing the project funds you have raised. Staff at VCHIP shared a number of lessons

they've learned about developing project budgets. These strategies can help you make the most of limited resources.

Anticipate the Unexpected

- The time necessary for negotiating budgets and scope of work documents and then completing the contracting process often takes 2 to 3 months longer than originally anticipated. It can be important to have **a fiscal agent with the ability to continue to meet financial obligations**, such as salaries and fringe benefits while the contracting process is underway (e.g., universities often have “suspense” accounts to cover such occasions). IPs should discuss the implications and research the requirements of their institutional home/fiscal agent to determine whether it is possible to begin work on a quality improvement project before contract negotiations are complete.
- Consider **contingency planning**. What plans are needed to accommodate short-term decreases in funding? Is support available from the institutional home? What are the IP's obligations to faculty and staff in times of limited funding?

Understand the Factors that Drive Your Budget

- The primary drivers for the size of the budget for a quality improvement project are **salaries and fringe** (versus operating expenses) and institutional **facilities and administration costs** (also known as indirect costs).
- Salary and fringe for similar positions vary substantially depending on the **region of the country and the market** for such positions. Two cost-effective strategies to consider include:
 - Contracting with **experienced professionals in related fields** to carry out specialized tasks, such as data analysis
 - Hiring **temporary staff** to carry out certain tasks, particularly if the tasks are time-limited or if a temporary employee is located in a region of the state that would dramatically reduce the travel expenses required for a regular staff member

Get a Handle on Operating Expenses

- Operating expenses are often the most difficult to project as you begin your first quality improvement project. As you clarify your IP's responsibilities within your institutional home, it is important to explicitly spell out who will pay for **basic programmatic expenses**, such as office space, phone and fax charges, desks, lights, and other equipment. If facilities and administrative costs are not considered, each of these items must be included as direct expenses in your budget. As the IP gains experience with budgeting, **systems for tracking routine and special expenses** will become crucial for accurately projecting future expenses.
- Typical **categories of quality improvement project expenses** include:

- phone (local, long distance, and group calling/conference calls)
 - printing and photocopying
 - postage and shipping
 - travel (local, regional, and national)
 - supplies and equipment
 - meals
 - conference costs
 - incentives (Continuing Medical Education, stipends, educational materials)
 - temporary staffing
 - consultants and honoraria
 - data collection costs (fees for administrative data, use of data systems such as the IHI Extranet, fees for statistical software)
- **Site visits** are effective ways to recruit participants, teach practical quality improvement methodology and project content in an applied setting, reinforce data collection strategies, and re-energize team members. When budgeting for site visits, don't forget to include refreshments such as healthy snacks or lunch for the team members.

Plan for the Future

- As your IP grows, it will be important that you make financial plans to update and replace equipment such as computers, LCDs, and printers. Each IP will need a **mechanism for allocating costs to projects** if you have more than one project. It also may be possible to **share expenses** within the institutional home.

The following chart shows a sample budget for a quality improvement project. It covers salary costs for project staff as well as costs for fringe benefits. It also includes line items for other direct costs, facilities, and administrations. A sample budget justification that describes the rationale for all the costs listed also is provided. Use these samples and **Worksheet 6.1** at the end of this chapter to create your own project budgets.

Find **Worksheet 6.1. Quality Improvement Budget** on p.59.

Sample Budget for a Quality Improvement Project

Project Name: QI Project for Improvement Partnerships				
Personnel: Salary		# Months	% Effort	Total
TBN	Principal Investigator	12	5%	\$ 10,000.00
TBN	Project Director	12	40%	\$ 25,000.00
TBN	Improvement Advisor	12	30%	\$ 22,500.00
TBN	Project Coordinator	12	50%	\$ 17,500.00
Fringe	40%			\$ 30,000.00
Personnel: Wages				
	Chart Auditor			\$ 7,200.00
Fringe	9.5%			\$ 684.00
Personnel Total				\$ 112,884.00
Other Direct Costs				
	Consultants			\$ 2,000.00
	Supplies			\$ 600.00
	Travel			\$ 6,702.50
	CME			\$ 1,500.00
	Meeting Costs			\$ 10,900.00
	Communications			\$ 856.00
	Postage / Shipping			\$ 300.00
	Printing / Photocopying			\$1,200.00
	Computer Costs			\$ 200.00
Other Direct Costs Total				\$24,258.50
Subtotal				\$ 137,142.50
Facilities & Administration		52%		\$ 71,314.10
Total Costs Requested				\$ 208,456.60

Sample Budget Justification

PERSONNEL

Principal Investigator

The Principal Investigator will provide project oversight and is responsible for the overall direction and success of the project. The Principal Investigator will bring her expertise in program development and her considerable knowledge of design and implementation of systems to improve care to children. The Principal Investigator will oversee project staff for the duration of the project and will coordinate and network with key stakeholders to facilitate and achieve the grant's objectives. The Principal Investigator will devote an average of 5% effort to this project.

Project Director

The Project Director is responsible for implementing the conceptual framework on the project and providing coaching and support on quality improvement methods and strategies. The Director will identify and catalog best practices, develop the curriculum for the learning sessions and site visits, and assist practices in identifying and testing changes to their current systems of care. The Project Director is responsible for project management, including establishing and monitoring project timelines, writing reports and articles about project progress, monitoring the project budget, and coordinating the work of the other team members. The Project Director will dedicate an average of 40% effort to this project.

Improvement Advisor

The Improvement Advisor will collaborate with the project faculty and director to design, test, and refine process and outcomes measures for the project. The Advisor will advise the project team on data design, collection and management issues; teach and coach at learning sessions and site visits as needed; review and advise on all site data and reports and work with project staff to continually improve and document the progress of each practice. The Improvement Advisor will dedicate an average of 30% effort to this project.

Project Coordinator

The Project Coordinator is responsible for coordinating the many logistical aspects of the project, including conference planning, organizing regular team meetings, formatting tools and materials, and supporting data collection activities. The Project Coordinator will dedicate an average of 50% effort to this project.

Chart Auditor

An experienced nurse will be hired and trained to conduct audits of medical records using an agreed upon data collection tool and rigorous sampling methodology. The Auditor will visit 15 practices in months 1-2 and months 11-12 of the project. Each audit assumes review of 30 charts per practice per day ($\$30/\text{hr} \times 8 \text{ hr} \times 30 \text{ days} = \$7,200$).

OTHER DIRECT COSTS

Consultants

Honoraria for up to four speakers to attend learning sessions to present best practices in a content area specific to the project ($\$500/\text{day} \times 4 \text{ speakers} = \$2,000$). Total cost: \$2,000.

Supplies

Based on prior experience with other projects of this size and scope, we are requesting funds to cover routine office supplies (e.g., paper, labels, office equipment, diskettes, file folders, envelopes, letterhead) estimated at \$50/mo for 12 months. Total cost: \$600.

Travel

Travel expenses for four national faculty to attend learning sessions are estimated at \$800 per person (\$3,200); instate travel to coach practice teams and attend learning sessions (\$1,500); instate travel for chart auditor to visit 15 practices (15 practices x 2 visits x \$.445/mile x 150 miles = \$2,002.50). Total cost: \$6,702.50.

Continuing Education Credits

Continuing education credits will be provided to physicians ($\$650 \times 2 = \1300) and nurses ($\$100 \times 2 = \200) for each learning session. Total cost: \$1,500.

Meeting Costs

Two, one-day learning sessions will be held for 100 participants (fall and spring) to teach quality improvement methods, provide clinical updates, and foster team work. Each learning session will cost \$5,450 (room rental \$500; audio-visual equipment \$250; catering $\$35 \times 100$ people = \$3,500; printing & assembly of materials \$1,200). Total cost: \$10,900

Communications

Each year 13 people make 9 technical assistance/coaching calls. Each call lasts 62 minutes at .09 cents/minute ($13 \times 9 \times 62 \times .09 = \652). General phone charges are \$200/year for a project of this size and scope. Total cost: \$852.

Postage/Shipping

Mailing costs for up to 150 recruitment letters are estimated at \$59 (150 letters x $\$0.39 = \58.50). Postage for general follow up letters to participating providers are estimated at \$117 (300 letters x $\$0.39 = \117). An additional \$124 has been allocated to cover routine postage and shipping associated with the project. Total cost: \$300.

Printing/Photocopying

Funds have been allocated to cover cost of general printing and photocopying of materials averaged at \$100/mo. Total cost: \$1,200.

Computer Costs

Funds have been allocated to cover the cost of software license for Zoomerang, a web-based survey tool. Total cost: \$200.

Chapter 6 Worksheets

6.1 Quality Improvement Project Budget

Worksheet 6.1 Quality Improvement Project Budget

Project Name:

Personnel: Salary	# Months	% Effort	Total \$
TBN Principal Investigator			
TBN Project Director			
TBN Improvement Advisor			
TBN Project Coordinator			

Fringe (%)

Personnel: Wages
Chart Auditor

Fringe (%)

Personnel Total

Other Direct Costs

- Consultants**
- Supplies**
- Travel**
- CME**
- Meeting Costs**
- Communications**
- Postage / Shipping**
- Printing / Photocopying**
- Computer Costs**

Other Direct Costs Total

Subtotal

Facilities & Administration (%)

Total Costs Requested

Chapter 7. Form an Advisory Group

An important consideration when developing an IP is fostering relationships with individuals who can serve in an advisory capacity. Many of the existing IPs have reported that establishing an Advisory Group was a critical step in their success. Having a group with whom you can share progress and who can provide regular feedback, review strategies, assist with decision-making, and generate new ideas will provide your leadership with a valued and regular source of advice.

Once established, advisory members have extensive knowledge of the IP and serve as strong advocates in the state for program implementation. They can generate ideas for funding, suggest new areas for implementation, and promote the IP throughout the region and beyond.

Very early in the development process, your IP leadership must determine the type of advisory contributions you desire. As a developing organization, it is essential to grow under the guidance of individuals with a vested interest in your success. You may want to choose individuals for their content-specific expertise or for their position and connection within the state or region. You may choose representatives of certain positions, such as the Medicaid Medical Director or AAP Chapter President, knowing that the individual will change over time.

Advisory Group members come from a variety of organizations in a state or region. However, the most common are:

- AAP and AAFP chapter
- Department of Health
- Medicaid
- Parent organization
- Medical school
- Local university research institutions
- University departments (Pediatrics, OBGYN, Family Medicine)
- Human services agency
- Managed care organization or regulatory agency

Decide How Your Advisory Group Will Operate

If your IP is part of a larger organization, with reporting and fiscal responsibilities handled by the parent organization, such as a university or health department, then the Advisory Group operates on an informal basis, providing programmatic guidance and suggestions

rather than governance and fiscal oversight. Membership of the group will depend upon the expertise needed to complement the IP leadership team.

Before inviting members to join the IP Advisory Group, the IP must determine how the group will operate. Areas for consideration when forming an Advisory Group include:

- **Compensation for time.** Will you pay some or all members of the Advisory Group? Is it a stipend or salary support?
 - If someone is serving as faculty for IP and receiving salary support, will participation in the Advisory Group be required?
 - Will some key individuals serve only if compensated? How do you justify paying some members and not others?
 - Does their participation fulfill requirements of their own job and therefore they don't need compensation?
- **Compensation for travel.** Will you cover travel costs for members who come to meetings from outside the area?
- **Frequency and nature of meetings.** How often will you meet? Will you have annual all-day retreats?
 - Some Advisory Groups meet on a quarterly, others on a monthly basis. One IP chose to convene their Advisory Group twice a month for the first year after starting up.
- **Ongoing communication.** Will you expect members to communicate between the meetings? If so, how? Or is their time commitment solely for meeting purposes?
- **Extent of participation.** If you hold project meetings (for example, Learning Sessions with practices) will you expect Advisory Group members to participate?
- **Roles and responsibilities.** What roles do you expect Advisory Group members to play? Possible roles include:
 - Reviewing potential projects
 - Approving new projects
 - Contributing new ideas
 - Being a conduit to external organizations
 - Bringing feedback from outside groups
 - Setting direction for the IP and participating in strategic planning

Experience has demonstrated that successful IP Advisory Groups meet frequently. Access to a broad base of advisors provides the IP leadership with a forum for discussing all aspects of the IP work and help in anticipating problems early so as to prevent potential conflicts or misunderstandings. Frequent Advisory Group meetings allow the IP to be nimble because ideas and opportunities do not have to wait very long to be discussed.

Active participation by the members insures a forum for innovation, creativity and reflection of the current status of child health care in the state or region. By allowing members to bring ideas of their own for vetting, the IP provides a welcoming venue for the regular exchange of ideas, which promotes collaboration, joint problem solving, innovation, and strategic thinking.

APPENDICES

Establishing a Child Health Improvement Partnership: A How-to Guide was developed with the help of many of the states and regions involved in developing IP. It is just that—a guide to help you as you contemplate or are in the midst of developing or sustaining an IP. The authors of this Guide, along with the many states involved in this work are available and willing to answer questions, share strategies and ideas, and make available tools and documents they have used.

The VCHIP team is working to consolidate the information and resources on a centralized Improvement Partnership website. Please visit the National Improvement Partnership Network website (www.____.org) for additional information.. Additionally, these Appendices provide useful tools and resources and amplify the information provided in earlier chapters.

Appendix 1. Maintenance of Certification Guidelines

Appendix 2. Improvement Partnership Websites and Tools

Appendix 3. Websites of Other Relevant Health Organizations

Appendix 4. Publications

Publications by Improvement Partnership Staff

Other Useful Publications

Appendix 5. Sample Job Descriptions and Employment Ads

Sample Job Descriptions

Improvement Advisor

Project Director

Project Coordinator

Nurse Medical Record Auditor (temporary position)

Sample Employment Advertisements

Project Coordinator Advertisement

Data Coordinator Advertisement - (part-time temporary position)

Appendix 6. Contractual Language Between VCHIP and Medicaid

Appendix 1. Maintenance of Certification Guidelines

Improvement Partnerships should be aware of, and explore the opportunities for, working with pediatricians for Maintenance of Certification (MOC) through the American Board of Pediatrics (ABP). IPs are positioned to submit quality improvement projects to the ABP for MOC so that participating pediatricians demonstrate engagement in improvement and continuous learning.

Background

Maintenance of Certification (MOC) is the program that both general pediatricians and pediatric subspecialists participate in to maintain their certificates with the ABP. For additional information about the MOC program, visit the ABP website at www.abp.org

MOC incorporates competencies through four program elements.

- Professionalism in practice
- Lifelong learning and self assessment
- Cognitive expertise
- Practice performance assessment

The ABP sets standards of excellence in knowledge and performance. MOC supports and accelerates pediatricians' efforts to continually advance quality care in pediatrics. All American Board of Medical Specialty (ABMS) member boards are adopting a four-part MOC process as part of an ABMS-wide action plan for quality that meets the Institute of Medicine (IOM) imperative to improve across all domains of health care.

Who Needs to Participate in MOC?

All diplomates holding time-limited certificates need to enroll in MOC before the expiration of their certification. Individuals with permanent certificates are not required to participate in MOC. However, they are encouraged to do so.

How Will MOC Benefit Pediatricians?

By participating in MOC, a provider is committing to an ongoing process of education and practice improvement.

MOC was designed by and for pediatricians to be a meaningful and clinically relevant pathway to continuously improve pediatricians' professional image, knowledge, and practice performance. As the ABP developed MOC for pediatrics, it made deliberate decisions that in the end would reduce redundancy in the myriad of quality requirements in healthcare while at the same time accelerate improvement.

The ABP fundamentally believes MOC will lead pediatricians to better care, and while no physician ever thinks he or she provides suboptimal care, there is no question that quality of care can and will be improved when pediatricians systematically engage in improvement and continuous learning.

The ABP is working diligently to ensure that MOC provides recognition in various forms—from payers, regulatory, and accrediting bodies—for the value physicians are adding to their practice by being involved in MOC.

Where Do Quality Improvement Projects Fit In?

Quality improvement projects meeting standards can be approved by the ABP and physicians completing ABP-approved quality improvement projects are eligible for MOC credit. An approved quality improvement project is one that has completed the ABP Quality Improvement Program approval process and demonstrated that it meets ABP standards for QI projects.

How Do Projects Get ABP Approval?

Quality improvement projects applying for ABP approval must complete an application. The application fee is \$2500.00. The review process takes 4-8 weeks. If approved, the approval lasts for 2 years. Newer quality improvement programs may be given provisional approval for 1 year, with review after that one period to see if it is appropriate to approve for the additional year.

What Are Some of the Responsibilities of the Approved Quality Improvement Program?

Quality improvement project leaders must attest that individual physicians have satisfied participation requirements of the project in order for the individual physician to receive MOC credit. In addition, quality improvement project leaders must be willing to resolve disputes regarding individual physician participation and document project structure and progress.

What Do the ABP Quality Improvement Project Standards Address?

- IOM quality dimensions: safety, effectiveness, timeliness, equity, efficiency, and patient-centeredness
- Relevance of project to physician practice
- Meaningful participation by physician
- Use of accepted quality improvement methods including:
 - Explicit improvement aim
 - Pediatrics-relevant performance measurement
 - Benchmarking
 - Systematic sampling
 - Systematic implementation of specific changes
 - Using data to guide improvement

- Reporting data using control or run charts
- Data quality
- Sponsor organization's stability and competence administering quality improvement projects
- Project's impact on care
- Documentation of project design, processes, policies, participant activities, and results
- Compliance with the Health Insurance Portability and Accountability Act (HIPAA)

Where Can I Learn More?

By checking the American Board of Pediatrics website at www.apb.org

Appendix 2. Improvement Partnerships Websites and Tools

ARIZONA

Best Care For Kids www.azaap.org//for-health-care-providers/best-care-for-kids.aspx

ADHD Tool Kit <https://www.azpedialearning.org/index2.html>

DISTRICT OF COLUMBIA

District of Columbia Partnership to Improve Children's Healthcare Quality (DC-PICHQ)
www.brightfutures.org/healthcheck/DCPICHQ.html

NEW MEXICO

Envision New Mexico www.envisionnm.org/

Obesity Screening Tools www.envisionnm.org/tools_resources.html

UTAH

Utah Pediatric Partnership to Improve Healthcare Quality (UPIC)
<http://medicine.utah.edu/upiq/index.htm>

VERMONT

Vermont Child Health Improvement Partnership (VCHIP) www.vchip.org

Fit and Healthy Took Kit www.healthvermont.gov/family/fit/documents/Promoting-Healthier-Weight_pediatric_toolkit.pdf

Improving Prenatal Care in Vermont Tool Kit
www.med.uvm.edu/vchip/Downloads/IPCStateGuide.pdf

Appendix 3. Websites of Other Relevant Health Organizations

Agency for Healthcare Research and Quality (AHRQ)	http://www.ahrq.gov
Ambulatory Pediatric Association (APA)	http://www.ambpeds.org
American Academy of Pediatrics (AAP)	http://www.aap.org
American Board of Pediatrics (ABP)	https://www.abp.org
American Hospital Association	http://www.hospitalconnect.com
American Society for Quality	http://www.asq.org
Associates in Process Improvement	http://www.apiweb.org
Baldrige National Quality Program	http://www.quality.nist.gov
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov
Child and Adolescent Health Measurement Initiative (CAHMI), Foundation for Accountability (FAACT)	http://www.cahmi.org/
The Commonwealth Fund	http://www.cmwf.org
Family Voices	http://www.familyvoices.org
Health Resources and Services Administration (HRSA)	http://www.hrsa.gov
Hospital Survey on Patient Safety Culture (HSOPSC) in Spanish	http://www.premierinc.com/all/safety/culture/
Institute for Healthcare Improvement (IHI)	http://www.ihl.org
Institute of Medicine (IOM)	http://iom.edu
Joint Commission for Accreditation of Healthcare Organizations (JCAHO)	http://www.jcaho.org
Massachusetts Coalition for the Prevention of Medical Errors	http://www.macoalition.org
National Association of Children’s Hospitals and Related Institutions (NACHRI)	http://www.childrenshospitals.net/
National Initiative for Children’s Healthcare Quality	http://www.nichq.org
National Library of Medicine (NLM) – PubMed	http://www.ncbi.nlm.nih.gov/entrez/query.fcgi
National Patient Safety Foundation	http://www.npsf.org
National Quality Forum	http://www.qualityforum.org
Robert Wood Johnson Foundation	http://www.rwjf.org
Six Sigma	http://www.isixsigma.com

Appendix 4. Publications

Publications by Staff of Existing Improvement Partnerships

Smith, S. (2009). "Baby Monitors." Minnesota Medicine March 2009.
<http://www.minnesotamedicine.com/PastIssues/March2009TableofContents/QualityRoundsMarch2009/tabid/2899/Default.aspx>

Lannon, C. M., K. Flower, et al. (2008). "The Bright Futures Training Intervention Project: Implementing Systems to Support Preventive and Developmental Services in Practice." Pediatrics **122**(1): e163-171.

Margolis, P.A., Taaffe McLearn, K., Earls, M.F., Duncan, P., Rexroad, A., Peck Reuland, C., Fuller, S., Paul, K., Neelon, B., Bristol, T.E., Schoettker, P.J.(2008). "Assisting primary care practices in using office systems to promote early childhood development." Amb Pediatr **222**.

Davis, W.S., Berry, P., Shaw, J.S.(2008). "Using Bright Futures to improve community child health." Pediatr Ann **37**(4): 232-7.

Shaw, J.S.(2008). "Practice improvement: child healthcare quality and Bright Futures." Pediatr Ann **37**(3): 159-64.

Duncan, P.M., Duncan, E.D., Swanson, J.(2008). "Bright Futures: the screening table recommendations." Pediatr Ann **37**(3): 152-8.

Mercier, C.E., Barry, S.E., Delaney, T.V., Horbar, J.D., Wasserman, R.C., Berry, P., Shaw, J.S.(2007). "Improving newborn preventive services at the birth hospitalization: a collaborative, hospital-based quality-improvement project." Pediatrics **120**(3): 481-8.

Duncan, P.M., Garcia, A.C., Frankowski, B.L., Carey, P.A., Kallock, E.A., Dixon, R.D., Shaw, J.S.(2007). "Inspiring healthy adolescent choices: a rationale for and guide to strength promotion in primary care." J Adolesc Health **41**(6): 525-35.

Knight, J.R., Harris, S.K., Sherritt, L., Van Hook, S., Lawrence, N., Brooks, T., Carey, P., Kossack, R., Kulig, J.(2007). "Prevalence of positive substance abuse screen results among adolescent primary care patients." Arch Pediatr Adolesc Med **161**(11): 1035-41.

Knight, J.R., Harris, S.K., Sherritt, L., Van Hook, S., Lawrence, N., Brooks, T., Carey, P., Kossack, R., Kulig, J.(2007). "Adolescents' preference for substance abuse screening in primary care practice." Subst Abus **28**(4): 107-17.

Young, P.C., Glade, G.B., Stoddard, G.J., Norlin, C.(2006). "Evaluation of a learning collaborative to improve the delivery of preventive services by pediatric practices." Pediatrics **117**(5): 1469-76.

Frankowski, B.L., Keating, K., Rexroad, A., Delaney, T., McEwing, S.M., Wasko, N., Lynn, S., Shaw, J.(2006)."Community collaboration: concurrent physician and school nurse education and cooperation increases the use of asthma action plans." J Sch Health **76**(6): 303-6.

Shaw, J.S., Wasserman, R.C., Barry, S., Delaney, T., Davis, W., Berry, P.(2006)."Statewide quality improvement outreach improves preventive services for young children." Pediatrics **118**(4): e1039-47.

Murphey, D.A., Lamonda, K.H., Carney, J., Duncan, P.(2004)."Relationships of a brief measure of youth assets to health-promoting and risk behaviors." J Adolesc Health **34**(3): 184-91.

Frankowski BL, Leader IC, Duncan PM, Strength-based interviewing. Adolesc Med State Art Rev. 2009; **20**:22-40, vii-viii.

Other Useful Publications

George, M., Rowlands, L.D., et al.(2004).What is Lean Six Sigma? New York, McGraw-Hill.

(2004).Creating teams with an edge : the complete skill set to build powerful and influential teams.Boston, Harvard Business School Press.

Kaplan, R.S.and Norton, D.P.(2004).Strategy maps : converting intangible assets into tangible outcomes.Boston, Harvard Business School Press.

Institute of Medicine (U.S.).Committee on the Work Environment for Nurses and Patient Safety.(2004).Keeping patients safe : transforming the work environment of nurses.Washington, DC, National Academies Press.

Schwarz, R.M.(2002).The skilled facilitator : a comprehensive resource for consultants, facilitators, managers, trainers, and coaches.San Francisco, Jossey-Bass.

Institute of Medicine (U.S.).Committee on Quality of Health Care in America.(2001).Crossing the quality chasm : a new health system for the 21st century.Washington, D.C., National Academy Press.

Kaplan, R.S.and Norton, D.P.(1996).The balanced scorecard : translating strategy into action.Boston, Mass., Harvard Business School Press.

Langley, G.J.(1996).The improvement guide : a practical approach to enhancing organizational performance.San Francisco, Jossey-Bass Publishers.

Kotter, J.P.(1996).Leading change. Boston, Mass., Harvard Business School Press.

Appendix 5. Sample Job Descriptions and Employment Advertisements

Improvement Partnership Director (samples from VCHIP)

Job Description

UNIVERSITY OF VERMONT
DEPARTMENT OF PEDIATRICS

POSITION

Director, Vermont Child Health Improvement Program

JOB DESCRIPTION

Direct the Vermont Child Health Improvement Program, a population-based child health services research and quality improvement program for Vermont and Northern New England.

The VCHIP mission is to optimize the health of Vermont children by initiating and supporting measurement-based efforts to enhance private and public child health practice.

The VCHIP Director will work with UVM-based researchers and health care providers, representatives of Vermont health provider, consumer, and quality improvement groups, and officials of Vermont State Government to develop and operate a program to support this mission.

QUALIFICATIONS

1. Background in the clinical health professions with a minimum of master's level preparation
2. Health services/outcomes research skills
3. Background/familiarity with quality improvement theory and practice
4. Grant-writing experience
5. Commitment to improving health services through collaborations with practitioners and policy-makers

Applicants will be considered at all academic ranks. Applications will be accepted until the position is filled. We strongly encourage the submission of materials as soon as possible.

Job Announcement

The University of Vermont (UVM) Department of Pediatrics is seeking a new faculty member with health services/outcomes research skills, grant-writing experience, commitment to improving health services through collaborations with practitioners and policy-makers, and an entrepreneurial spirit to head an innovative population-based

quality improvement effort – the Vermont Child Health Improvement Program – for northern New England. The Director will collaborate closely with UVM-based national leaders in child health services research, as well as with representatives of provider groups and Vermont State government, to provide and operate measurement-based child health care improvement activities in the state and region. This is a research position, with opportunity for clinical practice if desired. Applicants will be considered at all academic ranks.

Recruitment Letter

I am writing to inform you of a unique faculty job opportunity in the University of Vermont (UVM) Department of Pediatrics for a pediatrician with experience in health services research. This full-time faculty position, described in the accompanying attachment, is as Director of the Vermont Child Health Improvement Program (VCHIP), a collaboration between UVM, the Vermont Department of Health, and the Vermont Chapter of the American Academy of Pediatrics.

If you are interested in this position, or know of colleagues who might be interested, please put them in contact with me. Applications from women and minorities are strongly encouraged. The University of Vermont is an Equal Opportunity/ Affirmative Action Employer.

Improvement Partnership Staff: Sample Job Descriptions

Improvement Advisor

JOB DESCRIPTION

- Provides improvement advice and assistance to help teams and the IP projects achieve significant levels of improvement.
- Leads design of appropriate learning and planning activities that lead to improvement.
- Develops improvement capacity within the IP.
- Coordinates the development of the theoretical framework (charter, aims, measures and changes) for topic areas (such as critical care, patient safety, etc.).
- Designs data strategy, addresses issues regarding measurement, determines ways to collect and report data.
- Reviews team reports and continually assesses progress, needs, and recommends interventions to achieve goals.
- Teaches and coaches teams at meetings, by conference calls, one-on-one phone calls, e-mail, and visiting if necessary to achieve goals.
- Builds statistical and improvement capability of customers and within the IP.
- Functions as key member of interdisciplinary team working on improvement.

QUALIFICATIONS

- Masters degree in statistics or related healthcare field with experience in the health care sector.

- Knowledge of improvement and statistical methods and tools such as the Model for Improvement, PDSA, time series, graphical analysis. Proficient in Statistical Process Control, measurement, and statistical analysis.
- Excellent teaching, coaching, facilitating, and presenting skills.
- Advanced computer skills (Excel, Access, statistical package).
- Excellent interpersonal communication and organizational skills; flexibility and ability to handle and prioritize multiple tasks; willingness to work in teams; willingness to pitch in when necessary at all task levels; ability to work in a fast-paced environment.

Project Director

JOB DESCRIPTION

Technical Assistance to Organizations Interested in Improving Maternal and Child Healthcare

- Assist improvement teams in the implementation of new or modified office systems strategies to provide care.
- Help each team develop policies, processes and standards for implementing and maintaining new office strategies.
- Assist teams in the development, implementation, and monitoring of performance and outcome measures.
- Develop strategies to assure ongoing implementation of office systems in sites.

Quality Improvement Facilitation, Education, and Training

- Coordinate new programmatic initiatives to include collaboration with local and national faculty (physicians, mental health providers, and specific content experts) on project design and implementation.
- Perform needs assessments, develop educational content, and teach relevant clinical content and advanced quality improvement techniques.
- Mentor and coach improvement teams to provide care with the implementation of new or modified office systems strategies.
- Serve as a clinical and quality improvement resource for practices seeking to improve their systems of care.
- Use clinical knowledge to assess clinical guidelines and suggest updates and revisions to standards of care.
- Develop strategies to enhance project implementation and collaboration in local practices and communities.

Data for Improvement

- Provide clinical expertise to the Improvement Advisor in the development, implementation, and monitoring of performance and outcome measures.
- Oversee data collection staff and subject recruitment for multiple research projects to include interviewing and screening potential participants and obtaining informed consent.

- Direct studies of clinical and administrative primary care office systems.
- Apply technical, statistical, and quality improvement methods to gather and analyze data or test new methodologies.
- Develop comprehensive, detailed knowledge of relevant issues with regard to preventive health services.
- Present results of data collection and monitoring activities to improvement teams and provide updates about project progress and activities.
- Present results of project activities at local conferences and participate in national presentations.
- Co-author scientific papers describing projects.

Project Management

- Develop individual work plans and strategies for each practice and community participating in health improvement projects.
- Direct the development of tailored materials and tools to assist improvement teams in achieving goals.
- Oversee project timeline and provide written reports to funders on deliverables.
- Collaborate with principal investigator to design protocols.
- Write responses to requests for proposals and grant applications.

MINIMUM QUALIFICATIONS

Bachelor's degree in nursing, social science, behavior science, public health, management, or related field. Additionally, training (2 years minimum) as skilled medical professional (e.g. nursing, physical therapy, physician assistant) in pediatrics is required. Minimum of 3 years of facilitation experience as a manager or a project leader in a health care setting, or related experience required. Must possess competent writing and editing skills, including sound grammar, spelling, and punctuation. Familiarity with Microsoft Windows applications including Outlook, Excel, and Word is required

Project Coordinator

JOB DESCRIPTION

To perform high-level support; maintain comprehensive records; compile and analyze data; distribute, receive, review, process and maintain surveys, forms and materials; and create flyers and brochures.

Data Collection Activities

- Data entry and data verification in project specific databases.
- Interact with project site staff to collect survey data.
- Complete revisions of practice data collection instruments, including surveys, interviews, and chart abstraction forms.
- Create and maintain spreadsheet of data collected from practices and surveys.
- Maintain and update office intervention database.

- Organize computer files and catalogue software for project.
- Coordinate Microsoft Excel and Microsoft Word to extract relevant data from database to create merges, lists, tables, and reports.
- Compose and prepare letters to project participants, drawing on information in database.
- Communicate with VCHIP Project Directors to discuss data collection progress and any issues or problems that arise.
- Administer surveys to parents and providers.
- Maintain confidential records.

Project Administration

- Create and produce brochures and flyers for project conferences.
- Assist with the preparation of presentation materials, including transparencies and slides.
- Coordinate and organize materials for conference calls to committee members.
- Maintain and distribute up-to-date directory of steering committee members and project personnel.
- Create and maintain all project-related files.
- Organize and prepare for group meetings, including project staff meetings, advisory board meetings, conference calls, and meetings with leaders of participating medical practices, directors of state health agencies and other individuals.
- Coordinate meetings and correspondence with practices.
- Compose drafts/and/or prepares letters, memos, journal submissions, and other correspondence using the appropriate agreed upon format.

Support Teams in Improvement Activities

- Provide technical support for the development of processes, standards, and strategies for implementing and maintaining new office systems in pediatric and family practices and/or hospitals to support improvements in child health care delivery. This includes drafting tools, materials, letters, spreadsheets, graphs, and presentation materials.
- Arrange site visits, working group meetings, and training sessions for the participating hospitals, pediatric and family office sites.
- Arrange work group meetings for the project planning team.
- Create and distribute project intervention materials, including flip charts, reference manuals, flow sheets, patient activation cards, and other materials used by the participating practices based on the input from the practice providers and Project Director for use by participating practices.
- Design and update annotated bibliography of patient education materials.
- Distribute, enter, and track all physician and office staff surveys for practice sites.
- Coordinate and complete all copying and printing of project materials.
- Track project activities in project sites.
- Coordinate and take minutes for working group meetings.

Office Coordination Between Internal and External Customers:

- Arrange for chart abstraction activity at each practice site.
- Coordinate meeting times with practice staff during chart abstraction.
- Arrange for one additional VCHIP staff member to perform chart abstractions for inter-rater reliability checks.
- May perform receptionist/greeter responsibilities or serve as a back-up to a Department or Clerical Assistant who performs those tasks, depending on the department's structure.
- Is aware of confidentiality concerns in the presence of visitors.
- Strives to present a professional office demeanor that emphasizes customer service and consideration.

MINIMUM QUALIFICATIONS

Associate's degree, 2-3 years experience in health care or human/social services environment and typing speed 35 WPM required, or an equivalent combination of education and experience from which comparable knowledge and abilities can be acquired. Course work in research methods and statistics highly desirable. Strong communication, organizational and interpersonal skills. Ability to manage multiple tasks and prioritize work. Knowledge of Microsoft Office applications, including Excel and Power Point required. Ability to travel statewide.

Nurse Medical Record Auditor (temporary position)

JOB DESCRIPTION

Act as the primary chart abstractor at 12 regional hospitals. The auditor will:

- Schedule visits to participating hospitals.
- Abstract data from 30 charts in each hospitals using established protocols to determine chart eligibility and data entry.
- Document any uncertainties/irregularities during the data abstraction process and report them to Project Director and Principal Investigator as appropriate.
- Provide a written summary of chart abstraction to project team within 3 days of completion of chart abstraction.
- Send the data file to Project Coordinator within 3 days of completion of chart abstraction.
- Collaborate with additional chart abstractors to perform inter- and intra-rater reliability checks on randomly selected charts.
- Participate in all training activities for the medical record audits.
- Participate in Feedback Session presentations at all hospitals for which you acted as the primary chart auditor.

MINIMUM QUALIFICATIONS

Nursing degree with active Vermont license or comparable education and experience. Knowledge of medical terminology and Microsoft Access. Comfortable reviewing medical records and abstracting relevant information. Methodical with a high level of attention to detail, objective, reliable, discreet, and willing to sign a confidentiality statement at each hospital. Reliable transportation required.

Improvement Partnership Staff: Sample Employment Advertisements

Project Coordinator

The Vermont Child Health Improvement Program (VCHIP) is a population-based, child health service research and quality improvement program based within the University of Vermont's College of Medicine. Its mission is to optimize the health of Vermont's children by initiating and supporting measurement-based efforts to enhance private and public child health practice. VCHIP is supported by and works in collaboration with the State of Vermont, the American Academy of Pediatrics—Vermont Chapter, the University of Vermont, and the National Initiative for Children's Healthcare Quality (NICHQ). Over the last two years, VCHIP has initiated several programs directed at improving the health of Vermont children by working with pediatric and family practices and hospitals to improve the delivery of primary care to children and improve screening, treatment and referral for substance abuse for adolescents. Additional projects include implementing an internet-based patient-controlled medical record system; developing quality improvement activities around infant mortality and injury prevention; and working with state and community-based agencies to improve healthcare for children in foster care.

Core responsibilities include coordinating project logistics, data collection, administering surveys, conference planning, and maintaining and processing records for multiple projects. Project Coordinators have the opportunity to work on statewide and national projects to improve pediatric health services delivery. In addition, Project Coordinators collaborate with faculty from various departments within the College of Medicine to assist in the planning and implementation of quality improvement projects. Further opportunities exist for employees to participate in research activities and training seminars on quality improvement in child and adolescent healthcare.

Strong candidates will have knowledge of or interest in pediatric research and quality improvement, community-based projects, health policy, and state government. VCHIP is looking for candidates who are highly organized and skilled at managing numerous details for multiple projects, can complete tasks effectively and accurately in a timely manner, are able to work independently, and work well as a member of a project team. A bachelor's degree in social science, health services administration, public health, or related field is highly recommended. Apply with cover letter, resume, and names of three references to...

Data Coordinator Advertisement (part-time temporary position)

The Vermont Child Health Improvement Program (VCHIP) of the University of Vermont, Department of Pediatrics is seeking a part-time (approximately 20 hours/week) temporary employee to provide data coordination and administrative support for several healthcare-related projects. Experience with data entry, graphing, and creating professional-level presentations are required. The candidate should have strong attention to detail and proficiency with Microsoft Office (Excel, Word, Outlook, and Access). Experience working on research projects preferred. This is not a regular on-going UVM position and does not include benefits. Please send cover letter, resume, and salary requirements to...

Appendix 6. Contractual Language Between VCHIP and Medicaid

This Appendix provides excerpts of the contractual language contained in the VCHIP contract with Medicaid. Three sections from the contract are included:

- An explanation of how the State Medicaid Plan and the EPSDT requirements relate to child health
- Aim of the Improvement Partnership in Vermont
- An explanation of a specific VHCIP project

These excerpts are included to demonstrate how the work of the Vermont Child Health Improvement Partnership is inextricably linked to the Federal requirements, meets the exclusive needs of the Medicaid program, and informs Medicaid policy.

State Medicaid Plan and EPSDT Requirements as They Relate to Child Health

The State Medicaid plan requires in general that medical care and services be consistent with efficiency, economy, and quality of care and be available to Medicaid recipients at least to the extent that such care and services are available to the general population in the geographic area.^{*} The Plan also requires the provision of early and periodic screening and diagnosis of eligible Medicaid recipients under age 21 to ascertain physical and mental defects, and to provide treatment to correct or ameliorate defects and chronic conditions.[†] State Medicaid program administration may include disease management activities such as working with providers to: promote adherence to evidenced-based guidelines; improving provider-patient communication skills; and providing routine feedback on beneficiary utilization of services.[‡]

Required EPSDT activities include, (a) informing eligible individuals (or their families) about the benefits of preventive health care, (b) screening, that is regularly scheduled examinations and evaluations of the general physical and mental health, growth, development, and nutritional status of infants, (c) diagnosis and treatment, to include immunizations and vision and hearing screening, (d) accountability, to include description of screening package and methods used to assure informing eligible individuals, and (e) timeliness in the provision of these services.[§]

The agency must set standards for the timely provision of EPSDT services which meet reasonable standards of medical and dental practice, as determined by the agency after consultation with recognized medical and dental organizations involved in child health care and must employ processes to ensure timely initiation of treatment.^{**}

* SSA §1902(a)(30)

† 42 CFR 441.50, **State Plan Requirements.**

‡ CMS Letter to State Medicaid Directors, SMDL #04-002, Feb. 25, 2004

§ 42 CFR 441.56, **Required activities.**

** 42 CFR 441.56, **Required activities.**

A periodicity schedule, developed in consultation with recognized medical and dental organizations involved in child health care will specify screening services applicable at each stage of the recipient's life, beginning with a neonatal examination.* The agency must make appropriate use of State health agencies, State vocational rehabilitation agencies, and Title V grantees (Maternal and Child Health/Crippled Children's Services)...further, the agency should make use of other public health, mental health, and education programs and related programs, to ensure an effective child health program.† In addition to providing these services, the goals of the EPSDT program are to contain costs and improve services by reducing service overlaps or duplication and closing gaps in the availability of services; and focusing services on specific population groups or geographic areas in need of special attention.‡

Aims of the VCHIP Program

An Effective Medicaid Program

Vermont's Medicaid program is typical in some ways and unusual in others. Due to Vermont's generous Medicaid eligibility and Dr Dynasaur program (which allows eligibility up to 300% of the federal poverty level) a substantial portion of the population under 18 years of age either receives Medicaid as a primary insurer, a secondary insurer, or is eligible for Medicaid benefits but not getting them at this time. Overall, slightly more than half of Vermont children are either covered by or eligible for Medicaid benefits,[§] and in many primary care practices, Medicaid patients comprise the majority of patients in the practice.

The services funded by this grant to health care providers will only be offered to those providers participating in the Vermont Medicaid Program.

To assure that all babies have a healthy start in life and that pregnant women receive early and comprehensive prenatal care, the Vermont Department of Health (VDH) and the Office of Vermont Health Access (OVHA), departments of the Agency of Human Services, the Single State Agency, have developed a working partnership with the University of Vermont's Vermont Child Health Improvement Program (VCHIP), to assure the availability and accessibility of high quality health care and its efficient and effective use by Medicaid beneficiaries. The aim of this partnership is to:

1. Develop, measure, promote, and disseminate positive changes that can improve health care delivered to children, women and families by practitioners who participate in Vermont's Medicaid program.
2. Support evidence-based health care practice.

* 42 CFR 441.58, **Periodicity schedule.**

† 42 CFR 441.61, **Utilization of providers and coordination with related programs.**

‡ CMS 45-5 §5230

§ <http://www.aap.org/advocacy/schipef.htm>

3. Ensure an efficient, economic, and effective child health program that is essential for the implementation of the State Medicaid Plan.
4. Monitor the services delivered to Medicaid eligible children to ensure that medical care and services are consistent with efficiency, economy, and quality of care and are available to Medicaid eligible children and pregnant women at least to the extent that such care and services are available to the general population in the geographic area.

Data Collection & Reporting Committee

Improving the health and well-being of Medicaid-covered pregnant women and children in Vermont through improvements in the quality of health care they receive is the primary goal of this partnership. Activities to achieve this goal include the collection of data and its analysis that support:

1. Evaluating the individual initiatives funded by this contract seeking to bring about improved medical practice.
2. Measuring the number of children covered by Medicaid receiving necessary preventive health and medical treatment services.
3. Determining that medical care and services are available to Medicaid eligible children at least to the extent that such care and services are available to the general population in the geographic area

To this end, the members of this partnership have established a Data Collection and Reporting Standards Committee with representatives from VCHIP, VDH, and OVHA. This committee will continue to meet bimonthly or more frequently if necessary.

Project Specific Language

Improving Child Development Project

Substantial evidence suggests that intervening early with appropriate developmental services can improve early experiences, resulting in improved outcomes for children. The Health Screening Recommendations for Children and Adolescents cites “systematic developmental assessment by history and observation” and “psychosocial and behavioral assessment” as key components of services under EPSDT. The goals of the Healthy Development Program are: to determine the availability and provision of developmental services for Medicaid children less than five years of age; to identify and assist in the implementation of activities in primary care practices that would increase the availability and accessibility of developmental services for Medicaid children less than five years of age, and to identify changes in state Medicaid policy that would diminish any observed discrepancies between current practice and established standards of care in developmental services.