January 2014 - June 2015 Report

Helping Alabama’s children
achieve optimal health
Alabama Child Health Improvement Alliance

Our mission is to improve health outcomes by fostering a culture of quality improvement through partnerships with practitioners, payers, families and organizations that deliver care to Alabama children.

In May 2013, Grant Allen, MD, FAAP and Wes Stubblefield, MD, FAAP invited “leaders and long-time partners in improving child health” to attend an informational session about “…an important collaborative designed to transform primary care via systems change and quality improvement.” In the short 18 months since that initial meeting, Alabama’s child health leaders have stepped to the plate to form the Alabama Child Health Improvement Alliance (ACHIA). ACHIA leadership has worked diligently to develop a programmatic infrastructure, establish a recognizable identity, earn membership in the National Improvement Partnership Network (NIPN), and more... all while going about the most important work of helping pediatric practices improve the care they deliver to infants, children and adolescents. On behalf of a proud partner, Children’s of Alabama, congratulations on a very successful 2014.

~ Lori Moler, Children’s of Alabama

Primary care providers have a unique opportunity to prevent and identify physical and mental disorders in children and adolescents.

Delivery of best care makes a number of demands on practices, including:

• translating best evidence guidelines into daily practice,
• adapting to an increase in chronic conditions and behavioral and mental health disorders of childhood,
• responding to increasing expectations to measure, report on, and continually improve quality of care,
• meeting payor expectations to meaningfully incorporate electronic records and to transform practices into patient centered medical homes.¹

¹ Adapted from The National Improvement Partnership Network: State-Based Partnerships That Improve Primary Care Quality Shaw, Judith S. et al., Academic Pediatrics, Volume 13, Issue 6, S84 - S9

That’s where ACHIA comes in.

ACHIA supports pediatric and family medicine practices in improving the care delivered to infants, children and adolescents.

ACHIA develops and implements practice collaboratives around areas of care in need of improvement such as improving obesity prevention and treatment or increasing screening to identify children at risk of developmental delay at ages where intervention is most beneficial.

ACHIA supports practice-based improvement with faculty experts in targeted content areas, quality improvement coaching to implement workflow changes, technical assistance in collecting and interpreting quality improvement data, as well as information about coding the level of care delivered.
ACHIA PROJECTS

Identify Children with Autism and Developmental Delays at the Right Time
Help Me Grow: An ACHIA Developmental Screen QI Collaborative
February 2014 - October 2014

The Goal
To increase the use of screens to detect children at risk of developmental delays and autism to 80 percent and increase the referral rate of children at risk by 50 percent

The Challenge
Children with developmental delays and autism achieve best outcomes when connected to interventions early in life.

Historically, only 1 in 10 of Alabama’s toddlers receive the screens to identify children at risk of developmental delays.

As a result, half of children with developmental delays and autism are not recognized until school age.

Reasons doctors do not provide screens include
• Insufficient knowledge of screening benefits and of referral resources
• Lack of staff and physician time to complete screens during the office visit
• Concerns about costs involved in screening
• Lack of staff and physician time to dedicate to improving care

How ACHIA Helped
ACHIA provided developmental faculty experts, quality improvement coaching, peer-to-peer learning and technical support for data management over the course of a nine-month long learning collaborative for practices that chose to participate.

What practices accomplished
• Learned the evidence behind screening
• Revamped workflow, incorporating screens and improving referrals
• Incorporated appropriate coding for billing
• Gained points for professional board certification and state medical licensure
• Established protocols to sustain the gains

The Impact

<table>
<thead>
<tr>
<th>4,204</th>
<th>Total Screens</th>
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<tbody>
<tr>
<td>Practices improved from not performing routine screens to providing age-appropriate screens more than 80 percent of the time.</td>
<td></td>
</tr>
<tr>
<td>187</td>
<td>Total Referrals</td>
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<tr>
<td>Practices improved from a baseline of 7 referrals per month to an average of 21 referrals a month.</td>
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</tr>
<tr>
<td>20</td>
<td>Doctors enrolled</td>
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<tr>
<td>Practices participated from the Jefferson County area in the Help Me Grow-Central Alabama.</td>
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<tr>
<td>7</td>
<td>Practices</td>
</tr>
<tr>
<td>Now completing recommended screens to identify their patients at risk</td>
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</tbody>
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187 Total Referrals
4,204 Total Screens
20 Doctors enrolled
7 Practices
The Goal
Increase proper use of BMI/nutrition and physical activity counseling for prevention and treatment, use of blood pressure/classification, motivational interviewing/self-management -- all to at least 80 percent.

The Challenge
Approximately 35 percent of Alabama’s children are obese, which leads to our adults being #1 in the country for hypertension and #3 for diabetes. Despite expert recommendations for childhood obesity prevention and treatment available since 2007, few doctors apply them to their patients, including only 53 percent applying the easiest step of Body Mass Index.

Reasons practices do not provide obesity prevention and treatment care
• Inadequate measurement and classification of weight, height, body mass index and blood pressure.
• Lack of training in motivational interviewing and engaging families in talking about weight management
• Lack of referral services for dieticians
• Concerns of time and staff commitment

The Impact to Date
All practices have met the goals of classifying the BMI and blood pressure for at least 80 percent of the age-appropriate health supervision visits. They are also providing self-management support for those who are overweight or obese.

Significantly, the number of children leaving the office without being assessed for readiness to change has decreased from 67 percent in September 2014 to 13 percent by June 2015.

While the collaborative is still underway, practices have already improved care by:
• Learning the evidence behind obesity prevention and treatment from faculty experts
• Revamping BMI and blood pressure measurement techniques to improve accuracy
• Implementing motivational interviewing by physicians and staff
• Incorporating coding to bill accurately

We have a young man who has been with our practice for years and has had behavioral issues as well as a BMI of 36. After learning about motivational interviewing in the Healthy Active Living QI Workshop, our nurse helped him set self-management goals. His BMI is now 32. When he began to lose weight, his mom joined in as well and has lost weight. Physical activity has helped his behavioral issues tremendously.

~ LaDonna Crews, MD, FAAP
Aligning Quality Improvement Interests

In addition to supporting practice transformation, ACHIA participates in policy development at the state and national level. During its first year, ACHIA established its charter and its administrative home at The University of Alabama at Birmingham. ACHIA staff participated in meetings, collaboratives and committees to partner and explore future areas of QI alignment.

ACHIA’s Statewide Participation

Alabama Medicaid RCO
  Quality Assurance Committee
Project LAUNCH
Alabama’s Maternal Child Health Partners
Children’s of Alabama
Jefferson County Department of Health
Community Matters 20/20
United Way of Central Alabama
ALL Kids
Alabama Chapter - American Academy of Pediatrics
ADPH - CMS Practice Transformation Initiative
Children’s Complex Care Committee

ACHIA’s National Participation

Association of Maternal and Child Health Programs
National Improvement Partnership Network

Generous Partnership Support

ACHIA’s kick-off year has been made possible by support from the following:

- Children’s of Alabama
- Alabama Medicaid Agency
- The Caring Foundation
- University of Alabama at Birmingham
- ADPH -- Title V
- ADPH -- All Kids
- Center for Strategic Health Innovation
- Alabama Chapter - American Academy of Pediatrics

The Children’s Health Insurance Program’s (CHIP) association with ACHIA is an example of a perfect partnership. CHIP’s ability to achieve its goal of providing health insurance coverage as a means of delivering quality healthcare services to Alabama’s uninsured children is enhanced by ACHIA’s focus on improving the quality of health care delivered to all Alabama children.

~ Cathy Caldwell, Director, Bureau of Children’s Health Insurance, Alabama Department of Public Health

Steering Committee

ACHIA evolved from a concept at a June 2013 meeting organized by the Alabama Chapter - American Academy of Pediatrics and hosted by Children’s of Alabama to an established statewide alliance that has delivered the outcomes described in this annual report, thanks to the support and commitment of the steering committee partners.

ACHIA Staff

Director - Cason Benton, MD, FAAP, Associate Professor of Pediatrics, University of Alabama at Birmingham
Project Manager - Linda Champion, MPA, Project Coordinator, Alabama Chapter - American Academy of Pediatrics
Financial Officer – Zachary Garmon, Financial Officer II, UAHSF Department of Pediatrics
The Alabama Child Health Improvement Alliance (ACHIA) is a statewide collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children’s healthcare.

Each of these organizations shares a commitment to improving the health of Alabama’s children. ACHIA is housed in the University of Alabama at Birmingham Department of Pediatrics, a state agency, with staffing comprised of a director and administrative and support personnel.

For more information
achia.org
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