

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Oregon Pediatric Society

SUMMARY

WORLD CLASS CHILD HEALTH VISION

For OREGON

April 2009

The Oregon Pediatric Society leadership has created this roadmap to guide the realization of the vision of World Class Child Health for Oregon. This roadmap guides our organization over the next five years at four distinct levels of focus: leadership, coordination of systems, delivery system, and practitioners. Additionally, the first year of activities guide the trajectory to realize the five year goals.

A FIVE YEAR ROADMAP

By 2014....

Level 1: Leadership

1. Oregon Pediatric Society is the leadership voice in Oregon for child health and development

- i. OPS Board demonstrates strong leadership activities that engages membership and guides practice transformation activities for pediatric practice toward Oregon's World Class Child Health Plan
- ii. OPS members are engaged in multiple leadership activities at national state, county and local levels with coordination and alignment of public- private child health and development improvement initiatives.
- iii. Communication and data management processes have been established which allows for efficient exchange and updates of quality improvement data, initiatives, activities and innovation among all members of OPS

Level 2: Coordination of Systems

2. Oregon's Child Health and Development Improvement

Partnership has demonstrated leadership and project success

- i. OPS is an equal partner within Oregon’s Child Health and Development Improvement Partnership assuring the success of child health improvement efforts within the primary child health sector.
- ii. Alignment of goals, data and initiatives for World Class Child Health in Oregon through the Improvement Partnership has established three key and statewide child health improvement projects:
 1. Improved developmental health and kindergarten readiness in all communities
 2. Improved asthma, obesity and CSHCN management and care coordination in primary care practice through established QI activities
 3. Improved primary practice mental health care in coordination with communities

Level 3: Delivery system

3. Coordinated financing reform with expanded medical home (integrated health home) has transformed and improved quality healthcare toward World Class Child Health care for Oregon.

- i. The OPS has provided leadership to specifically target and establish collaborative projects between health plans and primary care practice with a model of financial incentives in exchange for quality measurement and outcomes
- ii. Mental health care is monitored and coordinated within the primary care practice with sufficient reimbursement, elimination of equity barriers, quality measurement and community mental health system coordination.
- iii. Expanded care coordination for children with special health care needs is successful financed and outcomes are successfully measured to demonstrate improved child health outcomes within the primary care setting

Level 4: Practitioners

4. OPS practitioners utilize quality improvement processes in practice to improve child health quality

- i. OPS QI subcommittee works within Oregon’s Child Health Improvement Partnership to engage primary pediatric practices in quality improvement projects involving aligned state wide goals and initiatives
- ii. Learning communities, webinars and local collaboratives of pediatricians and other child health providers readily share methods and tools in utilizing

quality improvement within their practices

- iii. OPS coordinates alignment of quality improvement activities for OPS membership within key child health improvement projects
- iv. OPS membership joins with community partners in the development of universally utilized individual child health/development outcomes across Oregon's communities.

5. OPS practitioners team with community partners to build integrated health homes to promote health and development

- i. Pediatric offices around the state team with community partnerships to build active, data driven integrated health homes.
- ii. HELP ME GROW is a statewide coordinated effort that connects children, their integrated health home and necessary community resources
- iii. Early intervention systems and pediatricians have created integrated communication, shared data sets, joint monitoring and team based collaboration, when necessary.
- iv. Integrated health homes successfully coordinate care with schools and communities to manage asthma, obesity and chronic conditions of CSHCN.
- v. Pediatricians and their care coordination teams coordinate and manage children's mental health needs within the integrated health home and have ready access to mental health consultation by child psychiatrists and other mental health specialists when needed for expanded coordination of care.

A ONE YEAR ROAD MAP

By 2010

Recognizing that transformation of child health care toward World Class Child Health for Oregon will require immediate leadership and actions, the OPS leadership ranked the specific actions that would move this vision forward during the next year. Ranking of the top five prioritized actions for importance yielded the following:

- 1. Strengthen the OPS leadership and communication structure to accomplish the Society's goals
- 2. Develop and strengthen a Pediatric Council providing leadership and financing agendas to improve child health care delivery and

- transformation of quality practice
3. Create a public-private partnership to support targeted child health transformation at the child, practice and policy level
 4. Engage and train child health providers in quality improvement methodologies to realize these transformational activities.
 5. Create a communication network and structure for the private child health practitioner community for practice engagement, building shared agendas, and for local and state advocacy to improve child health.

Specifically, by the end of 2009, the OPS will have achieved the following outcomes:

1. Strengthen the OPS leadership and communication structure:

i. Strengthen OPS structures

1. Engage an organization development consultation toward expanding role and scope of activities of Executive Director
2. Strengthen OPS Board
 - a. Active Regional trustees
 - b. Active committee membership
 - c. Liaisons membership (i.e., OHSU, Legacy, Kaiser, etc)
 - d. Quarterly meetings with action plans
3. Support and promote Action Committees with OPS Board charge
 - a. Action Committees
 - i. Pediatric Council whose role will be to coordinate pediatric practice financing initiatives with public and private payors.
 - ii. OPS QI whose role will be coordinate quality improvement activities for chapter members and with state child health improvement partnership.
 - iii. Child Oral Health Committee whose role will be to coordinate improved children's oral health care within pediatric practice.
 - iv. OPS-OCCAP Mental Health Taskforce whose role will be improve the quality, delivery and systems of mental health care in primary care pediatric practice.
 - v. Medical Home and Children with Special Health Care Needs whose role will be to coordinate and integrate services for CSHCN within Title V, practices and community.
 - vi. Young physicians and advocacy whose role will be to engage young physicians in OPS advocacy and activities.
 - b. Monitoring by Steering committee of Action Committees
 - i. Monthly reporting by committee to steering committee
 - ii. Chairs of Committees serve on OPS Board and report to quarterly OPS Board meetings

ii. Strengthen regional OPS leadership

1. Identify, broaden and establish regional OPS leaders across Oregon
 - i. Portland Metro CHA
 - ii. Coos Bay Rabin/McKelvey
 - iii. Medford/Ashland/Grants Pass Hough
 - iv. Eugene Harlor/Marks
 - v. Salem Lace/Carlson
 - vi. Bend/Redmond Brown/Hodges
 - vii. Klamath Falls Sears

2. Strengthen OPS leadership and coordination with Child Health Rural Practice network Dunbrasky
 - a. Linkage and coordination with ORPRN
 - b. Coordination with ORPRN and Office of Family Health child health quality improvement activities

iii. Improve ongoing communication processes

1. Monthly email of activities and updates to OPS state leadership
2. Every other month shared active committee reports by phone conference
3. Committee reports available on OPS website
4. Quarterly OPS newsletter

Level 2: Coordination of Systems

2. Establish Oregon's Child Health and Development Improvement Partnership

- i. OPS joins with the Oregon's early childhood public private partnership around developmental health improvement project
 1. HELP ME GROW INITIATIVE
- ii. OPS QI promotes and establishes Child Health Quality Improvement Project
 1. Ongoing inventory of state child QI functions: (e.g., dental, medical home, obesity, immunization, etc.)
 2. Sharing of successful quality improvement initiatives across practices
 3. OPS submits Commonwealth VCHIP application for technical assistance in the development of an IP

Level 3: Delivery System

3. Improve reimbursement for clinical services within expanded medical home ("integrated health home")

- i. OPS leaders and health plans develop a spirit of collaboration toward the necessary reforms for the child health reimbursement structures that promote quality improvement within an integrated pediatric health home
- ii. Improved reimbursement for expanded care coordination
 - 1. Peds Council is successful in establishing methods of funding for care coordination codes
 - 2. Peds Council is effective in assuring expanded phone and email code reimbursement
 - 3. Peds Council is successful for universal funding for use of developmental, psychosocial and mental health screening tools
- iii. OPS-OCCAP Mental health in primary care has achieved financing and system improvements for the delivery of quality mental health care in primary care practice
 - 1. Access to child psychiatry-pediatric consultations
 - a. reimbursement for non-face to face consultation
 - b. pilot a child psychiatry-pediatric consultation network (MCPAP-like) project in two communities
 - 2. Improved reimbursement systems for mental health delivery within primary care practice

Level 4: Practitioner

4. Improve QI opportunities for OPS practitioners

- i. OPS QI subcommittee establishes QI projects, structures and training to meet American Board of Pediatrics (ABP) Maintenance of Certificate Part IV
 - 1. OR START project achieves ABP Certification
 - 2. OPS is awarded AAP's Chapter Alliance for Quality Improvement (CAQI) chapter grant.
- ii. Coordinated training of physicians and staff in QI processes including PDSA cycles and concrete examples of using rapid cycle improvement within practices
- iii. Develop a culture of sharing small practice change success stories

5. Improve coordination of care between pediatricians and community

- i. Develop pilots of HELP ME GROW communities
- ii. Monitor referral rates to EI – child find rates communicated to pediatricians
- iii. Create sustainability of child psychiatry-pediatricians teams/collaborations
- iv. Align child health and development goals between practice, public health systems and leadership through the Oregon's Child Health and Development Improvement Partnership