

Outcomes

for the Health of Ohio's Children

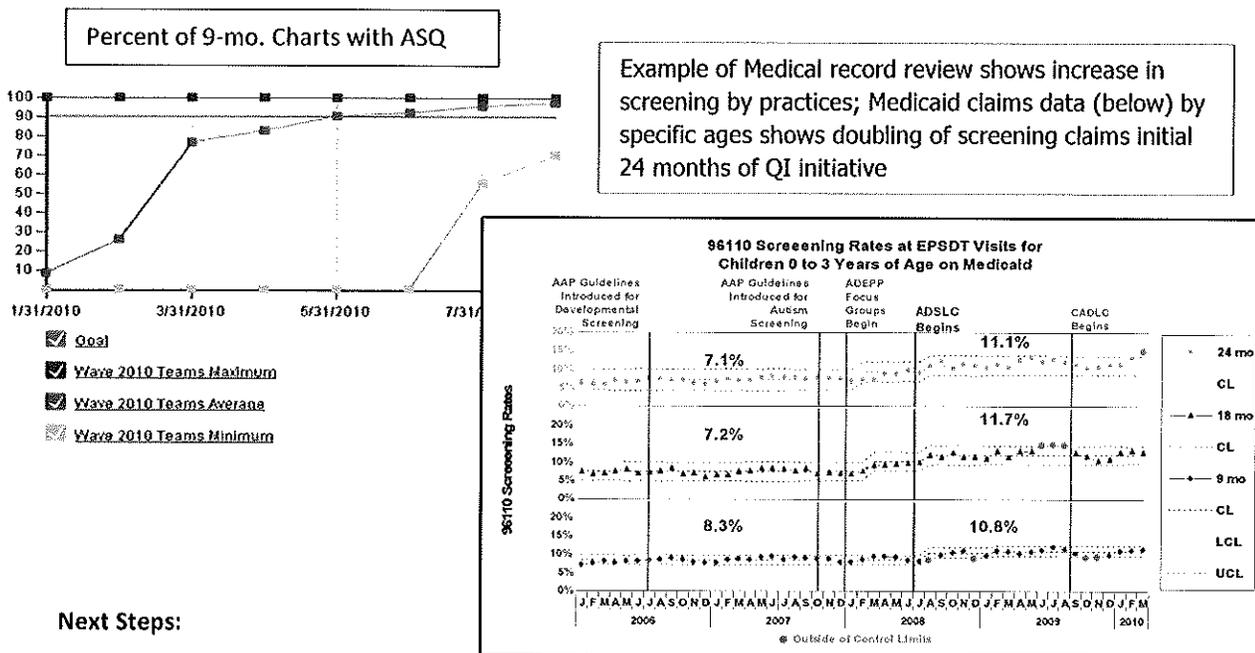
- **Health Home**
 - Pediatric/Psychiatry Network
 - System of Care for Kids Mental Health & At Risk for Out of Home Care
- **Prevention**
 - Concerned about Development & Autism Screening
 - Help Me Grow Home Visiting, inc. maternal depression screening
 - Managed care well child screening Initiative
 - Childhood Obesity
 - Early Childhood Mental Health
- **Innovation & Cost Effectiveness**
 - Ohio Perinatal Quality Collaborative
 - Solutions for Patient Safety initiatives
 - Maximizing enrollment of eligible children & Maintaining stability of coverage

Concerned About Development Initiative

Efforts to address early child outcomes have been supported by the Ohio Department of Health ADEPP grant to the Ohio chapter of the American Academy of Pediatrics (with subcontract to Akron Children's Hospital) and an Ohio Department of Job and Family Services Medtapp award to Cincinnati Children's Hospital Medical Center.

Project Goal and Accomplishments These efforts aim to work at all levels of the health care system to ensure that systems are in place to support the appropriate identification, evaluation, and treatment of children with delayed development, autism, and social-emotional concerns.

- **Raised awareness** about importance of screening with community focus groups, an extensive media campaign, and through the website, www.concernedaboutdevelopment.org
- **Trained clinical teams** from 96 primary care practices representing > 900 physicians and trainees (4 waves 8-month learning collaborative) between Sept. 2008 and present; 74% of practices see > 25% Medicaid; 7 pediatric and 1 family medicine residency; self-reported screening rates from ~15% to 70%->90%
- **Developed diagnostic partnerships** in local communities to support and assessed potential linkages with child care providers - 28 community partnerships to aid in enhanced evaluation
- **Endeavored to strengthen referral linkages** with Help-Me-Grow (HMG) through development and testing of referral forms between practice and HMG; involvement of HMG in collaborative sessions to link with practices
- **Built foundation of engaged primary care practices** to participate in ongoing quality improvement initiatives



- Develop training module on delayed development and autism for use with Ohio child care workers and Help-Me-Grow; complete work with American Board of Pediatrics *online module* using Ohio CAD examples, measures, strategies which will be available for ongoing training beginning spring 2011
- Summarize assessment of resources and referral options for young children with social-emotional concerns
- Build on engaged network of 96 primary care practices throughout Ohio to develop additional efforts (i.e. linkages and training to Pediatric Psychiatry Network, care coordination and primary care medical home model,)

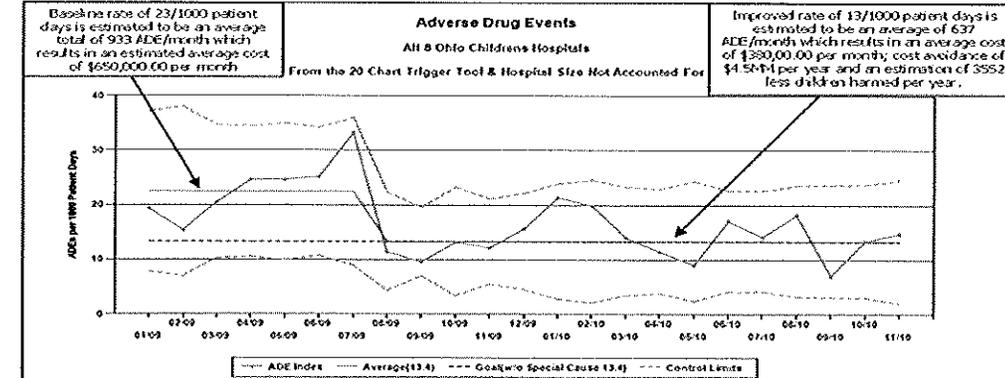
Ohio Children's Hospitals Solutions for Patient Safety

The Ohio Children's Hospitals Solutions for Patient Safety Collaborative (SPS), founded in January 2009, is a collaboration of the Ohio Children's Hospital Association, the Ohio Business Roundtable and the eight children's hospitals in Ohio. The project is funded by Cardinal Health, with the support of Ohio Medicaid. The eight participating hospitals are; Akron Children's Hospital, The Children's Medical Center, Dayton, Cincinnati Children's Hospital Medical Center, Nationwide Children's Hospital, Columbus, Rainbow Babies & Children's Hospital, Cleveland, Toledo Children's Hospital, St. Vincent Mercy Children's Hospital, Toledo and Cleveland Clinic Children's Hospital.

Project Goals and Accomplishments: The initial goals of the pediatric collaborative were aimed at reducing adverse drug events (ADE) and surgical site infections (SSI) in eight pediatric hospitals in Ohio. The collaborative worked together to share methods and processes that improved patient care and achieved significant success in reducing ADEs and SSIs.

Solutions for Patient Safety

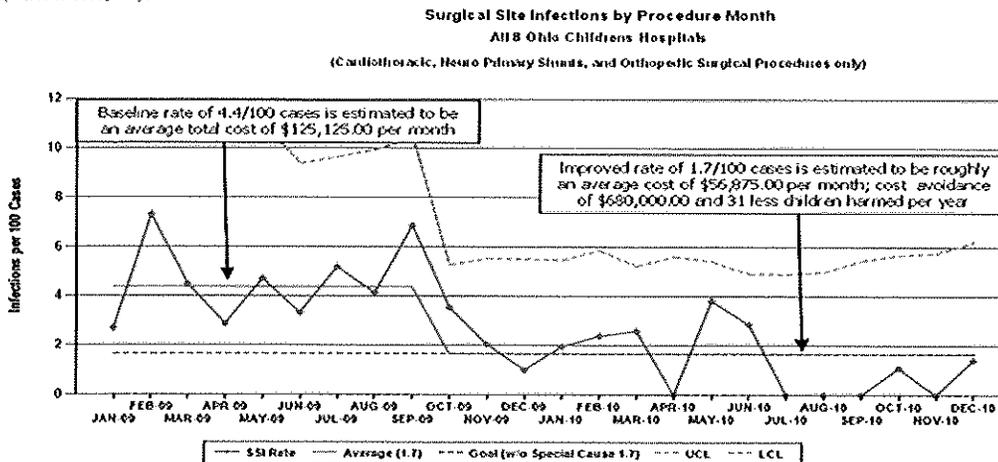
Every patient. Every day.



As shown in the graph, the ADE work has resulted in a reduction of ADEs from 23 per 1000 patient days to 13 ADEs per 1000 patient days. This improvement in the ADE rate across the collaborative has resulted in a savings of \$4.5 million dollars per year and an estimation of 3552 less children harmed per year.

Solutions for Patient Safety

Every patient. Every day.



The SSI graph shows the collaborative started with a baseline rate of 4.4 SSIs per 100 cases. After two years, the SSI rate across the collaborative has improved to a rate of 1.7 SSIs per 100 cases. This is an estimated cost avoidance of \$680,000.00 and 31 less children harmed per year.

Next Steps: Based on the success of the ADE and SSI efforts, the collaborative is expanding the work across the state to eliminate all serious harm in Ohio's children's hospitals and in the course of doing so, make Ohio the safest place in the country for children to receive health care. In addition, the collaborative hopes to reduce the overall cost of health care in the state, develop an ongoing learning network, and build a sustainable state-wide infrastructure that makes Ohio the national leader in pediatric quality and safety. A serious safety event is defined as any deviation (error or mistake) that reaches the patient and results in moderate to severe harm or death. Listed below are the aims for the next phase of the SPS project:

- **Global Aim:** Eliminate all Serious Harm across the 8 Ohio Children's Hospitals
- **Strategic Aim 1:** To reduce the number of State-wide Serious Harm Events by 50 % by 12/31/13. Then further reduce the number by a total of 95% by 12/31/15.
- **Strategic Aim 2:** To reduce the 12 month rolling average rate of SSE's by 50% from the highest rate detected in the first year of measurement across the 8 Ohio Children's Hospitals by 12/31/12. Then, further reduce the rate by a total of 75% by 12/31/15.

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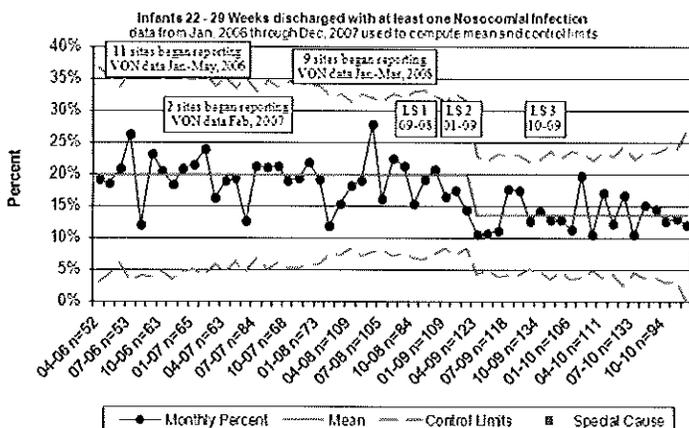
Ohio Perinatal Quality Collaborative

The Ohio Perinatal Quality Collaborative (OPQC) improvement efforts target the population of all Ohio pregnancies and all families with women of childbearing age. With funding and support from the Ohio Departments of Job & Family Services and Health, the OPQC mission is to rapidly reduce the proportion of pregnancies with poor outcomes related to prematurity and is open to all Ohio perinatal prevention and care providers, consumers, payers and planners. 24 Ohio hospitals, including all children's hospitals, actively participate in OPQC. The maternity hospitals participating in OPQC Phase 1 account for 47% of Ohio's 150,000 annual births. In addition, 96% of Ohio's very preterm infants are cared for in OPQC's participating neonatal intensive care units (NICU).

Project Goals and Accomplishments:

1. The first OPQC NICU project aimed to reduce hospital-associated infections (HAI) among preterm infants. Figure 1 shows that, among Ohio's 24 participating NICUs, infections have been reduced by 20% from 18% to 14%. Insertion and maintenance bundle development and use at sites contributed to this reduction.

Fig 1: Late onset blood stream infections 22-29 wk gestation infants



OPQC has submitted preliminary results of a study using data from the cost accounting systems of three large Ohio hospitals. This study showed that preventing infections in a typical NICU with 200 annual, preterm admissions would result in 5 fewer infection-related deaths, 131 fewer bed days and \$459,000 in cost savings. For Ohio overall this translates to at least approximately \$1.2 million in annual health care cost savings.

2. The first OPQC OB project aimed to reduce unnecessary, planned, late preterm and near term deliveries at 36 to 38 weeks gestational age. Figure 2 shows that, since initiating this OPQC project, more than 12,000 births have moved from occurring prior to the due date to full term (39 to 41 weeks). Approximately 250 NICU admissions and some Infant deaths have been avoided. Compared to the baseline period before this project, this work, by 20 large Ohio maternity hospitals and their staffs represents a major, positive transformation of obstetrical care in Ohio and at least approximately \$10 million in annual Ohio health care cost savings.

Fig 1: Reduction in deliveries at 20 OPQC hospitals w/o a medical reason at 36-38 weeks gestational age 2 yrs experience; 150-250 fewer near-term infants admitted to the NICU per year

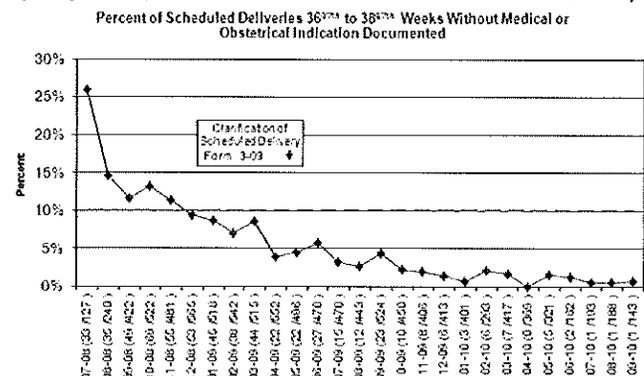
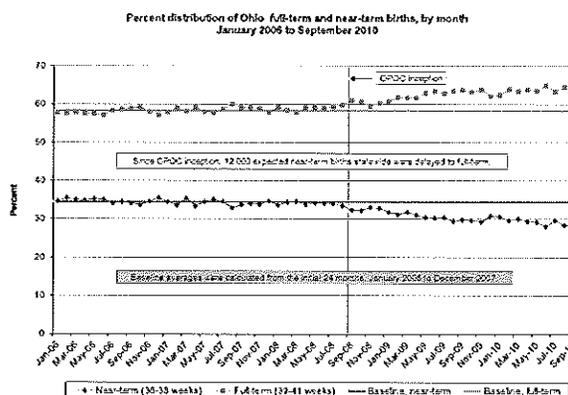


Fig 2: From Aug 2008 to Sept 2010, the number of Ohio births 36-38 weeks was 12,000 fewer compared to the number expected based on the preceding



Partnering with the Ohio Dept. of Health (ODH) to use birth certificate data for population health measurement, OPQC has gained national recognition for using and improving vital records data.

Next Steps: Phase 2 for OPQC in 2011

- Develop and plan for next OB improvement topic: 2 topics in the pipeline w OB clinical leaders
- Develop an additional bundle (skin care or human milk feeding) to infection topic in NICU's
- Disseminate successful practices from scheduled delivery project and infection project to hospitals and providers across the state
- Improve birth certificate data entry quality and use of vital stats as population health outcome measure

Pediatric Psychiatry Network

The Pediatric Psychiatry Network is a private/public collaborate initiative of the Ohio Department of Mental Health, many of Ohio's Children's Hospitals and child & adolescent psychiatry residency training programs. Development work started in 2008 and ran over the last two years. With funding from a Transformation State Incentive Grant (TSIG) from SAMSHA this technologically supported system went live on Oct 7, 2010.

The services are available to provide a decision support system for primary health care providers in screening, diagnosing, treatment and medication management of children and adolescents with behavioral health conditions. Through the system community health care providers can either utilize the dedicated toll-free number, 24 hours a day and obtain a provider to psychiatrist consultation regarding their patients or they can request a consult or information through a dedicated website. The website also contains protocols for common psychiatric illnesses as well as other educational materials, links and information regarding local mental providers and links to the participating provider hospitals.

The infrastructure of PPN also includes videoconferencing equipment located at all the participating provider sites. As remote community sites are identified with secure video capabilities patients who require a face to face consultation with a child or adolescent psychiatrist will be able to utilize telepsychiatry services within their own community or medical home.

All of these services facilitate and support high quality, cost effective integrated health care within the patients' medical home whenever possible. The decision support services help to bridge the knowledge gap that may exist for primary health care providers in the area of behavioral health. Through the use of available technology the network helps to increase access to and expand the services of the very limited child and adolescent psychiatric specialists into rural and underserved areas in an efficient and cost effective manner. Additionally, the technology infrastructure allows for dissemination of training opportunities and quality improvement efforts.

Project Goals and Accomplishments: As of December 31, 2010, 49 consults had been completed through the PPN call center from various locations throughout the state. The website usage was reported to be 688 hits through January 31, 2011. Initial feedback from community physicians has been very positive.

Next Steps: PPN work will continue to foster the collaborative work of all Ohio Children's Hospitals and child and adolescent psychiatric training programs in Ohio to increase access to high quality, timely, and cost effective service delivery for psychiatric care in support and partnership with primary health care providers. PPN will continue to seek a sustainable system to increase awareness of the program's services to community primary health care practitioners. PPN will expand both provider and patient care services, decision support, mental health informational resources and learning opportunities in an efficient, concise and cost effective manner to facilitate integrated care in the patient centered medical home.

- **Goal Aim:** Increase access to quality, cost effective and timely pediatric and adolescent behavioral health care within the patient medical home.
- **Strategic Aim 1:** Continue statewide direct marketing to community primary health care providers thus increasing total provider to psychiatrist consults 20% by 12/31/12 and 40% by 2015.
- **Strategic Aim 2:** Reduce avoidable ER usage for patients provided consult services through PPN by 5% by 12/31/12.
- **Strategic Aim 3:** To reduce avoidable hospitalizations for patients provided consult services through PPN due to a behavioral health related diagnosis 5% by 12/31/13.
- **Strategic Aim 4:** Increase number of trainings available through PPN on topics of behavioral health screening, diagnosis, treatment and medication management for primary health care providers 10% from 4/1/2011 through 12/31/12.

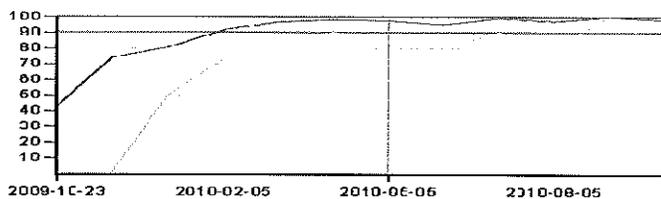
Ohio Obesity Initiatives

Ohio has several pediatric obesity initiatives. The Ohio Department of Health has provided funding for 1) the Ohio Chapter of the American Academy of Pediatrics to implement the Ounce of Prevention program in an effort to help primary care providers address the growing epidemic of childhood obesity 2) the Ohio Children's Hospital Association to support Community Health Centers in adopting office systems to address pediatric overweight and obesity, and 3) research on obesity in Ohio, through the Center for Child Health & Policy, RB&C, CWRU. The Ohio Department of Jobs and Family Services awarded a Medtapp grant to Cincinnati Children's Hospital Medical Center for a pilot project (Healthy Kids Ohio).

Project Goals and Accomplishments

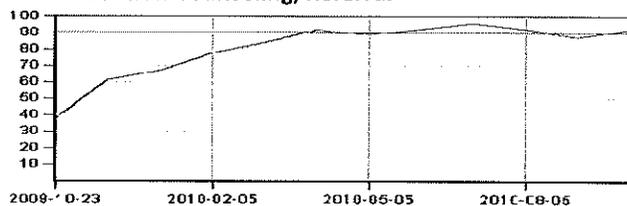
- These projects work at multiple levels of the health care system to address the pediatric obesity epidemic in Ohio where one-third of all children are overweight or obese.
- The initial JFS-funded pilot project identified what tools and strategies support the implementation of primary care offices systems for the prevention, identification, assessment, and treatment of pediatric overweight and obesity; this project worked with 15 primary care practices in Greater Cincinnati (private practices, community health centers, school-based clinic, oncology clinic) for one year: 3 workshops, monthly data and feedback, monthly collaborative calls
- Current ODH-supported statewide initiative involving community health centers and private practices
 - Key informant interviews with CHCs and community partners regarding barriers, challenges
 - Workshops in Cincinnati, Cleveland, and Columbus involving 26 primary care practices (14 CHCs and 12 private practices) with ongoing data collection, monthly webinars, sessions on motivational interviewing, and healthy eating resources
 - Ounce of Prevention and 5-2-1-0 Healthy Habits resources
 - EHR assessment for incorporating BMI percentile and feedback reports
 - Ounce of Prevention toolkits, patient handouts, and one-hour trainings: 5 regional/in-person and 8 webinars
 - Use of NCQA HEDIS pediatric obesity measures
 - Development and launch of www.theounceofprevention.org website to promote reducing childhood overweight and obesity to healthcare providers, parents and children
- Lessons learned in pilot project led to CDC-funded WeTHRIVE program in Hamilton County

BMI Percentile Documentation

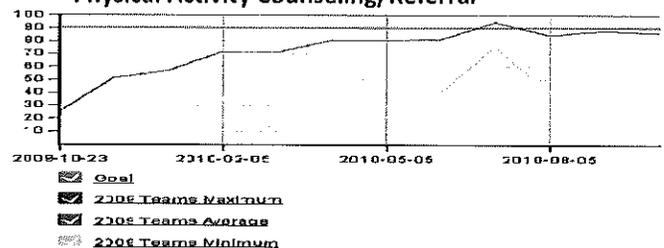


These run charts from the pilot project are examples of improvements made in office processes by clinical teams to identify BMI and provide counseling regarding healthy eating and activity (NCQA HEDIS measures)

Nutrition Counseling/Referral



Physical Activity Counseling/Referral



Next Steps:Continued support for practices participating in HKO-OP through June 2011, as well as 2 additional regional trainings and 24 office-based trainings, primarily in Appalachian Ohio, sponsored by Ohio AAP. Summary of key informant interviews and lessons learned from EHR BMI assessment.
