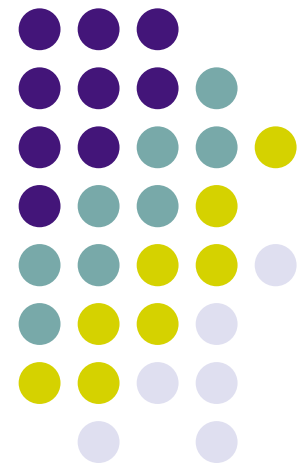
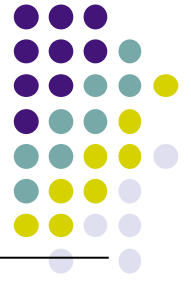


# Overview of ABCD III Evaluation Strategies and Findings

June 24, 2013

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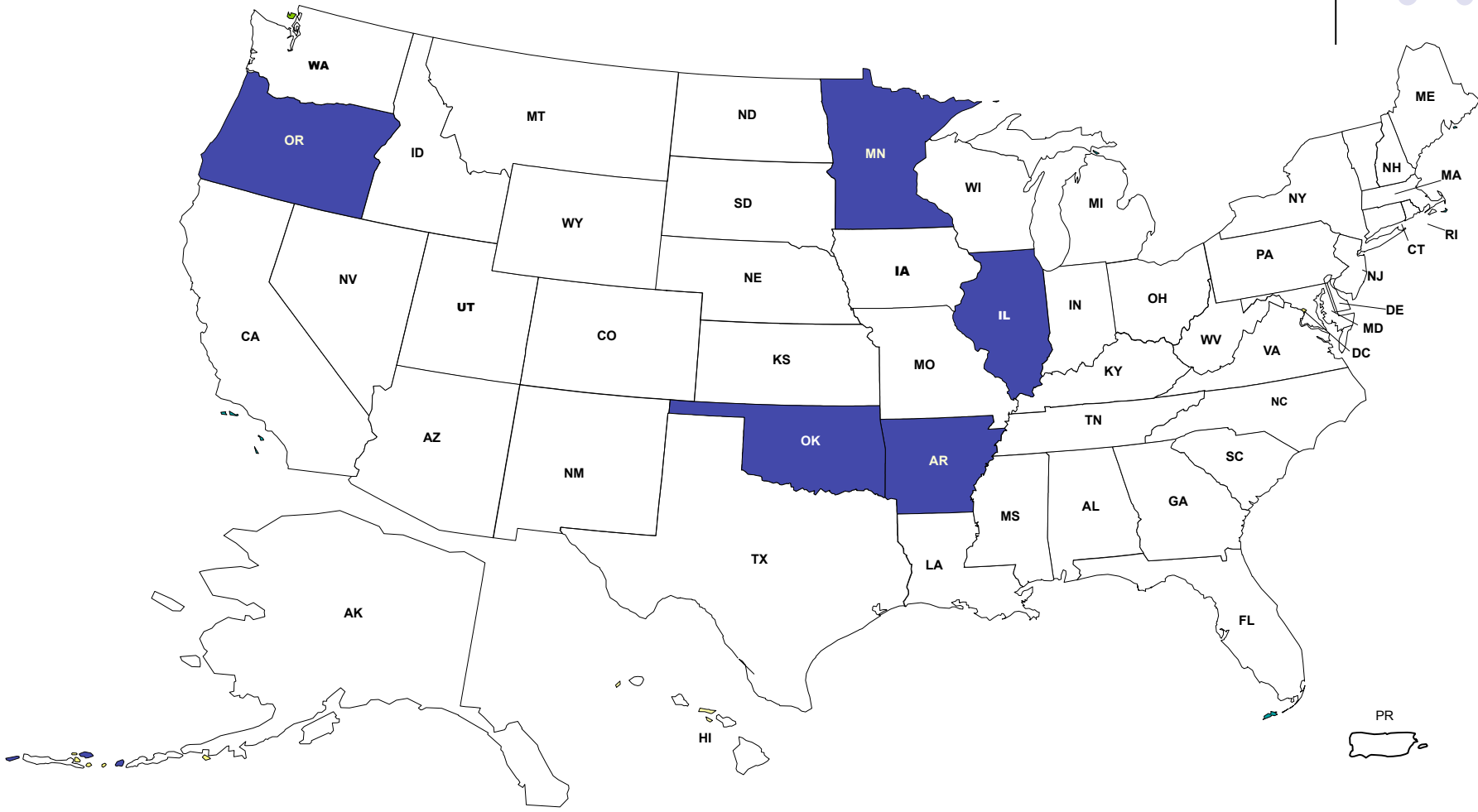


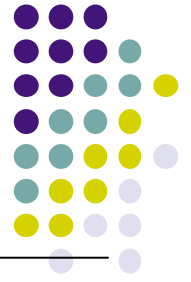
# Overview

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- How did ABCD III states work to improve care coordination?
- What did states measure?
- How did they measure?
- What were their results?
- What are the key takeaways?

# ABCD III states





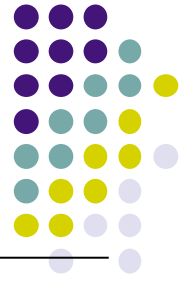
# Improvement Strategies

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- Consistent forms, tools, processes
- Primary care provider incentives
- Continuous quality improvement
- Data system enhancement or development
- Community engagement
- Integration of lessons into state reform initiatives

# Evaluation

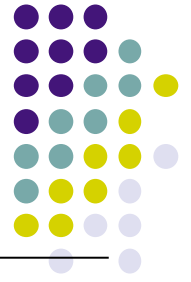
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- Expectations of state participation:
  - Evaluation plan
  - **Common outcome**
    - States selected “closed feedback loop”
  - State-specific measures

# Closed Feedback Loop

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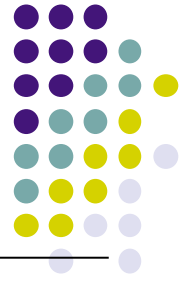


- Each state's project focused on affecting the following points of the care delivery process:
  - PCP referral to local community service provider after identification of patient risk via a screening;
  - Community service provider follow up (with referral feedback) to referring PCP; and
  - Documentation of referral feedback in the PCP chart or by the PCP (a "closed loop.")

# Closed Feedback Loop Measures



- Number of Medicaid/CHIP children referred for developmental services whose PCP knows the results of the referral (AR)
- Number of referrals EI responded to by using referral fax-back form sent to referring medical home (IL)
- Number of children ages 0-2 referred to EI for whom the eligibility status was known and marked in the child's electronic medical record at the referring clinic (MN)
- Number of children  $\leq 34$  months of age referred for EI services whose PCP knows of the services received within 80 days (OK)
- Number of children referred to EI, whose PCP received feedback from EI that was incorporated into the chart (OR)



# State-specific Measures

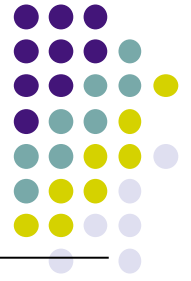
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- Stakeholder experience
  - Parents/families
  - Medical providers
  - EI providers
  - Other community providers
- Developmental screening
- Referral rate
- Timeliness



# Measurement Methods

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- Closed feedback loops:
  - Chart review
  - Claims analysis
  - Data tracking tools completed by providers
- State-specific measures:
  - All of the above, plus
    - Surveys
    - Interviews
    - Community meetings

# Closed Feedback Loops at Baseline

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- Missing (no system in place to track feedback information) in 2 states (IL, OK)
- Moderate rates of feedback in 3 states
  - 53% (AR)
  - 64% (MN)
  - 60% (OR, mid-project)

# Post-Intervention Rate of Closed Loops

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- 88% (compared to 53%) in AR
- 66% in IL
- 68% (compared to 64%) in MN\*\*
- 78% in OK

\*\*Measure changed, which may have affected results

# Timeliness: Time Needed to Close the Loop



State	Measure	Baseline	Follow up
MN	Average number of days between PCP referral and EI referral feedback for children ages 0-2 (all sites)*	147 days	56 days
	Site A	139 days	53 days
	Site B	203 days	51 days
	Site C	98 days	63 days
OK**	Average number of days for the feedback loop to be completed	85 days	51 days
	Feedback loop completed in 80 days or less	43 percent of the time	73 percent of the time
	Feedback loop completed in 160 days or less	79 percent of the time	98 percent of the time
OR	Of those who received a report back from EI, average number of days between PCP referral and EI referral feedback	133 days	n/a^
	Of those for whom the feedback loop is completed, percent completed in 80 days or less	61 percent	n/a^
	Of those with a referral, percent completed in 80 days or less	32 percent	n/a^
	Of those for whom the feedback loop is completed, percent completed in 160 days or less	74 percent	n/a^
	Of those with a referral, percent completed in 160 days or less	38 percent	n/a^
	Of those with a referral, percent with some type of information back	52 percent	n/a^



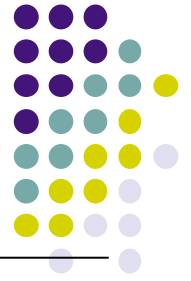
# Takeaways

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- Mechanism likely needs to be created to track referral feedback
- ABCD III states documented improvement in tracking and in some cases, closed loops
- Measuring multiple aspects of the care process helps prioritize QI efforts
- EHRs need capacity to track referral feedback and consent forms
- Multi-method strategies are valuable
- Incentives facilitated evaluation

# Thank You

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- Look for the report on [www.nashp.org](http://www.nashp.org)
  - *Improving and Measuring Care Coordination: Lessons from ABCD III*