

FFY2017
Title V State Plan
National Performance Measures (NPMs)

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What are National Performance Measures (NPMs)?

Iowa's application for Title V funding reflects national efforts toward measurement system this shift is intended to show Title V's impact on health outcomes. In the revised national performance measure framework, the focus is on the establishment of a set of population-based measures (i.e., NPMs) which utilize state-level data from national data sources and for which state Title V programs will track and work towards impacting. The NPMs address key national MCH priority areas. Collectively, they represent six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. Because Iowa chose eight NPMs from a list of 18, you will notice the numbering of the NPMs is not consecutive.

What are Evidence-based/Evidence-informed Strategy Measures (ESMs)?

Within this document, each National Performance Measure includes at least one Evidence-based or Evidence-informed Strategy Measure.

State-specific and actionable, the ESMs seek to track a state Title V program's strategies and activities and to measure evidenced-based or evidenced-informed practices that will impact individual population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues for which they are intended.

NPM 1: Percent of women with a past year preventive medical visit

ESM

Percent of Title V maternal health participants that received education on continuing their health care coverage.

Plan for the Coming Year (FFY2017)

Iowa will promote the health of women before they get pregnant through improved access to health care. With half of pregnancies unplanned, preconception health is important for all women of reproductive age. The following are the five strategies being utilized by Iowa's Title V Maternal Health (MH) program to promote health care for women.

1. Increase health insurance access to women. Health insurance plays an important role because women with insurance are more likely to obtain preventive health care. Women are more vulnerable to lose their coverage as they may depend on coverage through their partner's job, so if he loses his job or they are divorced or widowed they may have no insurance. Also, income eligibility decreases after pregnancy so many women lose Medicaid eligibility 60 days post-partum. To address these gaps Iowa will help women in the Title V MH program to evaluate insurance coverage

after delivery and help them re-establish insurance coverage if they lose coverage. Title V MH will also provide education on Iowa's Family Planning Wavier which provides coverage for birth control for one year when a birth is covered by Medicaid.

2. Ensure all Title V MH clients receive post-partum follow up. Title V MH program staff will offer home visits within the first two weeks after the birth of a new baby. If the home visit is refused, a face to face visit at a WIC clinic or the client's school will be offered. If both are refused, a post-delivery follow up call will be provided. The purpose is to integrate components of inter-conception interventions, reduce tobacco and alcohol use, control chronic disease (diabetes, hypertension, obesity) and prevent unintended pregnancy.
3. Collaborate with the Medicaid Managed Care Organizations (MCOs) on their Healthcare Effectiveness Data and Information Set (HEDIS) measure to make sure women get in for their post-partum visit. Title V MH will help schedule postpartum appointment and provide appointment reminders.
4. Title V staff will partner with Title X Family Planning staff to incorporate the preconception care clinical guideline into practice for those women who use Title X clinics as their medical home. Title V staff will also collaborate with Federally Qualified Health Centers (FQHCs) to provide care for women with no insurance.
5. Title V staff will use data to inform program development and policy change.

Comments for NPM 1

NPM 4: A) Percent of infants who are ever breastfed; B) Percent of infants breastfed exclusively through 6 months

ESM

Number of women educated on the importance of breastfeeding to ensure that the feeding decision is fully informed.

Plan for the Coming Year (FFY2017)

1. Educate pregnant women on the benefits and methods of breastfeeding. Title V MH nurses will provide evidence-based health education to promote breastfeeding. Prenatal breastfeeding education will include guidance for mothers about: anticipated situations and signs of effective breastfeeding or breastfeeding problems; the benefits of breastfeeding to mother, baby and society; correct positioning to help the infant latch onto the breast effectively; specific needs in the early days of breastfeeding; resources for help with problems; and common fears, concerns, problems and myths. MH Title V nurses will promote Text4Baby which has positive messages to promote infant health including breastfeeding.

2. Discharge planning for ongoing breastfeeding support. This strategy includes increasing access to professional support either in person, on-line, over the phone, in a group, or individually to help the mother and baby with latch, positioning, adequate milk removal, stability of the infant, comfort of the mother, counseling mothers who return to work/school, or addressing the mother's concerns. Iowa will increase collaboration between hospital based lactation consultants, Title V MH nurses, WIC staff, WIC peer counselors and community based support groups (i.e., La Leche League) to support needs of breastfeeding women.
3. Promote breastfeeding education to maternal health nursing staff. BFH will encourage MH agencies to participate in Iowa's Annual Breastfeeding Conference sponsored by IDPH. Health care professionals working in maternity need in-depth knowledge and skills directly related to breastfeeding and lactation management. BFH will continue to co-sponsor the Annual Breastfeeding Conference and encourage Title V MH nurses to attend. BFH will promote evidence based online training for health care workers (i.e., American Academy of Pediatrics (AAP) Breastfeeding Residency Training). Iowa will encourage nurses to become Certified Lactation Counselors (CLC) and continue to support the use of "Loving Support to Implement Best Practice" in WIC Peer Counseling.
4. Establish links among birthing hospitals and community breastfeeding support networks in Iowa. Iowa will create links between birthing hospital and community breastfeeding support networks including Title V MH, WIC. BFH will encourage birthing hospitals to use The Joint Commission's perinatal care core measure set to collect data on exclusive breastfeeding. Promote Colorado's "CO Can Do 5" program by providing information to birthing hospitals on the five Baby-Friendly Steps that are associated with breastfeeding duration. Iowa will provide birthing hospitals a model breastfeeding policy from the Academy of Breastfeeding Medicine. Provide data to birthing hospitals from the Maternity Practices in Infant Nutrition and Care (mPINC) Survey and Barriers to Prenatal Care Survey on specific hospital breastfeeding rates. Iowa will promote bi-directional referral between hospital based lactation nurses and Title V Maternal Health Nurses.

Comments for NPM 4

NPM 6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool

ESM

Percent of children with Medicaid coverage receiving a brief emotional behavioral

assessment using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.

**Plan for the
Coming Year
(FFY2017)**

1. Promote parent and caregiver awareness of developmental screening. Iowa's 1st Five Healthy Mental Development Initiative engages healthcare providers in supporting the use of developmental surveillance and screening tools. A partnership between providers and 1st Five staff is established for care coordination, referral, and follow up services. 1st Five will identify parent/caregiver champions that have utilized 1st Five services to provide strategies on reaching families to promote the importance and recognition of developmental screening. Title V Child Health agencies will reinforce the importance of developmental screening through the informing process for newly enrolled Medicaid families. BFH will provide Title V Child Health agencies with needed information and resources for this process.
2. Work with provider champions in associations of health professionals to promote developmental screenings within clinical settings. BFH staff will identify champions in professional organizations to conduct developmental screening outreach to health professional staff. Identified organizations may include, but are not limited to, the following: American Academy of Pediatrics – Iowa Chapter, American Academy of Family Physicians – Iowa Chapter, American Academy of Physician Assistants – Iowa Chapter, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Iowa Workgroup, and the Iowa Association of Nurse Practitioners. Outreach may include, but is not limited to, screening information displayed in newsletters, trainings, and guide books. Local 1st Five site coordinators (currently engaged with 65 Iowa counties) will work on outreach to front desk office staff. Outreach may include, but is not limited to, screening information displayed in newsletters, trainings, and guide books. Incentives promoting the 1st Five logo may be provided as well. Local 1st Five site coordinators will work with 1st Five Medical Consultants (one family practice physician, one pediatrician and one advanced nurse practitioner) on providing developmental screening trainings to office staff and engaged healthcare partners.
3. Support retaining reimbursement for developmental screening among newly established Medicaid MCOs. Title V Child Health contract agencies are approved Medicaid Screening Centers. Due to the strong working relationship between Title V MCH and Iowa Medicaid Enterprise (IME), BFH staff will work with Medicaid's liaison to continue payable developmental screening services within the new Medicaid MCO payment structure. Billing and payment methodologies among the contracted Medicaid MCOs will be identified and shared with local Child Health Screening Centers.
4. Local 1st Five sites will engage at least one primary care practice in each county of the service delivery area. Contracts with local 1st Five sites will include a performance measure to incentivize engagement of primary care

practices in each county of the service delivery area (65 total Iowa counties).

5. Local 1st Five sites will promote an increase in developmental screening among engaged 1st Five practices. Contracts with local 1st Five sites will include a performance measure to incentivize increasing developmental screening within engaged 1st Five practices by 5%.
6. Maintain requirements for the provision of developmental screening within Title V contract agencies)-. In the Title V Child Health application process and resulting contract, the BFH will continue the requirement for provision of developmental screening services, including maintaining the working relationship with the Area Education Agencies (AEAs) on developmental screening and developmental monitoring under Early ACCESS (IDEA-Part C).
7. Promote collaboration between Title V, 1st Five, early care and education, home visiting providers and Child Health Specialty Clinics (CHSC) on the provision of developmental screens. Through the Early Childhood Comprehensive Systems grant, BFH will continue and enhance collaboration between Title V Child Health programs and 1st Five, early care and education, home visiting providers and CHSC to encourage developmental screening.

Comments for NPM 6

NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others

ESM

Environmental scan of current bullying prevention efforts being implemented in the state.

Plan for the Coming Year (FFY2017)

Abstinence Education Grant Program (AEGP) and Personal Responsibility Education Program (PREP) grantees will receive training on trauma informed care specific to adolescents at the annual grantee meeting. PREP grantees will address mental health and suicide prevention through programming with Iowa youth as part of the Adulthood Preparation Subjects requirements through the federal grant.

The Adolescent Health Coordinators will collaborate with the Iowa Department of Education to ensure that information is shared effectively. The Adolescent Health Coordinators coordinate and meet with the Adolescent Health Collaborative on a quarterly basis. The collaborative discusses several topics and events specific to adolescents, including, but not limited to: bullying, suicide, and mental health.

The BFH Adolescent Health staff maintains an interactive tool for school nurses in Iowa related to adolescent health issues. This tool includes bullying and suicide information and resources with state-specific data as a way to address the life course indicators. BFH maintains and promotes the IAMincontrol website through partnerships and outreach events. A portion of the website addresses bullying and mental health with real life blog posts from Iowa youth about their experiences with the topic.

**Comments for
NPM 9**

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive visit in the past year

ESM

Number of resources distributed and trainings conducted for providers.

**Plan for the
Coming Year
(FFY2017)**

Through the Adolescent and Young Adult Health (AYAH) Collaborative Improvement and Innovation Network (CoIIN), staff will collaborate with three partners to implement the Adolescent Centered Environment (ACE) assessment at three clinic sites. Clinics will complete a baseline assessment to identify Quality Improvement tasks to improve their work around adolescent centered care.

CoIIN staff will identify key content and communication modes for educating youth, parents/caregivers, and health care professionals about the importance of the adolescent well-visit through a series of focus groups with both the adolescent population and the parent/caregiver population. Results from these focus groups will be shared statewide through webinars, conferences, and newsletters.

CoIIN staff will partner with school nurses, local Title V maternal, child and Adolescent health (MCAH) agencies, managed care organizations, providers and other youth serving organizations in the state to increase awareness about the importance of the adolescent well-visit.

**Comments for
NPM 10**

NPM 11: Percent of children with and without special health care needs having a medical home

ESMs

Percent of primary care providers who serve children that have implemented at least one Shared Plan of Care.

Percent of users who thought the thought the shared resource (web-based portal) useful.

Percent of children in rural areas who live in or an adjacent to a county with a telehealth hub with access to an accredited healthcare system.

**Plan for the
Coming Year
(FFY2017)**

1. Shared Plan of Care.: To help address Iowa's priority need for care coordination for CYSHCN through a medical home, an overall objective in the five year action plan is to have a shared plan of care (SPoC) in place for at least 20% of the CYSHCN served by Division of Child and Community Health (DCCH) by 2020. A small pilot test of the SPoC will be completed in June 2016. In FFY 2017, DCCH will collaborate with family representatives and other stakeholders to collect feedback on the SPoC to ensure that it can be used by multiple systems and programs. Feedback will be incorporated into the protocols for implementing the SPoC. The protocols will inform the development of trainings for stakeholders about the importance of a SPoC and how to use it.
2. Trainings Regarding the SPoC. A second objective to address Iowa's need for care coordination for CYSHCN through a medical home is to have at least 20% of the PCPs who serve children educated about the SPoC by 2020. In FFY 2017, through DCCH's Family Navigation Network, network of Advanced Registered Nurse Practitioners at the Regional Centers, and other partnerships, trainings about the SPoC and principles of shared decision-making will be developed for providers and other stakeholders throughout the state who serve CYSHCN. The trainings will also incorporate the protocols for implementing the SPoC.
3. Increasing Use of Evidence Based Screening Tools. DCCH recognizes the importance of increasing the number of primary care providers utilizing evidence-based screening tools to identify CYSHCN, which is a common goal among multiple programs administered by DCCH. IDPH has contracted with DCCH to provide trainings to providers engaged in the 1st Five Health Mental Development Initiative. The Regional Autism Assistance Program developed a 5 year Strategic Action Plan that focuses on ensuring that children in Iowa receive timely evaluations. Through these established programs, DCCH is a peer resource for providers needing technical assistance, consultation and support while adjusting workflows to implement screening tools at key points in children's development. In FFY 2017, DCCH will continue to offer Practice Transformation opportunities to PCPs and their staff on the implementation of screening and surveillance tools in their offices, as well as training on how to bill for screenings and assessments. Working with public and private health plans to incentivize the delivery of Bright Future services is integral in increasing the number of providers implementing the screening tools within their practices. DCCH

will continue to collaborate with Iowa's 1st Five Healthy Mental Development Initiative, the Regional Autism Assistance Program's Strategic Planning Committee, EPSDT and additional programs that support the use of preventative health assessments. In subsequent years, DCCH will be able to include trainings on the SPoC in its provider education activities.

**Comments for
NPM 11**

NPM 12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

ESM

Percent of youth with special health care needs (YSHCN) with an indicated transition plan. Percent of YSHCN with annual transition reviews.

**Plan for the
Coming Year
(FFY2017)**

1. Ongoing Transition Readiness Assessment and Shared Plan of Care. DCCH, as part of the HRSA Systems Integration Grant, is developing a SPoC template and protocol recommendations to be used in coordinating care across systems for CYSHCN. A SPoC will include information necessary to assure that issues affecting a child's health and health care, including transition to adulthood, are identified and accessible across systems. The SPoC will also document activities and accountability for addressing the child's health issues. In FFY 2017, DCCH will create Iowa-specific transition tools for youth with special health care needs and their families. The tools will align with recommendations from the AAP, Got Transition, and the Lucile Packard Standards for CYSHCN. Tools will include a readiness assessment to assist youth and families in identifying skills to practice and issues to address, and other tools as determined by staff and the DCCH Family Advisory Council. DCCH will integrate the tools into the SPoC.
2. Development of an overall state plan to coordinate transition efforts for YSHCN statewide. Multiple state, regional, and local agencies develop policies and programs that impact YSHCN and their families during the transition to adulthood, yet these organizations are often unaware of the needs in the community and the services offered by other organizations. This results in a duplication of some services, gaps in others, and no comprehensive state plan to coordinate efforts to assist YSHCN in the transition to all areas of adult life. In FFY 2017, DCCH will conduct an assessment of current efforts at the state, regional, and local levels in the education, health care, juvenile justice, and employment sectors regarding transition to adulthood.
3. Develop a comprehensive, regionally based resource directory of transition

services for YSHCN. DCCH's work with the HRSA Systems Integration Grant includes developing a web-based resource for CYSHCN, their families, and the providers that care for them. The website is called Iowa Child Health Connections (<http://www.iowachildhealthconnections.com/>), and it provides information on diagnoses, an interactive statewide map of resources by county, and a searchable database of over 2000 services available to CYSHCN in Iowa. Content and design was developed in consultation with families, providers, care coordinators, and service providers from across the state. In FFY 2017, DCCH will focus on identifying and expanding the list of resources for transition to adulthood. DCCH will also partner with the Iowa Chapter of the AAP and a local marketing firm to increase traffic to the website through a variety of marketing and social media mediums, including a mobile phone application.

4. Transition training for health care and other providers. Due to improved medical care, CYSHCN are living longer and better than ever before. However, transition can be challenging for providers that may have limited awareness of the adult service system or have limited training in adolescent development or child-onset conditions, or limited familiarity with the unique psychosocial issues that arise during this time period. Also, young adults and families often feel unprepared for the differences between the pediatric and adult models of care.

Providers outside of the health care system may lack training in how health care transition can impact long-term goals. Although schools are required to address transition to adulthood for youth receiving special education services, not all YSHCN receive special education services. Furthermore, the education and health care systems operate independently and often each system does not know how the other works. Both sectors set goals for youth without knowledge of plans made within the other system.

In FFY 2017, DCCH will begin developing trainings for PCPs, multidisciplinary specialty providers and educators on transition to adulthood and how multiple systems can collaborate. DCCH will also collaborate with schools, medical specialty providers, and PCPs to begin developing a protocol to refer YSHCN with very complex needs to CHSC for comprehensive transition planning.

Comments for NPM 12

NPM 13: A) Percent of women who had a dental visit during pregnancy; B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year

ESM

Number of medical practices receiving an outreach visit from an I-Smile coordinator.

Plan for the Coming Year (FFY2017)

The IDPH Oral Health Center (OHC) will manage the I-Smile program, focused on assuring optimal oral health for infants, children, adolescents, and pregnant women. Required activities by local I-Smile coordinators will include developing partnerships and referral networks, promoting oral health, assuring gap-filling preventive services, and assuring coordination of school-based sealant programs statewide. Each I-Smile coordinator will also be responsible for an oral health community needs assessment and improvement plan to assist with development of local program plans. OHC staff will provide technical assistance, assure quality of services, and assure consistency using program and policy development, audits, and trainings. The OHC will work to improve integration of medical and dental systems, particularly targeting nurse practitioners, physician assistants, and midwives. Medical-dental integration efforts will include focus on the importance of early preventive services for infants/children and use of fluoride varnish and fluoridated water. Staff will continue working with CHSC staff to develop oral health resources for families, with a focus on prevention, screening, and referral for children with autism. OHC staff will participate on interagency and other organizational collaborations to address oral health issues for women of childbearing age, infants, children, and adolescents. OHC staff will review available data to monitor trends regarding dental payment sources, oral health status, and access to care and respond to trends when determining the future program needs.

Both state- and local-level oral health promotion activities will inform the public, families, and health care providers about the importance of oral health throughout the life course. Activities include maintaining a Facebook page targeting new moms, I-Smile displays and presentations at conferences, newsletter articles, and radio spots. Local health promotion will include participation in community events, partnering with other organizations for messaging, and providing educational materials to families.

Population-based preventive dental services will be maintained through local contractors to include children ages 0-2 in public health settings, children ages 6-14 in school-based sealant programs, and pregnant women at WIC clinics. The statewide SBSP will target schools with 40% or greater free/reduced lunch program participation to reach underserved children. Contractors will maintain referral and care coordination services for all clients through I-Smile to assure regular dental visits and follow-up treatment is provided.

**Comments for
NPM 13**

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