Table of Contents

What are National Performance Measures (NPMs)? .......................................... 2
What are Evidence-based/Evidence-informed Strategy Measures (ESMs)? .... 2
NPM 1: Percent of women with a past year preventive medical visit .................. 2
NPM 4: A) Percent of infants who are ever breastfed; B) Percent of infants breastfed exclusively through 6 months ................................................................. 3
NPM 6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool ........................................... 4
NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others ..................................................................................................................... 5
NPM 10: Percent of adolescents, ages 12 through 17, with a preventive visit in the past year ................................................................................................................. 6
NPM 11: Percent of children with and without special health care needs having a medical home .............................................................................................................. 6
NPM 12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care .................. 8
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 ................................................................. 9
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 (FFY2018) | Income eligibility for Medicaid decreases after pregnancy, many women lose Medicaid eligibility 60 days post-partum. To address this potential loss of insurance coverage the Title V MH program will continue to evaluate insurance coverage after delivery and help women re-establish insurance coverage if needed. |

Title V agency staff will re-evaluate medical home status and see if the health care provider for their pregnancy will continue to provide medical care for them. If needed Title V staff will help the client find a new health care provider.

Title V MH staff will provide education on Iowa's State Family Program. In July of 2017 Iowa’s State Family Program will replace the Family Planning Waiver which provides coverage for birth control for low income women. The program is being shifted from a Federal Waiver through Iowa Medicaid to a State funded program.
by new Iowa law. In FFY 18 ongoing education will be needed for women to understand the new program and help women know who is eligible how and where they can get free or reduced cost birth control.

In FFY 18 State staff will work with Iowa Medicaid and the Medicaid Managed Care Organizations (MCOs) on trying to bundle the OB global billing. This will allow better tracking of data for the quality improvement tracking measure on the number of Medicaid women who get a postpartum visit by their provider. Title V MH staff will continue to provide appointment reminders for their postpartum visit with their health care provider and provide health education on methods of birth control.

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 (FFY2018)

MH Title V agencies will identify which specific birthing hospital(s) they will or continue working with to promote breastfeeding. The birthing hospitals often have Lactation Consultants that can be an excellent resource for breastfeeding women. Although women may be given contact information on this support system at time of hospital discharge the information may be lost or the new mom may not remember her discharge teaching. Since our Title V program does a postpartum follow up visit the birthing center Lactation Consultant is a great resource to use to provide consultation and support especially if there is a breastfeeding problem.

Working moms are 2X more likely to exclusively breastfeed at 3 months if they receive some form of support. Employers are required by law to develop a private place for breastfeeding employees to pump (not the restroom) They also must give break time for women to pump. Many women may not be aware of the employer responsibilities. IDPH will develop an infographic to be used by Title V and WIC to help women know their rights about breastfeeding support in the workplace.

Title V MH nurses will help empower women to ask their healthcare provider or WIC staff about getting a breast pump before they get ready to return to work or school.

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 (FFY2018)

Iowa’s 1st Five program 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. Bureau of Family Health (BFH) will provide Title V Child Health agencies with needed information and resources for this process.

The 1st Five program will conduct outreach to professional organizations on conducting developmental screening. 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 88 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.

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
contracts. Billing and payment methodologies among the contracted Medicaid MCOs will be identified and shared with local Child Health Screening Centers.

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 (88 total Iowa counties).

Local 1st Five sites will be encouraged to increase developmental screening within engaged 1st Five practices by 5% within their work plans.

In the Title V Child Health application process and resulting contract, the Bureau of Family Health 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.

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 (FFY2018)**

The Adolescent Health Coordinators will continue to coordinate and meet with the Adolescent Health Collaborative on a quarterly basis. The collaborative discusses several topics and events specific to adolescents which includes bullying, suicide, and mental health.

BFH will continue to maintain and promote 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.

The BFH Adolescent Health staff will update an existing interactive tool for school nurses in Iowa related to adolescent health issues that includes bullying and suicide information and resources with state-specific data as a way to address the life course indicators.
BFH is conducting an environmental scan to assess current bullying prevention efforts being implemented in the state. Results will be disseminated to local Title V agencies and other interested stakeholders.

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 (FFY2018)
Advocate with Medicaid and the Department of Human Services for the EPSDT Periodicity schedule to align with the newly released fourth edition of Bright Futures.

State Title V staff will create and disseminate marketing materials for MCAH agencies to use in the promotion of the well-visit at the local level.

State Title V 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
The number of care coordinators that serve CYSHCN who received trainings about the 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 (FFY2018)
The DCCH and CHSC Regional Centers will continue to advance strategies in the state action plan for care coordination by training families and providers to effectively use a SPOC and by increasing the use of evidence-based preventive
health assessments and screening tools. DCCH staff determined that primary care providers have limited time to have an active role in the creation of SPoCs. In Iowa, most primary care providers do not have on-site care coordinators who could participate in family team meetings. Iowa has a number of entities external to primary care offices, including our CHSC Regional Centers, that provide care coordination for families of CYSHCN. It was determined that training for care coordinators is a more appropriate target for measurement of progress toward utilization of SPoCs with families. Instead of focusing our initial training about the SPoC with primary care providers, CHSC will train care coordinators in an effort to increase the number of CYSHCN with SPoCs.

In FFY 2017, the DCCH was selected as one of two entities to participate in a Learning Lab project sponsored by Iowa Department of Human Services. The goal of this project is to improve approaches to care and outcomes for innovative cross-system, family-focused case management. DHS, in partnership with Casey Family Programs and the other selected agency, Four Oaks, have expressed interest in the SPoC template and protocol. In FFY 2018, DCCH staff will continue to work with DHS, Casey Family Programs and Four Oaks to refine and expand the use of the SPoC.

A new internal initiative for DCCH staff in FFY 2018 will be to encourage the inclusion of Medicaid case managers in SPoCs coordinated by staff at the CHSC Regional Centers for CYSHCN that are enrolled in a Medicaid Home and Community Based Services (HCBS) waiver. DCCH will also consider including Medicaid case managers in SPoCs for CYSHCN who are on the waiting list for a HCBS waiver. To find more entities outside of the CHSC Regional Centers to use SPoCs, staff will continue to reach out to care coordinators within the University of Iowa Health Care system, including the new University of Iowa Stead Family Children’s Hospital.

To prepare for more widespread use of the SPoC, DCCH staff will develop training for care coordinators in other agencies, families, and all internal DCCH staff. A valuable resource will be family and care coordinator SPoC trainings already developed by states involved in the Systems Integration Academy. The Family Advisory Council and other stakeholders will be engaged to assure their voices are integrated into the development of trainings and other materials developed for use with the SPoC.

To help increase the use of evidence-based preventive health assessments and screening tools in FFY 2018, DCCH will continue to play a supporting role in the IDPH 1st Five program to help primary care providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children up to five years of age. DCCH will provide technical assistance to primary care providers regarding the use of standardized surveillance and screening tools for young children in their practices. Support will be provided through a primary
care provider peer-to-peer consulting model focused on increasing screening and surveillance rates. A variety of mechanisms will be used to accomplish this goal, including one-to-one in-practice support, a topic based webinar series, and community-based presentations for primary care providers.

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 (FFY2018)

Enhancement of Transition to Adulthood Planning Tools:
In FFY 17, the DCCH created Iowa-specific transition tools for youth with special health care needs (YSHCN) and their families. The existing tools align with recommendations from the American Academy of Pediatrics, Got Transition?, and the 2014 Standards for Systems of Care for Children and Youth with Special Health Care Needs. Materials include a letter introducing transition to adulthood for the youth and family, a readiness assessment to assist youth and families in identifying skills to practice and issues to address, and an Activities of Daily Living assessment. Although these tools focus on health care transition, the DCCH recognizes the need to also collaborate with employment, education, community living, and other partners to assure youth receive comprehensive transition planning. In FFY 2018, the DCCH will develop or obtain tools from other organizations to facilitate collaboration with these critical partners.

Transition to Adulthood Tools and SPoC:
In FFY 2018, members of the three work groups will collaborate to determine how to integrate transition tools into the SPoC, while assuring that YSHCN who do not have a SPoC can also use the tools.

Development of an overall state plan to coordinate transition efforts for YSHCN statewide:
Multiple state, regional, and local agencies develop policies and programs impacting 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 February 2017, the DCCH received technical assistance from AMCHP to allow representatives from the Colorado Transition Interagency Group for the Realization of Self (TIGERS) to share lessons learned with agencies serving transition age youth in Iowa. TIGERS is a coalition of...
10 organizations in southwest Colorado that, with no designated funding, has been coordinating services since 2002 for youth transitioning to adulthood. In FFY 2018, the DCCH will partner with the Iowa Coalition for Integrated Employment (ICIE) to conduct an assessment of current efforts in the state. This is a first step in replicating the TIGERS model to develop state and/or regional coalitions that coordinate transition services among multiple organizations. ICIE is a statewide coalition that focuses on increasing the percentage of people with disabilities with integrated employment, though they are potentially interested in expanding the focus beyond employment. The DCCH will also continue to collaborate with the University of Iowa Center for Disabilities and Development (CDD) to refer YSHCN for ongoing care coordination and family to family support in accomplishing transition goals from a Family Navigator in their local community.

Transition training for health care:
YSHCN are living longer and better than ever before due to an increased awareness of their needs, transition planning, and improved medical care. 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. Young adults and families often feel unprepared for the differences between the pediatric and adult models of care. In FFY 2018, the DCCH will develop a robust training curriculum for staff on topics such as adolescent development, supported decision-making and encouraging self-determination skills among youth, and the skills needed to collaborate with other partners on transition to adulthood.

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 (FFY2018) | The Oral Health Center (OHC) will continue to manage the statewide I-Smile program and work toward increasing the ability of pregnant women, infants, children, and adolescents to have optimal oral health. OHC staff will maintain regular correspondence and communication with MCAH contractors, I-Smile coordinators, state partners such as Iowa Medicaid Enterprise, and private |
partners such as Delta Dental of Iowa Foundation. This regular collaboration is critical for quality assurance of MCAH activities and also collective impact to achieve stronger outcomes of program objectives.

Contractors will provide gap-filling preventive services for uninsured, underinsured, and Medicaid-enrolled women and children within public health settings such as WIC clinics as well as in schools and other locations that are easily accessible for at-risk populations. Through these services, follow-up will include care coordination services and referrals for regular and restorative dental care, in addition to other health and social service referrals as needed. I-Smile coordinators will be required to maintain existing and develop new local partnerships to build systems that ensure access to care and improved understanding about the importance of oral health as part of overall health and wellness. OHC staff will provide technical assistance, assure quality of services, and assure consistency using program and policy development, audits, and trainings. The dental director and OHC staff will provide assistance and expertise to Iowa Medicaid Enterprise regarding potential changes to the Medicaid program for dental services.

OHC will continue to support integration of oral health within medical office protocols, through work with pediatric, rural health, and Child Health Specialty clinics; public-private partnerships (e.g. DDIAF); and oral health promotion activities (e.g. maintaining Facebook page for moms, providing materials to I-Smile coordinators for National Children’s Dental Health Month, and encouraging sharing of ideas at coordinator meetings). A new OHC epidemiology consultant will help program staff use data to monitor trends and identify future program strategies, such as sustainability of the I-Smile@School program and the benefit of I-Smile services for Medicaid-enrolled families.

Comments for NPM 13

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________