What are State Performance Measures (SPMs)?

Iowa’s application for Title V funding reflects national efforts toward a transformed national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes. SPMs are developed by the states to address the priorities identified based on the findings of the Five-year Needs Assessment and to the extent that a priority need has not been fully address through the selected National Performance Measures (NPMs). SPMs will utilize state-level data to track prevalence rates and work towards demonstrated impact. Collectively, the SPMs 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/Systems Building.

SPM 1: Percent of CYSHCN who meet criteria for Quality of Care

Plan for the Coming Year (FFY2019)

Integration of services for families of CYSHCN involves (1) making it easier for families to access needed services and (2) improving the coordination of services between different systems. In FFY19, the Division of Child and Community Health (DCCH) plans to work toward these goals through an approach with two arms: Spread of high quality care coordination activities through the shared plan of care concept, including use of the cloud-based ACT.md platform, and increasing access to services through telehealth. Planned strategies are listed below.
**Improved care coordination activities:**

1. **Increase communication and trainings for implementation of goal setting and shared plans of care (SPoC), ensuring fidelity to DCCH’s care coordination goals; refine satisfaction surveys to caregivers**

   In order to increase the quality of care coordination, in FFY19, DCCH will focus on utilizing DCCH clinical staff to refine the process of implementation for the SPoC, building on lessons learned from Iowa's 2014 HRSA-funded D70 grant program, “Enhancing the System of Services for CYSHCN through Systems Integration.” Quarterly trainings will be provided for all DCCH staff implementing or supporting shared plans of care. A full-time program coordinator is leading Iowa’s care coordination efforts, in order to assure the spread of the highest quality services through a care team effort. Bi-weekly emails will provide staff with updates, reminders, and announcements concerning the shared plan of care as well as the ACT.md platform. ACT.md is a cloud-based platform, compliant with the Health Insurance Portability and Accountability Act, to promote care coordination through online plans of care. ACT.md connects care teams, promotes family-professional partnerships, enables collaborative care planning, and drives action across systems of care for children and youth with special health care needs.

   Monthly quality assurance reviews of implemented shared plans of care will ensure fidelity to the model. A new caregiver satisfaction survey will be developed based on prior work. This survey will be implemented for families receiving a shared plan of care.

2. **Expand the use of the ACT.md platform in goal setting and ensure family access to this tool**

   DCCH has started incorporating the ACT.md platform (see strategy 1 above for a description) in current care coordination efforts. Plans for FFY19 include expanding the utilization of ACT.md as a tool for care coordination activities beyond families with complex health care needs. Families of children with mild or moderate special health care needs will be introduced to the ACT.md platform for goal setting. This will increase the percentage of families and care team members who utilize the tool and allow assessment of its utility by measuring the number of times caregivers and providers log into ACT.md.

3. **Broaden knowledge and spread of quality care coordination concepts through collaboration with other states and national partners, and build understanding of the SPoC by DCCH staff, payers, community providers, schools, and families**

   DCCH staff are in conversation with staff from Oregon and Indiana Title V CYSHCN programs to implement evaluation programs for Shared Plan of Care efforts. This collaboration is expected to continue in FFY19. DCCH nurses, ARNPs, social
workers, and family navigators assure a family-focused approach to development of shared plans of care that always include family goals, and can include goals from schools, health care providers, and other community-based partners. Through increased outreach efforts by the DCCH program coordinator as well as a DCCH Registered Nurse and a Family Navigator with dedicated time to this effort, learning opportunities will be provided to DCCH Regional Center staff to refine the implementation process for family goal setting and care planning.

Access through Telehealth:

4. Continue to build access to pediatric specialty services through telehealth for Iowa CYSHCN

A full-time program coordinator leads the Iowa MCH Title V CYSHCN telehealth effort. DCCH seeks to assure that CYSHCN have timely access to specialty services through telemedicine. DCCH regional center locations in communities across the state allow families, especially those living in rural areas, to access many pediatric specialty services without having to travel long distances. Currently, through live video-conferencing, families can be connected with specialists from the University of Iowa Stead Family Children’s Hospital in the areas of psychiatry, developmental and behavioral pediatrics, neurology, genetics, neonatology, Intellectual Disability-Mental Illness (IDMI) services, nutrition, and psychology.

DCCH is currently in the process of expanding specialty visits in the areas of general pediatrics, hematology, LGBTQ clinical services, and transition to adulthood services. DCCH also recognizes that numerous healthcare entities other than the University of Iowa provide services to Iowa’s CYSHCN; as such, in FFY19 DCCH will continue to build and/or enhance partnerships with those systems capable of serving CYSHCN. Currently, DCCH is working with Burlington Pediatric Association and the Pier Center for Autism to expand opportunities for families to receive services. In addition to working in these areas, in FFY19 DCCH plans to continue work to build relationships with other specialty providers such as those at ChildServe and Blank Children’s Hospital in Des Moines so their specialists can support their patients living near DCCH Regional Centers.

5. Investigate and document health equity issues in the context of telehealth services. Identify and document next steps to incorporate equity-based interventions into Iowa’s telehealth efforts

DCCH staff will identify resources and seek input from stakeholders about the ways in which incorporation of telehealth can reduce inequities in access to health care as one step toward reducing health disparities. This exploration will include documentation of best practices by teams such as Opening Doors in Washington State, and the Minnesota Title V program. DCCH will consider applying for Technical Assistance funding to assist with these efforts. DCCH will document
these findings in a report that will include next steps toward incorporating findings in to current practice.

6. Identify and implement mechanisms for receiving feedback from providers regarding their satisfaction with the DCCH telehealth process

DCCH staff will develop a process for collecting feedback from telehealthcare providers to identify areas of strength and need from the provider perspective. Initially, DCCH will form a workgroup consisting of the telehealth coordinator, the medical director and at least 2 telehealth providers to develop a process for collecting feedback. This process will be implemented and an initial report will be created to document the feedback collected. The information collected will be used to guide future program planning.

Comments for SPM 1

SPM 2:  A) Percent of children 0-21 served by Title V who report a medical home
B) Percent of women served by Title V who report a medical home

Plan for the Coming Year (FFY2019)

A) Percent of children 0-21 served by Title V who report a medical home

Bureau of Family Health (BFH) staff will continue to monitor data for the percent of children and adolescents served with a medical home. This will be accomplished through reports from the TAVConnect - CAH module. Local CAH contract agencies will continue to assess a child’s medical home status regularly when providing presumptive eligibility, informing for new Medicaid eligibles, care coordination, and gap-filling direct care health services. An Intake Assessment will be completed in TAVConnect to assess medical home status. A medical home is identified for those children with a ‘yes’ response to three questions: Does the client have a usual source of medical care? Is the usual source of medical care available 24/7? Does the source of medical care maintain the child’s record? Local contract agencies will monitor reports of local medical home data. Statewide medical home percentages will be tracked on the Child Health Program Profile and the IDPH Executive Scorecard.

Medical homes will continue to be established for uninsured or underinsured children as well as those on Medicaid. Presumptive eligibility services for children will continue to be provided, offering a window of Medicaid coverage while a full determination of eligibility for Medicaid or hawk-i is determined. Local Title V CAH agencies will continue to assist families with understanding their Medicaid or hawk-i coverage. For Medicaid enrolled children, they will
assist families to connect with primary care providers within their child’s Medicaid status. Local CAH agency staff will promote health literacy by striving to assure that families understand their health insurance coverage, know how to use it to access health care, and assist with needed transitions to new providers or alternate types of health care coverage.

Local CAH agencies will strive to advance public-private partnerships with local medical providers of preventive health care services, including educating practitioners on the CAH agency’s role in assuring medical homes and serving children in the EPSDT program. This work is especially strong among CAH agencies that hold a contract for Iowa’s 1st Five Healthy Mental Development Initiative. 1st Five builds partnerships between primary care practices and CAH agencies to promote high quality well child health care. It promotes the use of developmental surveillance and screening tools that support healthy mental development for children ages 0-5 years. The tools address social-emotional development and family risk factors and allow for identification of children at risk for developmental concerns. Referrals from primary care practitioners are made to CAH agencies to facilitate linkage to needed services. 1st Five programs operate in 88 of Iowa’s 99 counties.

Local CAH contract agencies with a FFY 2019 RFA adolescent well visit plan will work with primary care practitioners in the area of adolescent health, with a goal to increase the number of adolescents served and enhance the quality of the well visit. These agencies partner with school districts and other adolescent serving organizations to promote adolescent well visits in an established medical home. Addressing annual adolescent well visits per Iowa’s revised EPSDT Periodicity Schedule will remain a priority.

At the state level, BFH staff will continue to work with Iowa Medicaid and MCOs to address challenges regarding provision and payment of services for the EPSDT population provided by Title V CAH agencies (Medicaid Screening Centers). Monthly Medicaid Team meetings will continue to be held. Local CAH agencies will continue to strive work effectively with the MCOs to maintain access to care that meets the needs of the families they serve.

BFH staff will work with Child Health Specialty Clinics regarding efforts to promote medical homes for children with special health care needs to support NPM #11 and assure appropriate resources for referral from CAH agencies.

B) Percent of women served by Title V who report a medical home

IDPH staff will continue to monitor data for the percent of women with a past year preventive visit and the pregnant women served who report a medical home. This will be accomplished through reports from the TAV health Maternal Health module. Local MH contract agencies will continue to assess medical home
status within each episode as they provide preventive services for pregnant women. Medical home determinations will continue to be based upon those women with a ‘yes’ response to ‘Do you have a medical home?’ Local contract agencies will monitor local medical home data. IDPH staff will also monitor Barriers to Prenatal Care data on an annual basis for any barriers identified for women accessing prenatal or delivery care.

Title V MH agencies will assist low income women who are not citizens and have no insurance in finding a medical home for their pregnancy. Most of these women access care through a local Federally Qualified Health Center or local health care providers that may provide care on a sliding fee scale or a reasonable payment plan. Local Title V MH agencies will also promote well woman preventive visits. They are required to work with community partners including Title X clinics, FQHC’s, free clinics, and local providers to increase the number of women served and the quality of their visit. Two MH Title V agencies will continue to integrate services within private provider clinics.

The Medicaid Maternal Health Task Force will meet quarterly with the MCO medical directors and MCO maternal health program leadership to discuss quality prenatal care for Medicaid members including access to prenatal care.

Comments for SPM 2

SPM 3: Percent of children with a payment source for dental care

Plan for the Coming Year (FFY2019)

OHC will continue to monitor the climate in Iowa for a possible transition to managed care for dental services for children. Regular communication and face-to-face meetings will continue with Iowa Medicaid Enterprise and Delta Dental of Iowa. Similar meetings are likely with Managed Care of North America (MCNA), a carrier for Medicaid’s adult dental services. OHC staff have a relationship with the new MCNA regional operations manager and believe MCNA will be receptive to expanding this partnership. The dental director will continue his role as a leader in the state through his work on the hawk-i board, with stakeholder groups, and with national organizations with insight to other state’s policies.

I-Smile coordinators will be required to make outreach visits to all pediatric medical offices as well as general and pediatric dental offices, intended to build the referral network for I-Smile and in the end increase not only access to dental care but also assistance for families to receive care - which may include identifying potential payment sources. Coordinators will also be providing oral health training and implementing tooth brushing protocols for child care centers to help meet
Quality Rating System requirements. Enrollment information about Medicaid and hawk-i can be shared with child care providers through this outreach. In addition, through the regular contacts with families via the services provided by I-Smile at WIC, Head Start, schools, and other public health sites, children found to have no payment source for dental care will be screened for presumptive eligibility. The potential for Cavity Free Iowa to expand into additional regions of the state also offer further opportunities to increase care coordination, presumptive eligibility, and additional support services for families referred to I-Smile from medical offices.

**Comments for SPM 3**

**SPM 4: Percent of early care and education programs that receive Child Care Nurse Consultant Services**

**Plan for the Coming Year (FFY2019)**

Iowa’s Healthy Child Care Iowa Coordinator continues to be involved in the development of Iowa’s Quality Rating System (IQ4K). In the new system there are new requirements that programs must utilize CCNC services:

- **Professional Development Category** - Medication Administration Skills Competency training and skills “test-out” requirement for all home providers and center director/staff who administer medications.

- **Environment Category** - Onsite assessment using the *Health and Safety Checklist* a nationally recognized research based assessment tool developed by the California Childcare Health Program, UCSF School of Nursing. This tool is being used by nurse (health) consultants in 4 states to evaluate health and safety in early care and education environments. Iowa will be the 5th state to utilize this tool.

Additional areas that Child Care Nurse Consultants will help support providers in quality:

- **Nutrition and Physical Activity Category** – Providers will complete a self-assessment and develop a quality action plan in both nutrition and physical activity. NAP SACC and Let’s Move Child Care are two resources that CCNCs currently utilize in training/consultation and will be helpful to providers in this category.

- **Teaching and Learning Category** - This category promotes developmental screening and inclusive environments. CCNCs can assist providers with developmental screening resources and are knowledgeable in policies/procedures for inclusive care.

- **Health Policies**: Safe sleep; playground equipment stability, fall surfacing, and inspection; strangulation prevention; Tobacco Free/Nicotine Free environment (aligning with IDPH policy guidelines); oral health.
• Positive Behavioral Interventions and Supports (PBIS) training/coaching

Title V staff and HCCI staff will continue researching potential partnerships to increase funding for gap filling services throughout the state.

Comments for SPM 4

SPM 5: Percent of adults aged 18-24 who report being physically active

Plan for the Coming Year (FFY2019)

State Title V staff will continue to monitor and contribute to the IDPH strategic plan around the topic of obesity and physical activity.

State Title V staff will work with the Iowa Department of Education to identify existing programs or initiatives to collaborate on and expand upon. This information will be shared with MCAH agencies that select the option to address physical activity.

State Title V staff with work with the Bureau of Nutrition and Health Promotion to identify resources on effective programing or strategies to impact physical activity in selected populations.

State Title V staff has representation on the 5-2-1-0 initiative. 5-2-1-0 Healthy Choices Count provides a framework to create healthy environments for kids and to teach kids how to make healthy choices. It is based on a nationally recognized model that provides evidence-based strategies and hands-on support at places where kids spend a lot of time. IDPH partners with the Healthiest State Initiative, a nonpartisan, nonprofit organization driven by the goal to make Iowa the healthiest state in the nation. For more information on 5-2-1-0 click here.

Resources will be distributed to Local MCAH agencies that have selected this performance measure.

BFH will continue to promote IAMincontrol that has information about physical activity and nutrition for the adolescent population.

Comments for SPM 5