

# A Proposed Framework for BEACON's Quality Improvement Infrastructure

## Introduction:

**Ohio's Quality Improvement Structure:** began when the Office of Ohio Health Plans (OHP) - Ohio's Medicaid program, joined with the Ohio Department of Health (ODH) and other public and private partners to form the BEACON Council. BEACON is the acronym for the **Best Evidence in Advancing Child Health in Ohio NOW!**

The **BEACON Council** is an evolving statewide collaboration among individuals and organizations that seek to encourage and support initiatives that achieve measurable improvements in children's healthcare and outcomes through improvement science. This collaboration began with two initial projects, one focused on optimizing developmental outcomes for young children, and another supported by a CMS Medicaid Transformation Grant to improve perinatal outcomes. The collaboration grew as learning was shared about the effective implementation of improvement science in these projects.

The **BEACON Council Mission** is to improve the quality and outcomes of health for children in Ohio with a special emphasis on Medicaid-eligible children, youth and their families. To do so requires projects targeted to important health issues, the establishment of a sustainable, quality improvement infrastructure; and collaboration.

## Elements of a Statewide Quality Improvement System:

The Office of Ohio Health Plans and the Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS) will work jointly with the Government Resource Center (GRC) to design and direct healthcare quality improvement collaborative's for Ohio's women and children.

### 1. **Quality Improvement Project Resources:**

#### A Proposed Funding Source:

OHP, ODH, or other BEACON organizations invest initial dollars and when appropriate in-kind services to build a quality improvement infrastructure, as projects are developed and plans for implementation have been agreed upon. The project would be funded through a MEDTAPP agreement where the deliverables/activities meet the requirements of Medicaid administrative costs and federal matching rates of 50-75%, thus doubling the funding allocation for the project.

### 2. **Personnel:**

- The Project Originator assigns a Contract Manager/Project Administrator: (This person would deliver In-Kind service)
- Government Resource Center Contract Manager and Fiscal Agency: (This person is assigned by GRC)
- Quality Improvement Project Manager: (This person is hired via contract and located at GRC with oversight from the State)

- Quality Improvement Consultants (These folks are regionally located and provide training, technical assistance, support/coaching for practitioners)
- Quality Improvement/Content Specialists: (These are professionals with expertise in the specific project area)
- Web-Master/Data Manager: (TBD as needed)
- Information Technology Specialist: (TBD as needed)
- Epidemiologists

**3. Materials-Supplies-Services: (TBD based on the project)**

- Office Supplies (Binders, Folders, Flash Drives,)
- Printing
- Hardware/Software
- Face-to-face meetings
- Disseminate Information
- Trainings
- Technical Assistance
- Promotion-Marketing
- QI Monitoring-Coaching

**4. Data System and Documentation:**

- Assess existing data management systems;
- Based on assessment build on existing system(s) or build a centralized, web-based data management system that: 1) supports improvement at the provider, regional and statewide levels; 2) will be responsible for development of common data definition, collection, management, analysis and reporting system; and 3) will be used by all Medicaid population-focused improvement projects and all participating providers.
- Address hardware/software issues
- Define data management process
- Develop and monitor the reporting criteria
- Design and disseminate reporting templates.
- Collect and disseminate completed reports on a regularly scheduled basis

**\*\*BEACON Council Data Subcommittee should meet to discuss and draft recommendations regarding "data" in order to address issues and concerns that may exist.**

**5. Methods and Networks: (TBD based on the project)**

- Improvement science methods and networking
- Recruitment of practitioners
- QI Change Packages, Design, Goals and Objectives
  - Identifying the issues facing the MCH population: from a population perspective; and selecting the clinical interventions to address these issues (population based data → clinical intervention → population outcome)
- Piloting and Testing Change packages
- Monitoring and coaching to achieve adherence to QI Method
- Data collection, analysis and sharing
- QI Project Documentation and Progress Reports

- Data Systems (administrative rules, connections to population-based data, support rapid cycle improvement, connection to "meaningful use", produces run-charts, in primary care practices vs. hospitals)
- Documentation and Reporting
- Engaging systems of care and/or expanding projects statewide

6. **Monitoring:**

- The **Quality Improvement Project Manager** under the direction of the **Contract Manager/Project Administrator** will continuously monitor ongoing operations, secure and allocate resources as needed for:
  1. Statewide Quality Improvement Collaborative (learning systems/center/infrastructure);
  2. Regional QI Collaborative's that focus on the project goal; and
  3. Web-based data management systems.
- The **BEACON Council** receives on-going reports and information in order to review and monitor overall progress of the project.
- The **BEACON Executive Committee** serves as a small working committee for the purposes of "vetting" and organizing of information prior to its distribution and presentation at the larger BEACON Council meetings.