Introduction

- Plan description
  - State’s largest health plan which provides coverage to over 237,000 Vermonters.
  - Nonprofit, independent company headquartered in central Vermont.
  - Member of the Blue Cross and Blue Shield (BCBS) Association, an association of independent Blue Cross and Blue Shield Plans.

- Quality initiatives to improve adolescent health
  - Vermont Child Health Improvement Project (VCHIP) collaboration.
  - Plan initiative: Reminder and educational mailings.

The Vermont Youth Health Improvement Initiative

Since the winter of 2001, VCHIP has coordinated a statewide, collaborative quality improvement initiative to enhance the health care delivery to Vermont youth.
VCHIP Project Strategy

- **Goal**: Improve adolescent health through delivery of high-quality preventive services.
- **Approach**
  - Create a unique, multi-organization collaborative quality improvement project.
  - Adapted the Institute for Healthcare Improvement (IHI)/National Initiative for Children’s Healthcare Quality’s (NICHQ) breakthrough series collaborative model. (Substituted second learning session for a community meeting where referral sources met with physicians to discuss available mental health resources.)
  - Key players aware of the elements of excellent adolescent preventive services.
  - More efficient and effective for each practice to work on one adolescent health initiative rather than four or five separate projects with different stakeholders.

Quality Adolescent Healthcare: VCHIP’s Collaborative Program Focus

- **Annual well visits**
- **Immunizations**
- **Screen for:**
  - Physical activity
  - Nutrition
  - Sexual behavior
  - Substance use
  - Safety: Teen safe driving
  - Emotional health/depression
- **Build on strengths:**
  - Generosity
  - Independence
  - Mastery
  - Belonging
- **Practitioner action**
  - CRAFFT
  - In-office intervention
  - Referral


VCHIP Youth Collaborative

- Designed model of three learning sessions.
- Developed training materials.
  - Materials based on accepted best-practices for each subject area.
  - Focused on adolescent communication and engagement strategies, strength-based approaches and practice with standardized patients.
  - Suggested improvements to office systems based on office staff feedback and chart audits (e.g., pre-visit questionnaires, checklists, forms, outreach calls, privacy, etc.).
  - Provided training on the use of screening tools (including the CRAFFT screening tool for substance abuse and the VCHIP-developed screening tool).
- Documented improved screening rates.
  - Audited charts before and after training to document whether the provider conducted a screening and the type of screening conducted.
  - Noted improvements in the quality and frequency of screenings.
  - Noted reinforcement of the relationships between patients, providers, and families after training was provided.
Initial Practices’ Risk and Strengths Screening Results

Youth risk behavior screening increased in the nine practices for visits conducted from Fall 2004 through Summer 2005.

Adolescent Well-Care Visit Rate of Plan PCPs

The primary care physicians (PCPs) in the nine practices participating in the VCHIP project consistently had a higher visit rate than the non-participating practices.

Plan QI Initiative:
Improve Adolescent Well-Care Visit HEDIS Rates

- Methodology: Member and Provider Mailings
  - Identified those members without well-care visits in the most recent 12 months incurred with a 14 month paid period prior to the member’s birth date.
  - Sent notice to PCPs in September 2004 and July 2005.
  - Began monthly mailings April 2006.
  - PCPs: list of members.
  - Parents: members under 18.
  - Members: members 18 to 20.

- Measurement: Adolescent Well-Care Visits (AWC) HEDIS rates
  - Definition: The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Plan QI Initiative: Improve Adolescent Well-Care Visit HEDIS Rates

The Plan saw improvement in the HEDIS AWC 2004 to 2007 rates:
- VHP (POS): increased 8.51 percentage points (46.96% to 55.47%); and
- TVHP (HMO & POS): increased 10.95 percentage points (46.23% to 57.18%).

Plan QI Initiative: Improve Adolescent Health

The Plan disseminated information to educate members and providers to improve the HEDIS child and adolescent immunization rates.

- Purchased and promoted an informational DVD for parents regarding childhood and adolescent immunizations from Children’s Hospital of Philadelphia. Vaccines: Separating Facts From Fear and Vaccines and Your Baby provides fact-based, compelling information and true stories from families across the country impacted by vaccine-preventable diseases. The Plan offers it free to members and providers.
- Developed and distributed a provider toolkit which contained the following:
  - A CPT and ICD-9 Coding Tool.
  - A description and access page for two educational DVDs produced by the Children’s Hospital of Philadelphia (C.H.O.P.).
  - Information promoting and updating progress from the Vermont Department of Health Immunizations Registry.
  - List of immunization-related websites.

VCHIP Project Strategy 2005 -2009

Move to delivering one-hour training sessions to over 55 practices.

- Provide an office-based education model to improve the delivery of adolescent preventive services in primary care offices.
  - Practitioners are committed to prevention, health promotion and continuous quality improvement.
  - Practitioners and their office staff want to know what’s likely to work in helping youth to choose healthy behaviors.
- Offer office-based training modules on strength based approaches.
  - Substance abuse
  - Proper nutrition and exercise
  - Risky sexual behavior
  - Safe teen driving
  - Mental health
VCHIP Practice Support

- Continuum of Services
  - Helps practices enhance their community networks so that adolescents can receive a continuum of needed services in the office and/or community setting (e.g., mental health and substance abuse services).

- The “READY” brochure
  - A tool to assist health care professionals and parents to enter into a dialogue with youth about their strengths, interests and development.
  - Developed by the Vermont Child Health Improvement Program, Vermont Department of Health and Vermont Families Talk.

Final Comments

- Practices are willing and capable of improving adolescent preventive services with support.
- Public health, Medicaid, health plans, academic medicine, practitioner organizations and practitioners working collaboratively at the statewide level can be important drivers of improvement.

Plan’s Next Steps

- Continue monthly birthday reminder member and provider mailings.
- Implement initiatives to increase adolescent immunization rates.
- Expand Pay for Quality criteria to include HEDIS rates for well-care visits and immunizations.

VCHIP’s Next Steps

- Continue to spread and improve the VCHIP office-based education training and support to “high-volume adolescent” primary care practices using an office based education approach.
- Incorporate more case-based learning.
- Ensure that all participants and stakeholders are aware that this project provides a mechanism to implement the new 2007 AAP Bright Futures Guidelines for preventive services.
- Hold an Adolescent Health Summit in 2009 targeting the growing adolescent health network and provide education regarding the latest adolescent health topics in primary care.

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