

TEXT2COPE

(Texting to Create Opportunities for Parent Empowerment)

Program at a glance

- For parents of 3-5 year olds with a diagnosis of overweight or obesity (per CDC guidelines)
- In collaboration with primary care providers/office sites
- Goal: (to see if our program works!) to test the acceptability, feasibility, and effects of an intervention aimed to promote healthy lifestyle behaviors
- Intervention (7 weeks) (delivered by Lisa Militello, CPNP):
Components-
 - Education (nutrition, physical activity, screen time, label reading, portion size)
 - Cognitive behavior skills building (problem solving, goal setting, overcoming barriers, communication, habit formation)

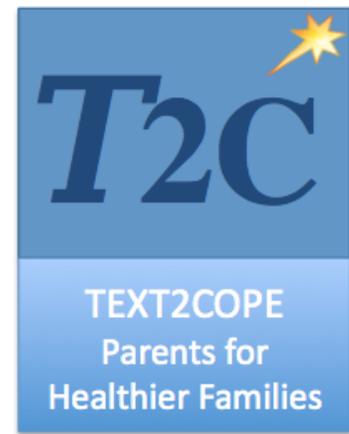
Delivery -

- **Face to face: ~4, 30 min sessions in the clinic every other week**
- **Handouts given to parent for reference**
- **Audio CD given to parents (parents report easier than reading a ton of materials)**
 - * **Each session is only ~10mins on audio**
 - * **Total CD time for all 7 session ~1 hours**
- **Weekly tailored, text messages (SMS)**
 - **MEMOTEXT SMS software -**
HIPPA Compliant, no Personal Health Info conveyed via SMS
- Parents:
 - Can earn up to \$30 in compensation
 - (\$10 giftcard at beginning, \$20 upon completion)

What does this mean for the clinic staff, providers, and administration??

- Pt participation is voluntary and nonparticipation or withdrawal from the study does not affect the parent or child's treatment or medical care
- Program/resource is provided free of charge to families with OW/OB preschoolers
- Helps clinics to meet some quality measures of ACO (see pg 2 of this for more detail)
- Due to HIPPA, staff helps to ID & recruit pts (pass out consent to contact letters, fliers, refer patients/parents that meet inclusion criteria)
- Permission to use clinic scale (ht, wt → BMI; waist circumference will also be gathered) (Lisa will do the measurements & intervention)
- Permission to use dedicated clinic space for face to face sessions
- Open, honest, GREAT communication- (goal is to not add to wkload!)
- Clinics can be part of or mentioned in future presentations/publications (as permitted by Office Mgr/staff - per mutual agreement by both parties)
- The skies the limit as to where it goes from here!

Feel free to call or email me anytime with questions.
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MEETING ACO QUALITY MEASURES

***T2C Program facilitates meeting these quality measures**

(limitations of meeting other standards due to nature of working with pediatric population and other measures applying to adult populations)

1. **Current** ACO Quality Measures (adult focused)- 33 quality measure National Quality Forum
As required by the Affordable Care Act, before an ACO can share in any savings created, it must demonstrate that it met the quality performance standard for that year.

The ACO quality measures align with those used in other CMS quality programs, such as the Physician Quality Reporting System and the Electronic Health Record (EHR) Incentive Programs. The ACO quality measures also align with the National Quality Strategy and other HHS priorities, such as the Million Hearts Initiative. In developing the final rule, CMS listened to industry concerns about focusing more on outcomes and considered a broad array of measures that would help to assess an ACO's success in delivering high- quality health care at both the individual and population levels. CMS also sought to address comments that supported adopting fewer total measures that reflect processes and outcomes, and aligning the measures with those used in other quality reporting programs, such as the Physician Quality Reporting System (PQRS). As part of this alignment, eligible professionals in an ACO that fully and completely report the quality measures required under the Shared Savings Program through the ACO Group Practice Option (GPRO) Web interface will be deemed eligible for the PQRS bonus in any year of the program, regardless of whether the ACO qualifies to share in savings.

ACO SECTION 2: **PATIENT/CAREGIVER EXPERIENCE**

CMS has finalized the use the Clinician and Group Consumer Assessment of Health Care Providers and Systems (CG CAHPS) to assess patient and caregiver experience of care. CMS plans to use the adult 12 month base survey and certain of the supplemental modules for the adult survey:

ACO 1 (NQF #0005): **Getting Timely Care, Appointments, and Information**

ACO 2 (NQF #0005): **How Well Your Doctors Communicate**

ACO 3 (NQF #0005): **Patient Rating of Doctor**

ACO 4 (NQF #0005): **Access to Specialist**

ACO 5 (NQF #0005): **Health Promotion and Education**

ACO 6 (NQF #0005): **Shared Decision Making**

ACO 7 (NQF #0006): **Health Status/Functional Status**

***Pediatrics-** The Pediatric Demonstration Project outlined in health reform, although legislated but not funded, does give pause to critical thinking on the merits of a **pediatric-specific ACO**. In fact, the legislation also may empower state Medicaid programs to consider constructing a pediatric ACO. There are certain attributes of pediatric care that warrant serious consideration in support of a pediatric-only ACO. These include the long-standing importance the medical home plays in the delivery and coordination of children's health care services as well as the medical home's strong resonance with family and child-centered resources in the community. Emphasis on the medical home and its historic and strong commitment to providing quality care provides community pediatricians with a strong lever to support their independence in fostering arrangements with ACOs emerging in their markets. Many ACOs are emerging that balance their primary care workforce with both employed and independent community physicians.

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