

What are Improvement Partnerships?

Other states have expressed interest in replicating the Vermont Child Health Improvement Program (VCHIP) model. In response, VCHIP, with generous support from The Commonwealth Fund, launched the Improvement Partnership initiative. Improvement Partnerships (IP) are a durable state or regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children's health care. IPs draw from the collective expertise of their partners to create a unified vision around issues related to child/adolescent health care and health outcomes and to develop concrete, measurement-based efforts to achieve that vision. Partners come from the larger health care community and typically include representatives from state Medicaid, public health, mental health, and education agencies; professional organizations (e.g., local chapters of the American Academy of Pediatrics and American Academy of Family Physicians); academic medical center pediatric departments; pediatricians; family medicine practitioners; obstetricians; insurers; policymakers; and schools.

IPs serve as both a coordinating body and an action arm to reduce redundancies, build infrastructure and provider capacity for improved child and family health, measure performance, and develop and disseminate tools. Practice-level support and a focus on systems are what makes IPs different – they don't just provide information; they help create the will and knowledge for sustainable change across the health care delivery system.

WHAT IS NIPN

The National Improvement Partnership Network (NIPN) is a network of more than 15 states that have developed IPs to advance quality and transform health care for children and their families. As the nation's first statewide IP, the Vermont Child Health Improvement Program (VCHIP) provides leadership to NIPN.



“VCHIP is a perfect example of how state groups can come together around a common goal and achieve unprecedented results for children and providers. In my work in both Florida and Ohio, I often turned to VCHIP staff and faculty for technical assistance and guidance on building responsive, effective programs.”

LISA SIMPSON, MB BCH, MPH, FAAP, President and CEO, AcademyHealth

QUALITY IMPROVEMENT

Clinicians need to know not only their performance on quality measures, they need the knowledge, tools, and support to make changes in their practice and improve the quality of the care they deliver. With resources, experience, and relationships to ground their efforts, IPs have led to more prevention (e.g., immunization, obesity), more early intervention (e.g., developmental screening and services), and more effective treatment (e.g., asthma management) in a variety of health care settings.¹⁻⁵ IPs support practices in their efforts to provide high quality and evidence-based care by:

- Developing and testing strategies, measures, and tools;
- Serving as a resource to practitioners for support and technical assistance;
- Translating knowledge through engagement of national and local experts;
- Disseminating findings in peer-reviewed journals and other publications; and
- Informing policy.

KEY RESOURCES

- Establishing a Child Health Improvement Partnership: A How-to Guide
- Improvement Partnerships to Advance Child Healthcare Quality Brief
- Improvement Partnership Legislative Brief
www.vchip.org/improvementpartnerships

NIPN MEMBERS (as of 2011)

Arizona	Minnesota	Rhode Island
Connecticut	New Mexico	Utah
Indiana	New York	Vermont
Iowa	Ohio	Washington
Maine	Oklahoma	Washington DC
Michigan	Oregon	West Virginia



IMPROVEMENT PARTNERSHIPS INFORM HEALTH POLICY

By collaborating to share resources and knowledge, IPs increase the strength and quality of health care reform efforts for the nation as a whole. Through the work of IPs, health care is moving toward better alignment of payment with quality, especially in the areas of preventive services, oral health, autism, and obesity. Moreover, IPs that partner closely with their state Medicaid agency have worked to increase both the efficient use and effectiveness of Medicaid-funded resources and services.

REFERENCES

- 1 Mercier C, Barry S, Paul K, Delaney T, Horbar J, Wasserman R, Berry P, Shaw JS. Improving newborn preventive services at the birth hospitalization: A collaborative, hospital-based quality-improvement project. *Pediatrics* 2007;120(3):481-488.
- 2 Shaw JS, Duncan PM. Providing Health Supervision to Support High-Quality Primary Care: The Time is Now. *Academic Pediatrics* 2011;11:1-2.
- 3 Shaw JS, Wasserman RC, Barry S, Delaney T, Duncan P, Davis W, Berry P. Statewide quality improvement outreach improves preventive services for young children. *Pediatrics* 2006;118(4):e1039-1047.
- 4 Simpson L. Lost in translation? Reflections on the role of research in improving health care for children. *Health Affairs* 2004;23(5):125-130.
- 5 Young PC, Glade GB, Stoddard GJ, Norlin C. Evaluation of a learning collaborative to improve the delivery of preventive services by pediatric practices. *Pediatrics* 2006;117(5):1469-1476.



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