

## State at a Glance: North Carolina

### Overview

In February 2010, the [Centers for Medicare & Medicaid Services \(CMS\)](#) awarded grants to 10 States under a 5-year, \$100 million effort to improve health care quality and delivery systems for children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). Funded by the [Children’s Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. Because some grantee States are partnering with other States, the grants will support the implementation and evaluation of quality improvement strategies for children in a total of 18 States under five broad categories.<sup>1</sup>

As one of the 10 grantees, North Carolina is implementing projects in three of the five grant categories:

- Showing how a core set of children’s quality measures can be used to improve quality of care for children.
- Implementing a more comprehensive provider-based model of service delivery.
- Demonstrating the impact of a model electronic health record (EHR) format for children.

### North Carolina’s Objectives

North Carolina will work to collect, test, and report on the initial core set of quality measures for children, while using a learning collaborative model to strengthen medical homes for children with special health care needs (CSHCN)— particularly those with developmental, behavioral, and mental health needs. North Carolina is one of two grantees that will test and evaluate the model EHR format for children.

#### *Working with the Initial Core Set of Children’s Quality Measures*

North Carolina will collect, test, and report on all pediatric core measures and an additional five State-specific measures. The State will develop a process to track the measures and develop key performance indicators to determine the impact of core measures on child health quality. The State will report on the measures to networks, practices, and key stakeholders and pilot the extraction of data by providers and practices from existing or newly deployed EHRs to comply with meaningful use requirements. The State’s 14 [Community Care of North Carolina \(CCNC\)](#) networks will use quality improvement specialists to focus on improvement projects associated with core measures.

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<sup>1</sup> The five categories are projects that (1) show how a core set of children’s quality measures can be used to improve quality of care for children, (2) promote the use of health information technology to enhance service quality and care coordination, (3) implement new or more comprehensive provider-based models of service delivery, (4) demonstrate the impact of a model electronic health record format for children, and (5) test an approach to quality improvement of a State’s own design.

### *Assessing a Provider-Based Model of Care*

North Carolina will develop and implement a plan to strengthen the medical home for CSHCN, particularly for those with developmental, behavioral, and mental health needs. During an 18-month learning collaborative, North Carolina will work with selected family and pediatric practices to implement model systems for communication, collaboration, and co-management among the primary care medical home, subspecialist practices, the local health department, schools, community mental health providers, and other programs. The State will hire four quality improvement specialists who will provide on-site technical assistance to four networks and 11 intervention practices. The model will be expanded to a second cohort of practices in the 3rd and 4th years of the grant.

### *Testing a Model EHR Format for Children*

North Carolina will work with multiple vendors in the process of implementing and testing the model EHR format among pediatric and family practices. The State will test the model by assessing three attributes: (1) adequacy in addressing gaps in current EHR products for children; (2) capability to improve utility and functionality of EHRs currently used by child-serving providers, and the satisfaction of those providers; and (3) contributions to improving quality indicators related to obesity, oral health, developmental and behavioral health, asthma care, and the [Early, Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) program.

### **Evaluation Questions**

The national evaluation team will gather information from North Carolina to address a wide range of questions about the implementation and outcomes of its efforts, including:

- How did North Carolina report performance on core measures to practices, networks, and other stakeholders?
- What challenges were faced when implementing the model EHR format among multiple EHR vendors?
- To what extent did the State's medical home model improve quality of care for children with behavioral and developmental disorders?
- What are the key lessons from North Carolina's experience that would be useful for other States?

### **Learn More**

This information is current as of March 2012, slightly more than 2 years after grant award. To learn more about the projects being implemented in North Carolina under the CHIPRA Quality Demonstration Grant Program, please contact:

Stacy Warren, CHIPRA Project Director  
Office of Rural Health and Community Care  
North Carolina Department of Health and Human Services  
2009 Mail Service Center, Raleigh, NC 27699-2009  
919-500-3031; [Stacy.warren@dhhs.nc.gov](mailto:Stacy.warren@dhhs.nc.gov)  
NCICARE Web site: <http://www.icarenc.org>

To learn more about the national evaluation of the CHIPRA Quality Demonstration Grant Program, visit the evaluation's Web page at <http://www.ahrq.gov/chipra/demoeval>.