

Evaluating Provider-Based Models to Improve the Delivery of Children’s Health Care

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.¹

This report summarizes projects that States are implementing under the third category (Category C), “new or more comprehensive provider-based models of service delivery,” and highlights some of the key questions addressed by the national evaluation.

Importance of Assessing Provider-Based Models for Children

During the last 5 years, public and private health insurance plans have developed numerous approaches for encouraging providers to adopt certain practices and procedures designed to improve quality of care for their patients. These provider-based models usually focus on ensuring that services are patient-centered, comprehensive, coordinated, accessible, and supported by the appropriate use of health information technology, staff training, and payment reform. Although these models have proliferated in Medicaid and commercial health plans throughout the States, few of them focus specifically on health services for children. The CHIPRA Quality Demonstration Grant Program provides a singular opportunity to identify effective child- and family-focused provider-based models of care.

Demonstration Project Activities

Seventeen States are implementing demonstrations of provider-based models. Of these States, 12 are implementing variations on the patient-centered medical home (PCMH) model – an approach to care that is characterized by partnerships among the family, the child’s doctors, and community institutions.² Three States are focusing on care management entities (CMEs), which are organizations that oversee and coordinate services for children with serious behavioral health needs. Two States are working to improve services provided through school-based health centers. These demonstrations are based on different combinations of activities, depending on the State (see Table 1).

¹ The five grant 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 (Category A), (2) promote the use of health information technology to enhance service quality and care coordination (Category B), (3) implement new or more comprehensive provider-based models of service delivery (Category C), (4) demonstrate the impact of a model electronic health record format for children (Category D), and (5) test an approach to quality improvement of a State’s own design (Category E).

² The PCMH model is defined further at www.pcmh.ahrq.gov. States are using different PCMH models. For a description of the model promoted by the U.S. Department of Health and Human Services’ Maternal and Child Health Bureau, see <http://mchb.hrsa.gov/programs/medicalhome/index.html>. For the model used in the Patient-Centered Primary Care Collaborative, see <http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home>.

Table 1. Selected Characteristics of States' Projects to Assess Provider-Based Models

Activity	FL*	IL	NC*	MA*	UT*	ID	SC*	ME*	VT	OR*	AK	WV	CO*	NM	MD*	GA	WY
Type of Model																	
Patient-centered medical home	X	X	X	X	X	X	X	X	X	X	X	X					
School-based health centers													X	X			
Care management entities															X	X	X
Service Emphasis																	
EPSDT services			X					X					X	X	X		
Services for serious mental health conditions			X				X						X	X	X	X	X
Services for chronic physical health conditions	X		X		X	X											
Implementation Strategies																	
Establish Learning collaboratives for practices			X	X	X	X	X	X		X	X	X					
Use Practice facilitators, coaches, coordinators			X	X	X	X			X								
Provide financial compensation to participating practices				X			X	X									

Source: Information gathered from the demonstration States in 2011 through telephone calls and project documents.

Note: * denotes grantee. For the list of grantees and their partners [click here](#).

Evaluating These Projects

The national evaluation of the CHIPRA quality demonstrations will provide new insights into strategies for improving outcomes of children who receive care in pediatric and family practices, community and school health centers, and mental health service systems. Specifically, the national evaluation will analyze both qualitative and quantitative data. Qualitative data will be collected through review of project documents, interviews with project staff and key stakeholders during site visits to demonstration States, and focus groups with parents. Quantitative analyses will involve data submitted by selected States on service use and characteristics of participating practices. Analyses will be based on comparison group designs, when available, and will focus on determining the impact of selected PCMH projects on children's quality of care. These analyses will address a wide range of questions, such as:

- What resources were essential to successfully implement an innovative provider-based model of care?
- Did the medical home projects that the States implemented change the extent to which practices adopted key components of the medical home model?
- To what extent did these provider-based models improve care coordination for children with special health care needs?
- What was the impact of these provider-based models on children's health care quality?

Learn More

To learn more about the individual projects in this grant category, use the following links: **Alaska, Colorado, Florida, Georgia, Idaho, Illinois, Maine, Maryland, Massachusetts, New Mexico, North Carolina, Oregon, South Carolina, Utah, Vermont, West Virginia, and Wyoming.**

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> or send an email to CHIPRADemoEval@ahrq.hhs.gov.