

Promoting the Use of Health Information Technology (IT) to Improve 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 document summarizes the projects that States are implementing under the second category (Category B), "promoting the use of health IT to improve the quality of children's health care," and highlights some of the key questions addressed by the national evaluation.

Importance of Health IT Demonstrations for Children

Innovative applications of health IT have the potential to enhance care for children by: reducing errors at the pharmacy, improving communication between clinical practices and schools, and making accurate information about effective new treatments more available to both physicians and families. Benefits like these could lead to better quality of care for children in Medicaid and CHIP, which in turn could contribute to better health outcomes for children and more efficient use of resources.

Children enrolled in Medicaid and CHIP programs have not realized the potential benefits of health IT because, until recently, few health IT projects have paid specific attention to their needs. For example, many existing electronic health record (EHR) systems do not include adequate child-specific features or provide appropriate clinical decision support for the treatment of children. Some State demonstration projects are focusing on collaborating with other, ongoing efforts to develop or expand health information exchanges (HIEs), which are secure statewide data centers that can be used to share data among providers to enhance service coordination. These projects are working to ensure that HIEs include adequate information from clinics, practices, and community settings that serve children.

The CHIPRA Quality Demonstration Grant Program offers States the chance to develop and promote the use of health IT for children in Medicaid and CHIP. Successful demonstrations can show other States how to leverage ongoing health IT efforts to maximize the quality of children's health care and enhance coordination of services, especially services for children with special needs. Most of these projects are building on initiatives linked to the Health Information Technology for Economic and Clinical Health (HITECH) provisions of the American Recovery and Reinvestment Act of 2009.

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).

Demonstration Project Activities

As Table 1 shows, twelve States are implementing demonstrations that use a variety of health IT strategies to promote the quality of care for children. These activities include using various combinations of EHRs, personal health records (PHRs), and HIEs for various purposes. These purposes include: automated reporting of the [initial set of core quality measures for children; Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#) reporting; providing support for clinical decisionmaking; promoting quality improvement in clinical settings; supporting the informational needs of public health agencies; fostering consumer engagement; or coordinating different types of providers, especially in connection with medical homes.

Table 1. Demonstration States' Health IT Activities

Activity	OR*	AK	WV	WY	UT*	ID	FL*	IL	ME*	VT	SC*	PA*
Creating or enhancing a regional child health database or data warehouse					X	X	X	X	X	X		X
Developing tools and strategies to link data across multiple State agencies					X	X	X	X	X	X		X
Increasing access to information for families and non-health organizations				X	X	X				X		X
Encouraging practices to use electronic health records & quality measures	X	X	X	X				X			X	X
Promoting e-reporting from practices to child health database	X	X	X		X	X	X		X	X	X	
Promoting e-reporting from child health database to practices & other entities	X	X	X					X	X	X	X	
Investigating use of incentive payments based on practice performance											X	

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

Note: * denotes grantee. Oregon is the grantee partnered with Alaska and West Virginia. Maryland is the grantee partnered with Wyoming. Utah is partnering with Idaho; Florida is the grantee partnered with Illinois; and Maine is the grantee partnered with Vermont.

Evaluating The Projects

The national evaluation team will assess the State demonstrations using both quantitative and qualitative data from a multi-State physician survey, site visits, key informant interviews, and focus groups with parents. By examining the change in clinical processes, clinical outcomes, and consumer satisfaction, the national evaluation team will attempt to address a wide range of questions, such as:

- What kind of health IT strategies did States implement to improve the quality of children's health care or reduce costs?
- What resources were needed to implement these strategies?
- What barriers and facilitators did States encounter?
- What impact did these projects have on quality of care for children in Medicaid or CHIP?
- Did the health IT strategies increase family choice and involvement in their child's care?

Learn More

To learn more about the individual projects in this grant category, use the following links: **Alaska, Florida, Idaho, Illinois, Maine, Oregon, Pennsylvania, 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/policymakers/chipra/demoeval>.