

American Academy of Pediatrics

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Georgetown University Health Policy Institute
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NICHQ

National Initiative for Children's Healthcare Quality

Policy Options for Improving Quality and Advancing Use of Health Information Technology for Children

Children have different illnesses, conditions and health care needs than adults. To date, however, most initiatives aimed at improving the quality of care in the United States have focused on adults. As Congress addresses child health issues in the context of reauthorization of the State Children's Health Insurance Program, it should include an initiative to improve health care for America's children, particularly those covered by Medicaid or SCHIP. Since these two public programs cover one in three of our children, including many of the sickest, they need to be leaders in assuring all children receive the right care at the right time in the right amount.

Policy Recommendations

- **Strengthen child health quality improvement activities at HHS.** The SCHIP statute requires states to report annually on the manner in which each state's program promotes improvements in access and quality of care for children in the state. HHS currently recommends states report limited quality information using four performance measures in the NCQA HEDIS® dataset or measures that are similar. HHS should not only continue this reporting requirement but, in cooperation with the states, providers, and child health experts, update and enhance it to include a richer set of information, including both ambulatory and inpatient care settings. In addition, HHS should work with the states to encourage voluntary reporting of the same set of measures on state Medicaid programs. For each program the Department should provide technical assistance to the states to help them comply with the measure specifications; this will assure the information reported can be used with confidence to develop national performance goals or perform comparative analyses. The Department should also

facilitate adoption of best practices in areas such as provider reporting compliance, successful quality improvement strategies, and improved efficiency in data collection using health information technology through programs and resources to share these practices and the provision of technical assistance.

- **Dissemination of health quality information.** By January 1, 2008 HHS should be required to gather, analyze and publicly report state by state the data collected on child health quality measures. The data should be published annually. Every three years, HHS should be required to report to Congress on the status of efforts to improve children's health care. The report should address all health care needs of children, including preventive, acute and chronic care and all domains of quality including safety, family experience of care, and elimination of disparities.
- **Development, endorsement, and updating of child-specific health quality measures.** HHS should be provided authority and resources for a program to support the development of quality and performance measures for children's health care services. The program would provide grants and contracts for the development of new measures, advancement of those measures and existing measures through validation and consensus, and updating measures as necessary. HHS should consult with national pediatric organizations, states, consumers and others with expertise in pediatric quality and performance measures to identify gaps in existing measures and priorities for development. In developing a portfolio of measures for use by states, other purchasers and providers, HHS should work with an organization involved in the advancement of consensus on evidence-based measures, such as the National Quality Forum. .
- **Demonstration grants on quality and HIT.** The Secretary should have the authority to provide funds to states and child health providers for demonstration programs to evaluate promising ideas for improving the quality of children's health care. The demonstrations may include experimenting with and evaluating the use of new measures or fostering the use of health information technology in care delivery for children. The Secretary should conduct multi-state demonstrations as needed, such as in testing the validity and suitability for reporting and value-based purchasing of hospital inpatient services for children.
- **Federal matching rate for necessary computer system modifications.** HHS should assure states that the 90% enhanced federal administrative match in Medicaid for computer system development or modification is available for changes necessary for the efficient collecting and reporting on child health measures.
- **Development of a model electronic health record for children.** HHS should encourage the development and dissemination of a model electronic health record for children that can be accessed by consumers to demonstrate compliance with school or leisure activity requirements such as appropriate immunizations or physicals and can be exchanged interoperably in conformity with state and federal privacy and security requirements.