

Improving Health Care Quality for Children

CHIPRA Pediatric Quality Measures

- Title IV of the *Children's Health Insurance Program Reauthorization Act of 2009* (CHIPRA) included \$225 million over five years for child health quality initiatives, including the development of pediatric-specific quality measures for Medicaid and CHIP.
- The initial set of measures was published in December 2009, and specifications for reporting by states were released in February 2011.
- States are voluntarily using the initial set. In Fiscal Year (FY) 2011, 48 states and DC reported on at least one measure, and 27 states reported on at least half of the measures.
- CHIPRA also created the *Pediatric Quality Measures Program* (PQMP) to test and refine the initial set of measures and develop additional measures. Through PQMP, the Department of Health and Human Services (HHS) awarded grants to seven PQMP *Centers of Excellence*.
- The 2013 Set of measures represents a major step toward a quality-driven, evidence-based, national system for measuring the quality of children's health care.

CHIPRA Quality Demonstration Grant Program

- CHIPRA also created the *Quality Demonstration Grant Program*, whereby HHS awarded grants to 10 states to identify effective, replicable strategies to enhance the quality of care and improve care delivery for children in Medicaid and CHIP.
- Through partnerships, 18 states are implementing 51 projects in five categories: use of quality measures, health IT, provider-based delivery models, use of a model format for pediatric electronic health records and other innovative approaches.

Recommendations to Renew, Improve, and Expand Title IV

- In December 2012, the AAP sent recommendations to Congress for legislation to extend authority and funding for Title IV beyond FY 2013:
 - Require the core set to measure not just duration of coverage, but duration and type of coverage.
 - Continue funding for the PQMP *Centers of Excellence* to advance current centers and develop new ones.
 - Encourage development and stewardship of measures that can be used in diverse care settings, including ambulatory settings.
 - Continue the *Quality Demonstration Grant Program* and extend it to perinatal care.
 - Require states to report on the full set of measures within five years.
 - Spread the use of the measures to different health care delivery and coverage systems, including use by plans offered through new health reform marketplaces (formerly known as exchanges).
 - Disseminate measures developed through the *Centers for Excellence* at the state, hospital, physician and plan level.
 - Include CHIP in the calculations that determine incentive payments in the electronic health records program.