Bringing Children Along:
The Importance of Pediatric Quality Initiatives in CHIPRA

CHIPRA and Quality

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) renewed funding for CHIP, which provides coverage for millions of low- and middle-income children who do not qualify for Medicaid but for whom private insurance would be difficult to afford. CHIPRA also created programs dedicated to the evaluation and improvement of quality of pediatric care. These programs are critical to ensuring children's health care quality receives as much attention as quality measurement and improvement for adult care.

Pediatric Versus Adult Health Care Quality

Children are not just little adults; they differ in ways termed the "four Ds" of childhood: developmental change, demographics, disease characteristics, and dependence on adults.[1] Because of these differences, children need care designed with their specific needs in mind. Similarly, in order to improve the quality of this care, we need to measure it appropriately. For example, while monitoring frequency of heart attacks or heart failure might be a useful way to measure the quality of care a hospital provides to older patients, these measures are likely less applicable to a pediatric population.

While Medicare and private payers have launched myriad efforts to measure and improve adult health care quality, efforts on pediatric quality improvement have lagged. For this reason, the quality improvement programs developed through CHIPRA represent important progress toward closing the quality improvement gap for children. They should continue so we do not reverse the progress made thus far, particularly as we continue to focus on ways to provide high-quality, cost-effective care. These programs are described below.

Pediatric Quality Measures Program

Pediatric quality research has lagged behind quality improvement efforts for adults, and we have begun to resolve this disparity through the creation of Pediatric Quality Measures Program (PQMP) Centers of Excellence (COEs) and demonstration grants.[2]

Seven PQMP Center of Excellence grantees, funded by the Centers for Medicare and Medicaid Services (CMS) are actively working to evaluate the ways we measure pediatric quality of care. Each grantee is testing existing measures and developing new metrics, with the goal of determining the appropriateness and effectiveness of these measures. This work will ultimately lead to the refinement and improvement of the pediatric measure set. In addition, two demonstration grant recipients—Illinois and Massachusetts—are working to develop new measures.

Demonstration Grants

In 2010, CMS awarded 10 grants to 18 states—with some states partnering on a grant—to engage in pediatric health care quality and delivery system improvement projects.[3,4] Through the demonstration grants, these states are engaged in testing pediatric quality measures, incorporating health information technology and electronic health records into pediatric care, and developing more family-centered and coordinated methods of providing care. These projects have already had valuable impacts on the quality of care children receive, and the continuation and broader adoption of this work is crucial as we work to enhance children's care.[5]

Authored by,
KATE LEWANDOWSKI, SENIOR POLICY ANALYST

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[1] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3876846/

[2] CHIPRA Pediatric Quality Measures Program. March 2014. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/policymakers/chipra/pqmpback.html

[3] National Evaluation of the CHIPRA Quality Demonstration Grant Program. January 2013. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/policymakers/chipra/demoeval/index.html

[4] Learn About the Demonstration States. August 2012. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/policymakers/chipra/demoeval/demostates/index.html

[5] What's New. February 2014. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/policymakers/chipra/demoeval/whatsnew.html