

Pediatric Quality Matrix:

This matrix provides a full range of components for assessing the quality of children's health care from the child's and family's point of view.



Pediatric Quality Matrix and Menu of Policy Solutions

COMPONENT	KEY ISSUES	EXAMPLES
Access to coverage	Do children have health care coverage? What health care services are covered?	Are low- and middle-income children eligible for Medicaid and CHIP? Are eligible children enrolled in state programs? Do children and youth with special health care needs have adequate health care coverage for the full range of health services they need?
Access to health care professionals	Can children see the health care professionals they need to at the right time? Are there a sufficient number of health care professionals in every region?	How long do children have to wait to get an appointment with a primary care professional for preventive care? Can children get timely appointments with specialists and mental and oral health care professionals? Do primary care physicians have adequate resources to provide a medical home for all children?
Quality health care service delivery	Are clinical visits free from medical error? Are best practices being used in clinical visits?	Are patients receiving the appropriate dosage of all medicines? Are primary care practitioners calculating a BMI at every yearly check-up?
Family voice and experience of care	Are the child's psychological needs being met by his/her health care professional? Are families able to inform health policy decisions?	Does the patient or caretaker feel comfortable calling the health care professional when an issue arises? Are services provided in a culturally sensitive and equitable way? Are policy makers listening to families?
Public health	Is the community meeting the health and wellness needs of its children?	Do our federal, state, and local public health agencies have the resources they need to provide community-based prevention and wellness services? Are children fully vaccinated?



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Pediatric Quality Menu:

This menu, developed from the child's and family's perspective, includes a variety of federal policy solutions to improve the quality of children's health care.



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ACCESS TO COVERAGE	
<i>Access to adequate health care coverage is the foundation of high quality health care for children. All children need adequate health coverage to ensure there are no financial barriers to the health care they need to grow and learn.</i>	
Item	Description
Expansion of Health Coverage	<p>While Medicaid and CHIP have provided substantial access to coverage for children, 8.9 million children remain uninsured. Provide stable and portable coverage for all children and families by:</p> <ul style="list-style-type: none"> • Further expanding existing public programs; • Ensuring health coverage for mothers includes pregnancy-related services, such as smoking cessation, weight management, and oral health services; and • Providing subsidies for the employee portion of family premiums for workers up to 400% FPL.
Coverage and Benefits for Children and Youth with Special Health Care Needs	<p>Ensure children and youth with special health care needs (CYSHCN) have access to the full range of health care services they need by:</p> <ul style="list-style-type: none"> • Expanding TEFRA/Katie Beckett waivers to all states; • Removing or raising the income cap (currently 300% FPL) in the Family Opportunity Act's Medicaid buy-in option; and • Providing incentives to states to offer Medicaid buy-in programs for uninsured and privately insured CYSHCN based on the disability criteria in the Family Opportunity Act.
Enrollment and Retention in Public Programs	<p>Building on efforts to improve enrollment and retention in the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009:</p> <ul style="list-style-type: none"> • Ensure that states regularly report on their enrollment and retention rates in public programs; and • Provide incentives for states to support seamless transitions from different coverage sources.
Comprehensive, Pediatric-specific Benefits	<p>The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program has been the standard for comprehensive Medicaid coverage since 1967, but improvements and expansions are recommended:</p> <ul style="list-style-type: none"> • Protect this program under Medicaid and enforce state compliance and reporting requirements; • Update the standards every 2-3 years according to evidence-based guidelines; • Add care coordination as an EPSDT standard; • If a "connector" is established, ensure that all offered health plans have adequate benefit packages consistent with EPSDT standards; and • Provide incentives for private health plans to comply with EPSDT standards.



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ACCESS TO HEALTH CARE PROFESSIONALS

Once children have adequate health care coverage, they need access to a wide range of health care professionals (e.g. primary care, pediatric sub-specialists, nurses, mental health and oral health care professionals), within a reasonable time and traveling distance.

Item	Description
Medicaid and CHIP Payment Reform	<p>Medicaid is the single largest insurer of children. On average, Medicaid’s reimbursement levels for children’s health services are 70% of Medicare’s and the current fee-for-service dominant system rewards volume over quality of care.</p> <ul style="list-style-type: none"> • Develop payment methodologies, with input from families and pediatric health care professionals, that reward evidence-based care and drive quality improvement across all health care practice types. • Establish stable and predictable funding systems for pediatric health care professionals. • Realign the Medicaid payment system to reward primary care professionals for prevention and wellness. • Develop financing mechanisms that support integration of care coordination functionality into primary care practices. • Provide adequate reimbursement and technical support for pediatric oral health and mental health care professionals.
Medical Home Programs	<p>Establish state-level Medicaid and CHIP programs that identify and document the successful components and cost-effectiveness of providing a comprehensive medical home for all children, particularly vulnerable children and those with special health care needs. Require programs to:</p> <ul style="list-style-type: none"> • Certify medical homes based on broadly accepted standards such as the American Academy of Pediatrics and the National Committee on Quality Assurance; • Have an oversight board and mechanisms for training and technical assistance; • Integrate care coordination systems that provide services inside and outside the clinical practice setting; • Provide a reimbursement methodology and other incentives that ensure health care professionals enter and continue to participate in the program; and • Comply with a set of comprehensive reporting and evaluation requirements that enable comparisons across programs, measure child health outcomes and program cost-savings, and allow for successful models to be replicated.



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Safety Net Protection	<ul style="list-style-type: none"> • Maintain funding for safety net services at community health centers and hospitals (including disproportionate share hospitals and children’s hospitals) that serve children who are under- or uninsured. • Create incentives for quality improvement and health outcome measurement in safety net care. • Expand school-based health services in medically underserved areas and provide support for integration and coordination with medical homes.
Health Plan Provider Network Standards	<ul style="list-style-type: none"> • Develop monitoring standards, reporting guidelines, and strategies under Medicaid and CHIP to ensure adequacy of pediatric provider networks for all types of health care professionals (e.g. primary care, mental health, and pediatric sub-specialists) and all geographic regions. • Provide incentives and strategies for private health plans to ensure adequacy of their pediatric networks, including appropriate pediatric sub-specialist and mental health networks.
Collaborative Care	<ul style="list-style-type: none"> • Fund collaborative care demonstration projects that link the medical home with other types of pediatric health care professionals, including mental health and pediatric sub-specialists.
Pediatric Health Care Workforce	<ul style="list-style-type: none"> • Create a pediatric health care workforce that adequately meets the oral health and mental health needs of all children.



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QUALITY HEALTH CARE SERVICE DELIVERY

Once children have adequate health care coverage and access to health care professionals, we must ensure they receive quality health care. Services should be safe, free of medical errors, evidence-based, and coordinated across all health care professionals and practice types.

Item	Description
Pediatric Quality Improvement	Support existing and new state-based and/or regional quality improvement projects or partnerships that simultaneously and systematically: <ul style="list-style-type: none"> • improve care; • develop pediatric quality measures; and • test evidence-based practices in developmental, inpatient, and outpatient children’s health services.
Comparative Effectiveness Research	<ul style="list-style-type: none"> • Ensure that comparative effectiveness research projects funded through the American Recovery and Reinvestment Act of 2009 include studies of the comparative clinical effectiveness of preventive, developmental, inpatient, and outpatient children’s health services. • Develop a process for broadly disseminating all pediatric research findings to the general public, pediatric health care professionals, and public and private health plans.
Pediatric Prescription Drug Reform	<ul style="list-style-type: none"> • Promote clinically effective and evidence-based prescribing practices and standards for children, as well as evidence-based prescription drug education and consultations with health care professionals. • Support research and programs that: <ul style="list-style-type: none"> ▪ increase the availability of long-term data on pediatric prescription drug utilization, including off-label use; and ▪ compare the clinical effectiveness of prescription vs. non-prescription treatment methods for children. • Give the FDA authority to mandate post-market surveillance studies of prescription drugs for off-label indications for children.



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FAMILY VOICE AND EXPERIENCE OF CARE

Quality pediatric health care requires that care is patient- and family-centered, equitable, and free from disparities.

Families should have the opportunity to inform quality improvement initiatives, as well as health policy development and decision-making.

Item	Description
Family Voice	<ul style="list-style-type: none"> • Direct federal agencies to consult with families when developing health care policies because the voice of children, youth, and their caretakers are critical to improving pediatric quality.
Patient Experience Measures	<p>As part of the core set of pediatric quality measures required under CHIPRA 2009:</p> <ul style="list-style-type: none"> • Include a patient or family experience of care measure for all health care settings (e.g. primary care office, emergency room, inpatient hospital, inpatient and outpatient mental health settings); • Develop a measure to evaluate patient or family experience with care coordination; • Provide opportunities to assess the experience of youth transitioning from child to adult care settings; and • Involve families and consumer health care advocates in the design and selection of these measures.
Disparities Elimination Programs	<ul style="list-style-type: none"> • Support research and pilot projects that identify why and which disparities exist among children and what interventions work best to eliminate disparities in the pediatric population. • Improve data collection and reporting of race, ethnicity, disability, and primary language in public programs to provide necessary demographic data for research, as well as program development. • Expand programs that increase diversity and build cultural competency in the children's health care workforce.



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PUBLIC HEALTH

Our federal, state, and local public health agencies should have the resources they need to keep our children safe, promote wellness, and help them become healthy adults.

Item	Description
Public Health Infrastructure	<ul style="list-style-type: none"> • Increase Title V funding for the Maternal and Child Health Bureau within the Health Resources and Services Administration to strengthen basic maternal and child public health services, including services for children and youth with special health care needs.
National Vaccine Program and Vaccine Registries	<ul style="list-style-type: none"> • Support public education efforts to increase pediatric vaccination rates. • Establish a national vaccine program and vaccine registries. • Provide incentives to states to use registries to monitor pediatric vaccination rates.
Access to Fluoride	<ul style="list-style-type: none"> • Support efforts to educate the public about the benefits of fluoride, coupled with other incentives for communities to fluoridate their water. • Provide coverage for fluoride varnish through Medicaid and CHIP.
Eradicate Lead Poisoning	<ul style="list-style-type: none"> • Protect current funding to the CDC so that it can eradicate lead poisoning.
Pediatric Wellness and Chronic Disease Interventions	<ul style="list-style-type: none"> • Support programs that build integrated systems of care between public health and medical services that promote wellness and target pediatric asthma, obesity, oral health, and other pediatric health conditions. • Create incentives for the use of non-clinical prevention and management strategies and programs for pediatric health conditions (e.g. healthy housing for asthma, nutrition programs for obesity). • Establish national chronic disease registry systems or support creation of state chronic disease registry systems that are interoperable with electronic health records.



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