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# Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant:

## Improving Health Outcomes for Children (IHOC) in Maine and Vermont



UNIVERSITY OF SOUTHERN MAINE  
Muskie School of Public Service



# Improving Health Outcomes for Children (IHOC) Maine State Coordinating Committee Agenda 2-23-2012

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- ❑ **Brief Overview of IHOC—Maine and Vermont**
- ❑ **5 year CHIPRA Demonstration Grant:**
  - ❑ Year 1 Planning (Feb 22, 2010 - Feb 21, 2011)
  - ❑ Year 2 Begin Implementing (Feb 2011 - Feb 2012)
  - ❑ Year 3 Starts Now (Feb 2012 - Feb 2013)
- ❑ **Updates and Discussion on Year Two Progress on Final Operational Plan (FOP):**
  - ❑ Practice Improvement
  - ❑ Child Health Measures
  - ❑ HIT Infrastructure

# CHIPRA Quality Demonstration Grants

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## **Goal**

Establish and evaluate a national quality system for children's health care provided through Medicaid and the Children's Health Insurance Program (CHIP).

10 grants awarded: “test promising ideas for improving the quality of children’s health care” under Medicaid and CHIP.

## **Authorization**

Section 401 (d) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

## **Administered**

Centers for Medicare & Medicaid Services (CMS)

# IHOC

## Final Operational Plan Summary for Maine

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- ❑ **Collect and Report Measures**
  - ❑ 24 CHIPRA
  - ❑ EPSDT (Early and Periodic Screening, Diagnostic and Treatment)
  - ❑ Additional Clinical Measures
  
- ❑ **Enhance HIT infrastructures**
  - ❑ Automate EPSDT and other clinical data
  - ❑ Implement Electronic Comprehensive Health Assessments (CHA) for children in Maine's foster care system
  
- ❑ **Provide learning initiatives**
  - ❑ PCMH Pilot sites- pediatric practices
  - ❑ High Volume Medicaid practices
  
- ❑ **Create a Maine Child Health Improvement Partnership (ME CHIP)**
  
- ❑ **Evaluation**
  - ❑ Gather data through evaluation to inform design, assess implementation process and barriers, and measure impact.

# IHOC

## Oversight and Management

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- ❑ **Convened:**
  - ❑ Maine & Vermont Management Team
  - ❑ Maine & Vermont Steering Committees
  - ❑ ME CHIP Advisory Group
  
- ❑ **Submitted CMS Progress Report for Jul- Dec 2011**
  
- ❑ **Submitted & Approved Budget Request:**
  - ❑ Year 3
  - ❑ Projected Year 2 Carry-Over

# IHOC

## Oversight and Management

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### ❑ IHOC web-presence:

- ❑ MaineCare has linked to IHOC from their main page:

<http://www.maine.gov/dhhs/oms/>

- ❑ OCFS has added a link to IHOC from:

<http://www.maine.gov/dhhs/ocfs/>

- ❑ The Maine CDC has added the link to IHOC on their tab for Health Care Providers:

<http://www.maine.gov/dhhs/mecdc/navtabs/providers.shtml>

# MaineCare Services

An Office of the Maine Department of Health and Human Services

Search OMS

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[OMS Home](#)[For Members](#)[For Providers](#)[DHHS](#) → [OMS](#) → Home

+A | -A | Wed 22 Feb 2012

## Current Projects

[Health Information Technology \(HIT\)](#)[HIPAA 5010](#)[NEW! Improving Health Outcomes for Children \(HOC\)](#)[Value Based Purchasing](#)[PNMI Initiative](#)[Transportation Initiative](#)

## News & Groups

[Headline News](#)[Stakeholder Groups](#)[Provider Updates](#)[Social Services Help](#)

## Office of MaineCare Services

The Office of MaineCare Services (OMS) oversees

- MaineCare (also known as Medicaid)
- Maine Eye Care
- Maine Rx Plus
- Drugs for the Elderly and Disabled

MaineCare Services coordinates the programs and benefits, assures that they operate under consistent policy in keeping with the Department's goals and Federal mandates, and ensures that they are administered effectively and efficiently.

This website offers information for:

- [MaineCare members - current and future](#)
- [Medical and other service providers](#)

Fluoride Varnish Fact Sheet for Parents ([.doc](#))

Fluoride Varnish Overview for Health Professionals ([.pdf](#))

Fluoride Varnish [Resources for more information](#) (Maine CDC website)

## Improving Health Outcomes for Children (IHOC)

Improving Health Outcomes for Children (IHOC) is a 5-year demonstration grant from the Centers for Medicare & Medicaid Services, and authorized by 401 (d) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

IHOC works with doctors' offices, practices and other agencies who want to improve health care in Maine and Vermont to:

- Collect and report on the use of evidenced-based child health quality measures
- Expand the Health Information Technology to improve the flow of child health data
- Promote a collaborative child health learning environment

### IHOC Overview

A short summary of IHOC:

- For Providers ([.pdf](#))
- For Members ([.pdf](#))

IHOC's Final Operational Plan ([.pdf](#)) includes an in-depth description of the project and all its parts.

### IHOC Materials and Presentations

- Foster Care Logic Model ([.pdf](#))
- IHOC Maine State Coordinating Committee 9/29/2011 ([.pdf](#))
- Practice Improvement Logic Model ([.pdf](#))
- Summary of HIT and Practice Survey Data ([.pdf](#) | [.ppt](#))
- Summary of Pediatric Quality Measures ([.pdf](#))

### Questions

# Practice Improvement Year Two Progress

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**First STEPS (Strengthening Together Early  
Preventive Screening) Learning Initiative:  
Improving Immunization Rates**

provided by



*Partnering Organizations: Maine Quality Counts, Maine DHHS, MaineCare, Maine CDC, Maine Immunization Program, Maine Office of Information Technology, Muskie School of Public Service, USM, Vermont Child Health Improvement Program, Maine Chapter of the American Academy of Pediatrics, Maine Academy of Family Physicians, Maine Primary Care Association, MaineHealth, Eastern Maine Health Systems, Central Maine Medical Group, MaineGeneral Health, Martin's Point Health Care*

# Practice Improvement

## Year Two Progress

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- ❑ **First STEPS is a 2 year Quality Improvement Initiative focused on improving children's health care & improving preventive health (EPSDT) screenings:**
  - ❑ Phase 1: Childhood Immunizations
  - ❑ Phase 2: Developmental, Autism, and Lead screening
  - ❑ Phase 3: Healthy Weight and Oral Health
  
- ❑ **First STEPS promotes the use of AAP Bright Futures screening guidelines**

# Practice Improvement

## Year Two Progress

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- ❑ **First STEPS Phase One Learning Initiative:**  
***Raising Immunization Rates & Building a Patient Centered Medical Home :***
  - ❑ 1<sup>st</sup> Learning Session was held Sep 23, 2011
  - ❑ 2<sup>nd</sup> Learning Session was held Feb 10, 2012
- ❑ **24 clinical teams**
  - ❑ 22 outpatient groups
  - ❑ 2 inpatient hospitalist groups
- ❑ **96 physicians**
- ❑ **Collectively provide care to 30,666 children with MaineCare coverage (August 2010 numbers)**
- ❑ **Practices may participate in 1, 2, or all 3 phases of First STEPS**

# Practice Improvement

## Year Two Progress

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### **First STEPS Phase One Preliminary Evaluation Report**

#### **□ Data sources**

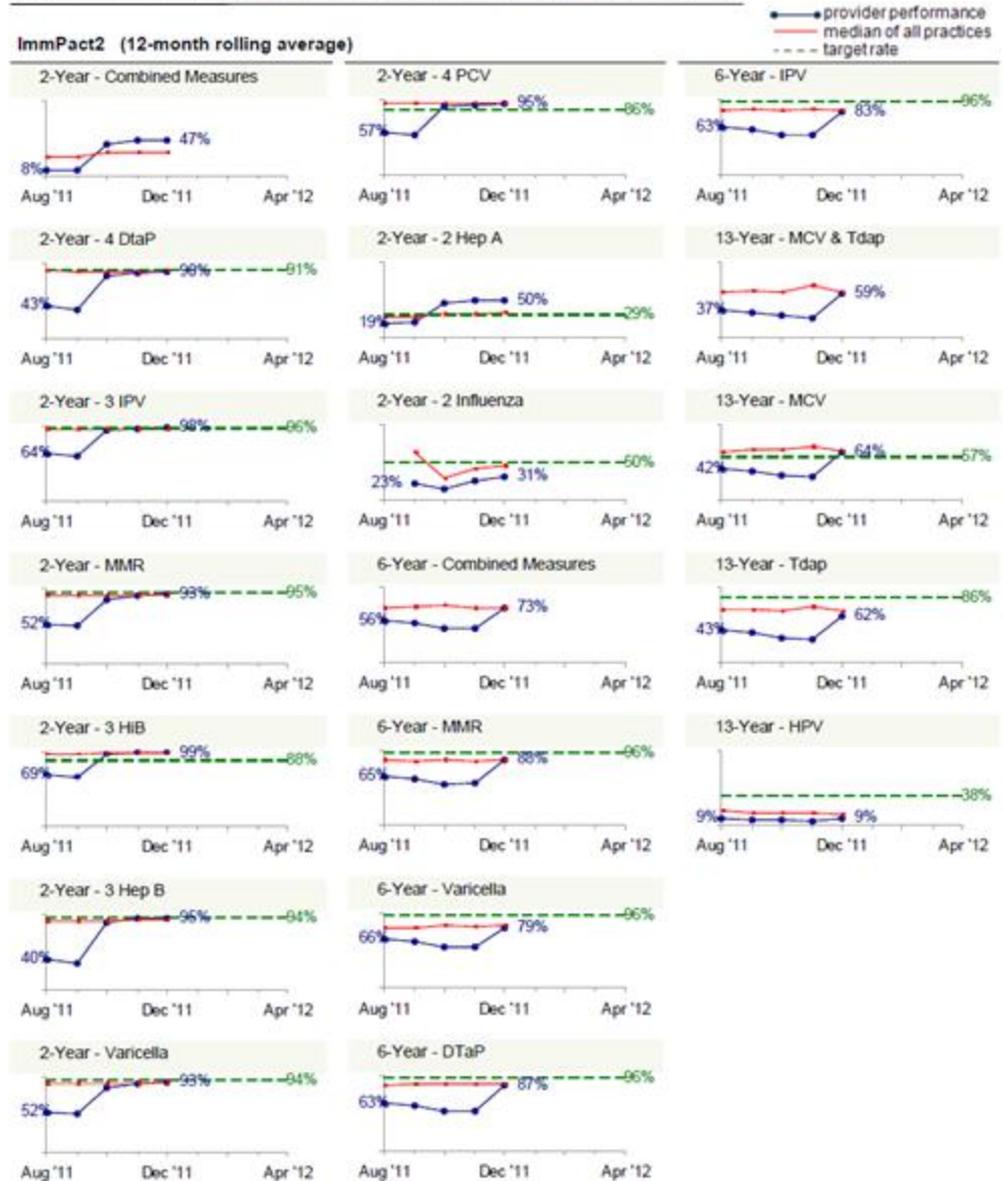
- Pre-survey of office practices re: immunizations
- Evaluation forms completed by participants after initial learning session
- Monthly reports to Quality Counts on Plan-Do-Study-Act (PDSA) cycles

#### **□ Key Findings**

- Sessions are raising awareness and use of Bright Futures and strategies for improving immunization rates in practices.
- Understanding of ImmPact2 has increased, and continuing training is needed
- Most commonly cited challenges for improving immunization rates were vaccine refusals, parental hesitancy and no shows
- The vast majority of participants felt that First STEPS strategies and sessions could help them identify solutions for overcoming these challenges
- The PDSA cycles have helped in improving communication with parents, office workflow processes and documentation systems

# First STEPS Sample Practice Monthly Report

## Immunization Data Run Charts



# Current First STEPS

## Statewide Immunization Data for 2 year olds

### Measures for 2-year-olds

Type of Immun.	Report Month	Denom.	Median	Unwght. Mean	Std. Dev.
4 DtaP	Aug	3,610	91%	85%	16%
	Nov	3,886	90%	87%	13%
	Dec	3,900	90%	87%	12%
3 IPV	Aug	3,610	96%	92%	12%
	Nov	3,886	96%	94%	10%
	Dec	3,900	96%	94%	10%
MMR	Aug	3,610	91%	87%	13%
	Nov	3,886	91%	89%	11%
	Dec	3,900	92%	89%	11%
3 HiB	Aug	3,610	97%	94%	10%
	Nov	3,886	99%	95%	10%
	Dec	3,900	98%	96%	10%
3 Hep B	Aug	3,610	91%	84%	18%
	Nov	3,886	92%	89%	12%
	Dec	3,900	93%	89%	12%
Varicella	Aug	3,610	91%	86%	13%
	Nov	3,886	91%	89%	11%
	Dec	3,900	92%	89%	10%
4 PCV	Aug	3,610	95%	91%	14%
	Nov	3,886	94%	92%	12%
	Dec	3,900	95%	92%	12%
2 Hep A	Aug	3,610	27%	30%	22%
	Nov	3,886	31%	32%	23%
	Dec	3,900	32%	33%	23%
2 Influenza	Nov	3,903	42%	43%	10%
	Dec	3,900	46%	46%	10%

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# Practice Improvement

## Year Two Progress

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- ❑ **Planning for the First STEPS Phase II Learning Collaborative: Developmental, lead, and anemia screening starting in spring of 2012**
  
- ❑ **Planning for the First STEPS Phase III Learning Collaborative: Healthy weight and oral health starting in 2013**

# Practice Improvement

## Year Two Progress

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- ❑ **Revising Bright Futures Forms for MaineCare providers to access via the website:**
  - ❑ Maine Well Child Visit Forms (also known as Bright Futures Encounter Forms)
    - ❑ Aligned with current Bright Futures standard of care while retaining Maine-specific priority elements, and incorporating layout recommendations from paper-based practices.
  - ❑ Parent/Patient Education Forms (also known as anticipatory guidance forms)
    - ❑ Revised to meet MaineCare's health literacy requirements for consumers, and formatted for easy printing by practices.

# Practice Improvement Year Two Progress

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- ❑ **ME CHIP Advisory:**
  - ❑ Identifying child health priorities in ME
  - ❑ Advising the First STEPS & IHOC quality improvement activities
  - ❑ Advising Maine Health Management Coalition (PTE) on child health immunization measures
  
- ❑ **Actively Participating in the National Improvement Partnership Network (NIPN)**

http://www.maine.gov/dhhs/protected/bf/

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# BRIGHT FUTURES

Guidelines for Health Supervision of  
Infants, Children, and Adolescents

THIRD EDITION

## Tool and Resource Kit

***New Online Location for Bright Futures Toolkit:  
<http://www.maine.gov/dhhs/oms/provider/childrens.html>  
Contact MaineCare Provider Relations for  
User ID and Password***

# Updated Bright Futures Parent/Patient Education Forms



## Feeding Your Baby

- If you are still breastfeeding, that's great! Keep breastfeeding until your baby is at least one year old or longer if you both like.
- If you are formula feeding, use an iron-fortified formula, not cow's milk. Continue until your baby is at least one year old.
- You can start to feed your baby solid food when your baby is ready.
- Here are some signs that your baby is ready:
  - Opens mouth for the spoon.
  - Sits with support.
  - Has good head and neck control.
  - Is interested in foods you eat.



## Starting New Foods

- Start new foods one at a time.
- Iron-fortified cereal is a good food to start with.
- Try fruits and vegetables or pureed meats after your baby eats cereal well.
- You might have to give your baby a new food 10-15 times before he or she will like it. This is normal.
- It is important that your baby gets enough iron. Red meat is a good source of iron.
- Avoid foods that can cause allergies—peanuts, nuts, fish, and shellfish.

## Safe and Healthy Feeding

- Offer your baby 1-2 tablespoons of solid food 2-3 times per day.
- Don't feed your baby too much. Here are some signs that your baby is full:
  - Baby leans back
  - Baby turns away
- Do not force your baby to eat or finish foods.
- To prevent choking:
  - Only give your baby very soft, small bites of finger foods.
  - Keep small objects and plastic bags away from your baby.

## Your Baby at Six Months

### Healthy Teeth

- Many babies begin to cut teeth at this age.
- Use a soft cloth or toothbrush to clean each tooth with water every day.
- Ask your child's doctor or nurse about the need for fluoride.
- Do not give a bottle in bed or prop the bottle.
- Have regular times for your baby to eat. Feed your baby only during these times.



### Your Baby's Development

- Most babies have doubled their birth weight. Your baby's growth will slow down now.
- Sit baby up so he or she can look around.
- Talk with your baby by copying the sounds your baby makes.
- Look at and read books together.



### Playing with Your Baby

- Play simple games with your baby, such as peek-a-boo and patty-cake.
- Offer active play with mirrors, floor gyms, and colorful toys.
- If your baby is fussy, offer safe toys to hold and put in his or her mouth. Make sure your baby is getting regular naps and playtimes.
- Put your baby to bed when he or she is sleepy but still awake.



### Crib/Playpen

- Lower the crib mattress all the way when your baby begins to stand.
- Use a crib with slats less than 2 3/8 inches apart.
- Don't use a crib with drop sides.
- Don't put loose or soft bedding in the crib.
- Use a mesh playpen with weaves less than 1/4 inches apart.

### Safety

- Your baby's car seat should be in the middle of the back seat and facing backwards in all vehicles, even for short trips.
- Don't leave your baby alone in high places such as changing tables, beds, or sofas.
- Never leave your baby alone near water or in bathwater, even in a bath seat or ring.
- Always be close enough to touch your baby.



### Home Safety

- Keep your baby in a high chair or playpen if you are in the kitchen.
- Do not use a baby walker.
- Place gates on stairs.
- Close doors to rooms where your baby could be hurt, like the bathroom.
- Lock up poisons, medicines, and cleaning supplies; call Poison Help at 1-800-222-1222 if your baby eats them.



### Preventing Burns

- Set the hot water heater at 120°F or lower.
- Turn pot handles inward on the stove.
- Do not leave hot irons or hair care products plugged in.



### Taking Care of Yourself

- Call on others for help.
- Encourage your partner to help care for your baby.
- Ask your child's doctor or nurse about helpful resources if you are raising your baby alone.
- Invite friends over or join a parent group.



### Child Care

- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with your child's doctor or nurse about your child care choices.

# Practice Improvement Year Two Challenges

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- ❑ **Data collection and reporting is complicated**
- ❑ **Solutions are equally complicated, and result in important learning(s), including learning of new challenges!**
- ❑ **Collaboration and communication with all partners is essential**
- ❑ **When we work together we identify problems and solutions much faster.**

# Child Health Measures

## Year Two Progress

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- ❑ **CHIP Annual Report will include data on 14 CHIPRA Core Measures**
  - ❑ 13 claims-based measures and the patient experience of care measure (CAHPS Survey)
  - ❑ Testing claims-based version of other measures (developmental screening, fluoride varnish, well child visits, asthma meds)
  - ❑ Results include statewide MaineCare population
  
- ❑ **Reporting on the collection of immunization measures to support the First STEPS Phase 1 Learning Collaborative**
  - ❑ Results include all patients in participating practices

# Child Health Measures

## Year Two Progress

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### CHIPRA Measure Description and Number

- ❑ Chlamydia screening (9)
- ❑ Well Child Visits (10,11,12)
- ❑ Preventive dental (13)
- ❑ Access to PCP (14)
- ❑ Pharyngitis testing (15)
- ❑ ~~Otitis media with effusion (OME)~~ (16) (*On hold*)
- ❑ Dental treatment (17)
- ❑ ED utilization (18)
- ❑ Asthma ED visits (20)
- ❑ Follow-up for ADHD meds (21)
- ❑ Hemoglobin blood test for diabetes testing(HbA1C) (22)
- ❑ Mental illness follow-up (23)
- ❑ Patient experience survey (24)

# Child Health Measures

## Year Two Progress

### 2011 MaineCare Child Survey CAHPS 4.0 Results and National Medicaid Comparisons

Composite/Item	%	National Comparisons*	2011 National Child Medicaid Median*
<b>Core CAHPS 4.0 Health Plan Item Set</b>			
<i>Getting Needed Care for a Child Composite</i>	62%	◆◆◆◆	54%
<i>Getting Care Quickly for a Child Composite</i>	83%	◆◆◆◆	71%
<i>How Well the Child's Doctors Communicate Composite</i>	82%	◆◆◆◆	75%
<i>Health Plan Information and Customer Service Composite</i>	56%	□	61%
<b>Overall Ratings</b>			
Rating of child's personal doctor	75%	◆◆◆	70%
Rating of child's specialist	73%	◆◆◆◆	66%
Rating of all child's health care	67%	◆◆◆◆	61%
Rating of child's health plan	65%	■ ■	63%

\*Comparisons based on National 2011 Child Medicaid 4.0 Percentile Top Box Scores downloaded from CAHPS Database on Dec 9, 2011.  
<https://www.cahps.ahrq.gov/CAHPSIDB/Public/about.aspx>  
 + Sample size for the 2011 MaineCare Survey is less than 100 for this item. Use results with caution.  
 MaineCare results are weighted to represent the entire population of children enrolled in MaineCare.

KEY	
◆◆◆◆	90th percentile or higher
◆◆◆	75th - 90th percentile
■ ■	50th - 75th percentile
■	25th - 50th percentile
□	Less than 25th percentile

# Child Health Measures

## Year Two Progress

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### **IHOC Measure and Collection Plan**

- ❑ 52 Measure by Source document is updated and shared state-wide and nationally in order to align and coordinate child health measure collection and reporting initiatives
  - ❑ Center for Medicaid and Medicare (CMS)
  - ❑ Office of the National Coordinator (ONC)
  - ❑ Vermont
  - ❑ North Carolina
- ❑ Collaborating in Maine with:
  - ❑ Autism Spectrum Disorder Screening Grant
  - ❑ Maine Immunization, WIC, Head Start and Lead Programs
  - ❑ Office of Information Technology

# Child Health Measures

## Year Two Challenges

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- ❑ **Challenges to collecting remaining CHIPRA measures include:**
  - ❑ Unable to identify a data source for the collection of pediatric Central Line-Associated Bloodstream Infection (CLABSI) measure
  - ❑ Immunization registry & other state registries do not include payer-specific data, such as MaineCare
  
- ❑ **Challenges to collecting EPSDT/Bright Futures & Other Clinical Measures:**
  - ❑ Claims do not capture clinical data
  - ❑ In order to collect clinical data for both practice-level and population-level data, we need to develop electronic, standard specifications for data capture, data transfer and calculation of each measure in collaboration with multiple partners
  - ❑ Each partner has different priorities and time-lines

# Child Health Measures

## Year Two Progress

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### **Baseline Practice Survey and Interviews**

#### **❑ Practice Manager Survey**

- ❑ Purpose – assess awareness, use, and perceived value of performance data and use of practice guidelines and tools to inform quality improvement
- ❑ ME AAP, ME AAFP, Quality Counts and MaineCare Medical Director invited Practice Managers to participate in the online survey
- ❑ Survey fielded in November with follow-up planned through February
- ❑ Response rate currently 50%.

# Child Health Measures Year Two Challenges

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- ❑ **Practice Manager Survey - Sample of Items**
  - ❑ Quality practices and tools used
  - ❑ Use of ImmPact2 and ImmPact2 features
  - ❑ Use of practice-level targets for meeting preventive services or treatment guidelines
  - ❑ EHR status and use for Quality Improvement
  
- ❑ **Clinical Leader Interviews**
  - ❑ Purpose – to provide qualitative data on clinical leaders' awareness, use, and perceived value of performance data and other tools to improve the quality of care
  - ❑ Protocol for interviews currently in draft

# HIT Infrastructure

## Year Two Progress

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### **Automation of EPSDT/Bright Futures Measures:**

#### **❑ Update on state registry linkages and connections:**

- ❑ Registry Measures - Immunization enhancements that will be visible to providers through ImmPact2
  - ❑ ImmPact2 Immunization Coverage Report (ICR) to include IHOC immunization measures
  - ❑ ImmPact2 Reminder/Recall (RR) functionality to include IHOC immunization measures
  - ❑ ImmPact2 patient page to display "Up-To-Date" (UTD) indicators
  - ❑ ImmPact2 ICR and UTD reporting to support affiliate functionality – to enable reporting across practices that are not necessarily in the organization
  
- ❑ Registry Measures Stakeholder engagement - Workgroup takes feedback from providers and team, including: OMS-IHOC-MIP-OIT-Quality Counts-Muskie School and collaborates on planning, implementing and training

# HIT Infrastructure

## Year Two Progress

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### Cont'd Update on state registry linkages and connections:

- ❑ **Lead/hemoglobin Registry - planning underway:**
  - ❑ Fall 2012 workgroup conducted a series of Joint Application Design (JAD) Sessions: purpose of eliciting, aligning and documenting requirements related to lead and anemia data collection
  - ❑ Currently drafting a change request to integrate functionality between ImmPact2 and the Healthy Homes and Lead Poisoning Surveillance System **HHL PSS** (pronounced "helps")
  - ❑ Work Group includes representatives from:
    - ❑ Maine Women, Infants and Children (WIC) Nutrition Program
    - ❑ Maine HeadStart
    - ❑ Maine Childhood Lead Poisoning Prevention Program (MCLPPP)
    - ❑ Maine Immunization Program
    - ❑ MaineCare Services
    - ❑ IHOC physician champions
    - ❑ Quality Counts
    - ❑ Muskie School
    - ❑ Office of Information Technology
    - ❑ IHOC Staff

# HIT Infrastructure

## Year Two Progress

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- ❑ **EPSDT/Bright Futures Measures : Update on Electronic Health Record (EHR) Data:**
  - ❑ “As Is” document drafted including:
    - ❑ “What” and “How” EPSDT data is collected within Maine
    - ❑ Feasibility assessment of integrating health and social services data
  - ❑ “As Is” Next Steps - Outreach to 5 pediatric practices underway:
    - ❑ How the practices (and health systems/associations) currently use EPSDT data, along with their data collection and reporting systems
  - ❑ Initial Infrastructure Proof of Concept - to demonstrate ability to receive clinical data from practices for measure calculation
    - ❑ Collaboration with CMS and Office of the National Coordinator to align and coordinate **eMeasure** specification efforts in Maine with other HIT child health measures initiatives, such as Meaningful Use Phase III
    - ❑ Technical Assistance (TA): currently working with Agilex Technologies, Inc., Lantana Consulting Group and HealthInfoNet – to develop the technical environment for the state to receive/report data

# HIT Infrastructure

## Year Two Progress

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### **Foster Care Comprehensive Health Assessment**

- ❑ Outreach to stakeholders to gain input and feedback:
  - ❑ Met with young adults with a history of foster care:
    - ❑ Continuity of care is the most important reason for having a Comprehensive Health Assessment, followed by access to family history and serving as a permanent health record
    - ❑ Restricted access is important
    - ❑ Without exception, all stated that the benefits of using HIT to support the Comprehensive Health Assessment far outweigh any risk
  - ❑ Contacted representatives from resource parent and birth parent advocacy groups to invite input and feedback
  
- ❑ *As Is* document describing the existing CHA work flow, completed
  
- ❑ *“To Be”* document underway

# HIT Infrastructure

## Year Two Progress

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### **Foster Care Comprehensive Health Assessment Cont'd**

- ❑ Analysis of baseline foster care data
  - ❑ Health status, service use, costs, and other elements
  - ❑ Comparing those who received a Pediatric Rapid Evaluation Program (PREP) comprehensive health assessment to those who did not (i.e. 484 PREP children and 3,566 Non-PREP children receiving foster care in Maine from 2007-2009)
- ❑ Findings
  - ❑ PREP children are somewhat younger than non-PREP children (6.3 versus 8.3).
  - ❑ Children that have received PREP services are generally lower cost than those that have not. May be due to age differences, but even within same age groups, PREP children have lower costs
  - ❑ MaineCare costs for foster care children are skewed by a small number of extremely high cost users, a group that is over-represented in the non-PREP group. When high costs are excluded (i.e. PNMI), expenditures for PREP children are still 25% lower than non-PREP
  - ❑ PREP children are more likely to see a physician, and to receive speech or occupational therapy. Non-PREP children are more likely to have received PNMI, pharmacy, and general or psychiatric inpatient services
  - ❑ Children receiving PREP were also more likely to have well care or a preventive visit

# HIT Infrastructure

## Year Two Challenges

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- ❑ **Expanding usage and capacity of existing data systems has presented unanticipated challenges and complexities**
- ❑ **Communication is essential: we need to learn and understand each other's language**
- ❑ **Details matter!**
- ❑ **Alignment is on-going with:**
  - ❑ Centers for Medicare and Medicaid Services (CMS)
  - ❑ Office of the National Coordinator
  - ❑ Maine State-Wide HIT Plan
  - ❑ State of Maine data systems and programs
  - ❑ Providers
- ❑ **Work is ground breaking, challenges are expected to continue throughout**

# IHOC

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