3-30-2010

Improving Health Outcomes for Children (IHOC) in Maine Logic Model for Primary Care Practice Improvement

Cutler Institute of Health and Social Policy

Follow this and additional works at: http://digitalcommons.usm.maine.edu/healthpolicy

Part of the Health Services Research Commons, and the Pediatrics Commons

Recommended Citation

Cutler Institute of Health and Social Policy. (2010). Improving Health Outcomes for Children (IHOC) in Maine Logic Model for Primary Care Practice Improvement. [Chart]. University of Southern Maine, Muskie School of Public Service, Cutler Institute for Health and Social Policy. Retrieved from:

This Chart is brought to you for free and open access by the Cutler Institute for Health & Social Policy at USM Digital Commons. It has been accepted for inclusion in Population Health & Health Policy by an authorized administrator of USM Digital Commons. For more information, please contact jessica.c.hovey@maine.edu.
Improving Health Outcomes for Children in Maine
Logic Model for Primary Care Practice Improvement

**Strategies***

- Standardize Statewide Pediatric Quality Measures (Cat A/# 1, 2, 3, 4, 7, 8)
- Make quality measures available to providers and consumers (Cat A/# 5, 6)
- Support and Expand medical home model to focus on pediatric outcomes (Cat C/# 1, 3, 4, 5, 6, 7)
- Expand use of Bright Futures through piloting HIT automation and providing evidence-based tools and training (Cat B/#1, 2, 3, 4, 5, 6 and Cat C/#1, 2)
- Reward pediatric quality improvement through modified performance payments (Cat A, #5, 7)
- Build Infrastructure to sustain pediatric QI (Org Structure, #1, 2, 3, 4, 5 and C #3)

**Process Measures**

- # measures identified and collected through MaineCare and aligned with other payer/provider QI initiatives
- Barriers identified to collection
- Family and practice surveys results of what info most helpful in what form
- # /% of MaineCare pediatric/family practices sent/using reports
- # / % MaineCare families sent/using quality info
- # learning sessions/topics
- # / % of MaineCare practices participating/ benefitting
- Change in measures in targeted areas
- # EPSDT services automated in EHRs/Registry/HIE
- # / % of providers sent and trained on BF Toolkit
- # / % of practices participating in/benefiting from learning sessions
- Barriers identified
- # / % of providers receiving QI add on payments
- # pediatric indicators and MCE/QI projects/incentive payments in MCE contracts
- Child health outcomes identified in state health and HIE statewide plan
- % IHOC learning sessions certified by AAP/AAFP for CME/MOC and
- # MOC opportunities aligning
- # of shared initiatives by participants in Maine Pediatric Improvement Partnership

**Short-Term Outcomes**

- Increased awareness of variation in child health quality and patient experience
- Increased knowledge and use of evidence-based practices/tools
- Increased awareness of core EPSDT services and tools for integrating in well-child visits
- Reduced admin burden of submitting data and integration into clinical systems
- Increased provider participation in MaineCare and QI activities
- Increased communications and partnerships

**Intermediate Outcomes**

- Improved performance on pediatric quality measures for children on MaineCare
- Improved access to actionable data for child health planning in MaineCare and statewide
- Increased patient/family satisfaction with care
- Improved provision and recording of EPSDT services provided in well-child visits
- Improved early identification of problems and access to treatment
- Increased child-health focused Statewide policies

**Long-Term Outcomes**

- Improved child health status (clinical measures)
- Improved Child functional outcomes (e.g. less sick days)
- Decreased use of crisis and high cost services
- Child health improvement partnership obtains funding and sustained after grant ends

---

*Language in parenthesis indicates the corresponding Category and objectives in the IHOC operational plan*