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

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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/ benefitting 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
- 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