

Technology-Enabled Innovations for Children's Health



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Unique Needs of Children can be supported by HIT:

- Children are served by different caregivers and providers in different settings, crossing health/education/social service sectors – HIT can help connect these caregivers and promote health;
- Children undergo significant developmental changes and changing needs – HIT can help providers deliver evidence-based, child-specific care;
- Children usually require involvement of caregiver/parent in their care – HIT can increase consumer education and involvement.

However, HIT must be designed with children in mind to ensure that it meets their needs.

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HIT can promote: access to care for children

- Enrollment technology that facilitates outreach, online application, data-sharing, eligibility determination (e.g., Utah Clicks)
- Extends appropriate services to needed locations
 - Telemedicine helps families access care with convenience, community-based (e.g., Health-e-Access)
 - Videoconferencing and mobile technology helps address language barriers and cultural appropriateness (e.g., Health Care Interpreters Network, Strengthening Families)

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HIT can promote: preventive care and wellness

- Educate families, engage them in their own care, and facilitate communication with providers (e.g. Help Me Grow, Boston Children's Patient Portal).
- Assist providers with screening and referral (e.g., CHADIS, Online Advocate at Boston Children's)
- Support children and families in adopting healthy behaviors (e.g., Be Well Mobile, Starlight/Starbright Foundation gaming technology).

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HIT can promote: child centered care

- Connect providers and the information across sectors (e.g., Rhode Island KIDSNET)
- Connect patients and parents to information and health records (e.g., Patients Like Me, MiVia)
- Support chronic care management in the home and self-care (e.g., Starlight/Starbright Foundation, www.getfitgetright.org)
- Tailor the care/intervention to the individual (e.g., text4baby)

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HIT can promote: evidence-based care

- Assist patients (e.g., VT Disease and Prevention Web site)
- Assist providers (e.g., Clinical Decision Support system within pediatric EMRs at Mass. General)
- Assist researchers (e.g., Case Western Reserve/ Metro Health BMI study, PHIS)
- Assist policymakers (e.g., Healthy City Project, Child and Adolescent Health Measurement Initiative)

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What policy is needed to get best results of HIT for children?

- States should specifically address needs of children and other vulnerable populations in their HIE strategic plans (ARRA).
- Synchronize state IT efforts (e.g., MITA, ARRA, immunization registry, SACWIS overhaul, etc.).
- Include criteria for “meaningful use” that anticipate unique children’s HIT issues (ARRA).
- Make sure that regional extension centers support use of HIT by providers that serve children and other underserved populations (ARRA).
- Push the developing information exchange to create bi-directional bridge between sectors (health, schools, public health, social services, etc.).

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Policy cont.

- Utilize the model pediatric EMR from CHIPRA to set a standard.
- Restructure funding incentives to:
 - promote outcomes and the use of evidence-based care,
 - increase communication with families, and
 - encourage collaboration.
- Promote diffusion of care to wider care team (licensing rules, training, funding). Include consumers as part of the team.
- Clarify information sharing and privacy rules to promote effective, appropriate data-sharing (especially re. adolescents).

For further information about these innovative technologies and related policy issues:



www.childrenspartnership.org/HITInnovationForChildren

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