

NRC/IOM: Workshop on Pediatric Health and Health Care Quality Measurement and Information Needs

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Measurement: Unify the Tribes!

- **ONC: ARRA Meaningful Use**
- **NCQA: HEDIS®**
 - Current
 - New/piloted
- **CMS: CHIPRA**
- **States: potpourri**
 - Standardized (HEDIS®)
 - Not standardized

Background

- New York Medicaid covers 4.2 million people
 - 2.1 million are <21 years old
- NY's SCHIP program, Child Health Plus, covers 390,000
- 15 year history of public reporting on quality measures across all health plans
 - disparities
- Developed measures of child health and adolescent health to fill gaps

Issues/Challenges

- Administrative data very limited for child health quality
- Medical record approach expensive and also limited by documentation (or lack thereof)
- Surveys limited by response rates, self-report issues, and cost
- Adolescent health measures: missing in action
- Acute care/hospital measures for children: few
- Care delivered across systems without coordination of services, much less integrated data
 - School based health centers and community primary care
- Measures for what?
 - Not always a clear purpose
 - Not always used at all, much less appropriately
 - Not one size fits all
 - Crime/Punishment/Incentives
 - And the distortion that goes with them....

What do we want to know?

- Health/functional status
- Environmental influence
 - Home
 - School
 - Community
- Access
 - Primary and specialty
 - Urgent and routine
- Pediatric quality
 - Technical
 - Service/access
 - Efficiency
 - Outcomes
- Demographics
 - Race
 - Ethnicity
 - Language

Capacity of Existing Measurement Systems

- Limited to access and certain dimensions of quality
- Generally more information (standardized) for managed care populations
- Challenges (for all ages) in evaluating presence/quality of education, guidance, screening, coordination, assessment, counseling
- Poorly integrated data across delivery systems or time

Critical Gaps

- Functional status
- Anticipatory
guidance/assessment/coordination/follow up
- Mental health
- Adolescent health
- Measures that resonate with clinicians
- Race/ethnicity/language
- Outcomes

Use of Information

- Oversight/regulatory activities
- Public reporting/accountability
 - Consumer choice
- Quality improvement
- Quality incentives
- Program evaluation
 - Integrating datasets
 - Eligibility/demographics
 - Public health datasets
 - Claims/encounters
 - Quality metrics
 - Maternal data (birth certificate data)
 - Surveys
- Policy/Legislation/Benefits

Challenges

- Cost of gathering information
- Provider interest
- Private payer interest
- Measures
 - Inadequate
 - Not compelling
- Different payment sources

Resolving Challenges: Examples

- Data linkages
 - Medicaid and Vital Statistics
 - Medicaid and Lead Registry
- Creation of adolescent health measures
 - Other state innovations
- Embed measurement in meaningful projects
 - Quality improvement
 - P4P
 - Medical Home
 - EHR adoption
- Use of CRGs for chronic disease surveys

Emerging Technologies

- Provider based reporting
 - Claims
 - Electronic health records
 - Survey
- Lower cost of collecting more meaningful measures
 - Electronic health records
 - Use of internet: surveys
- Aggregation of information across systems/time
 - Health information exchanges/RHIOs
- Better benchmarks

Use of Information

- Provider based reporting
 - Medical home
 - Oversight of fee-for-service programs
 - Targeted improvement initiatives
 - Disparities initiatives
 - Better metrics: measures over life span (birth to adulthood), insurers