

Measures of Quality of Health Care For Children—A Panoramic Overview



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Main questions

- § Do we have good and comprehensive measures for children's health care?
- § How can we improve the measures and measurement system we now have to accelerate progress towards a better health care system (i.e., one that delivers better outcomes for children, families and our nation)?

Key Points

- § Measurement is critical if health care for children is to get better
- § Sufficient measures are available to get started
 - Ø CHIPRA/AHRQ process an excellent start
- § Gaps exist in important areas
 - Ø New CMS/AHRQ funded program can help --but not alone
- § Government leadership is essential
 - Ø Provides tremendous opportunity to “get it right”
 - Ø Lag in pediatric quality measurement an opportunity

Big Question # 1

§ Is it important that we measure quality of health care for children?

Is quality of care for children a concern?

§ YES!

§ Same “Chasm” in quality for kids as for adults:

- Ø Safety and Errors (especially newborns, teens)
- Ø Effectiveness (e.g., inadequate medication for asthma, enormous variability in outcomes for cystic fibrosis)
- Ø Efficiency (overuse of antibiotics)
- Ø Equity (disparities in asthma treatment, end stage renal disease)
- Ø Family centered—55%- 95% children with special health care needs do not have adequate plan for transition to adulthood
- Ø Timeliness—wait for subspecialty care

How does measurement bring about better care?

§ “Accountability”

- Ø Accreditation/Certification
- Ø Payment (for Performance)
- Ø Consumer Choice

§ Improvement

- Ø Identify gaps
- Ø Understand system needs
- Ø Track progress

§ Tracking Population Health

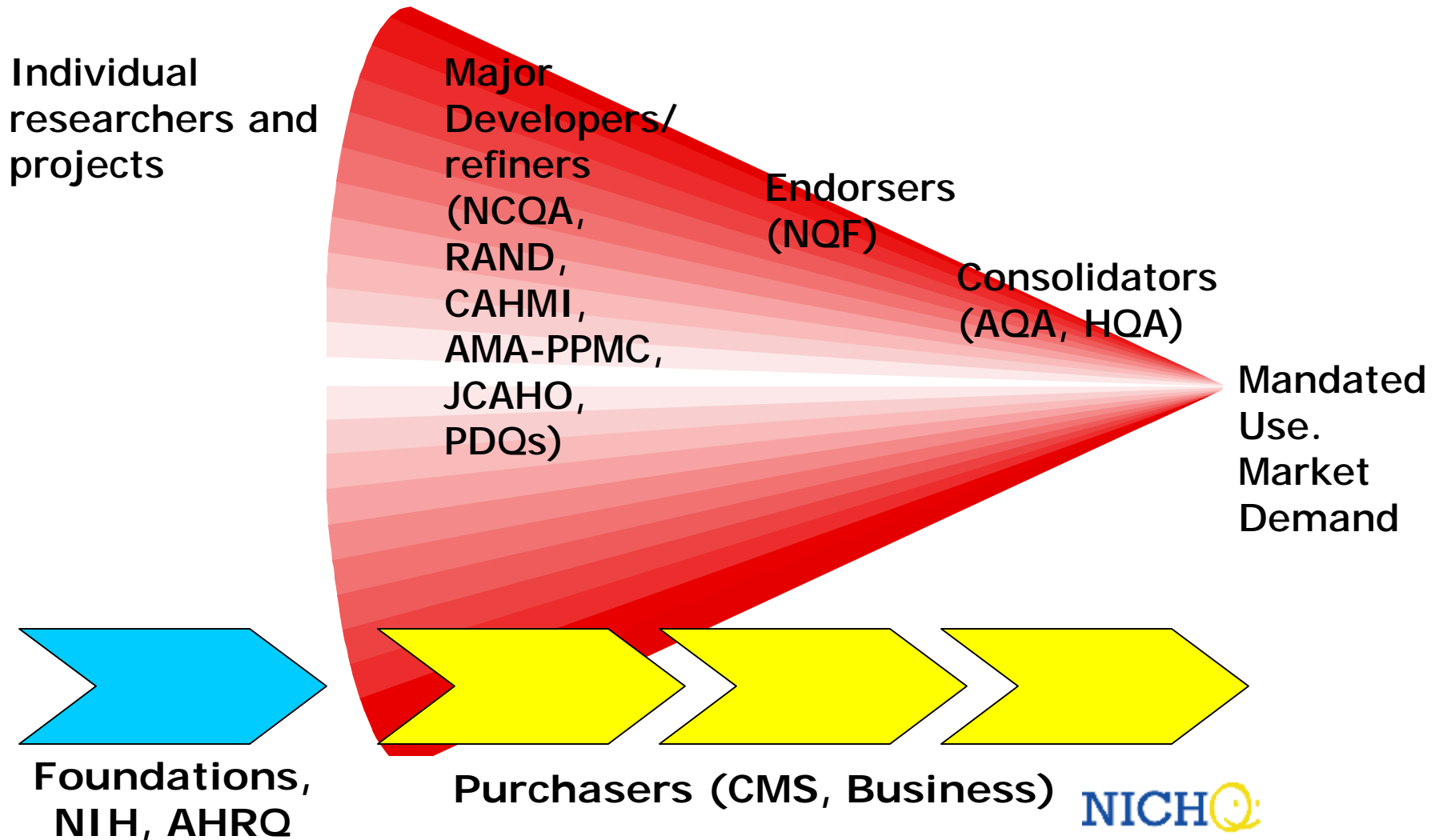
Conclusion #1

§ Measurement is critical if health care for children is to get better

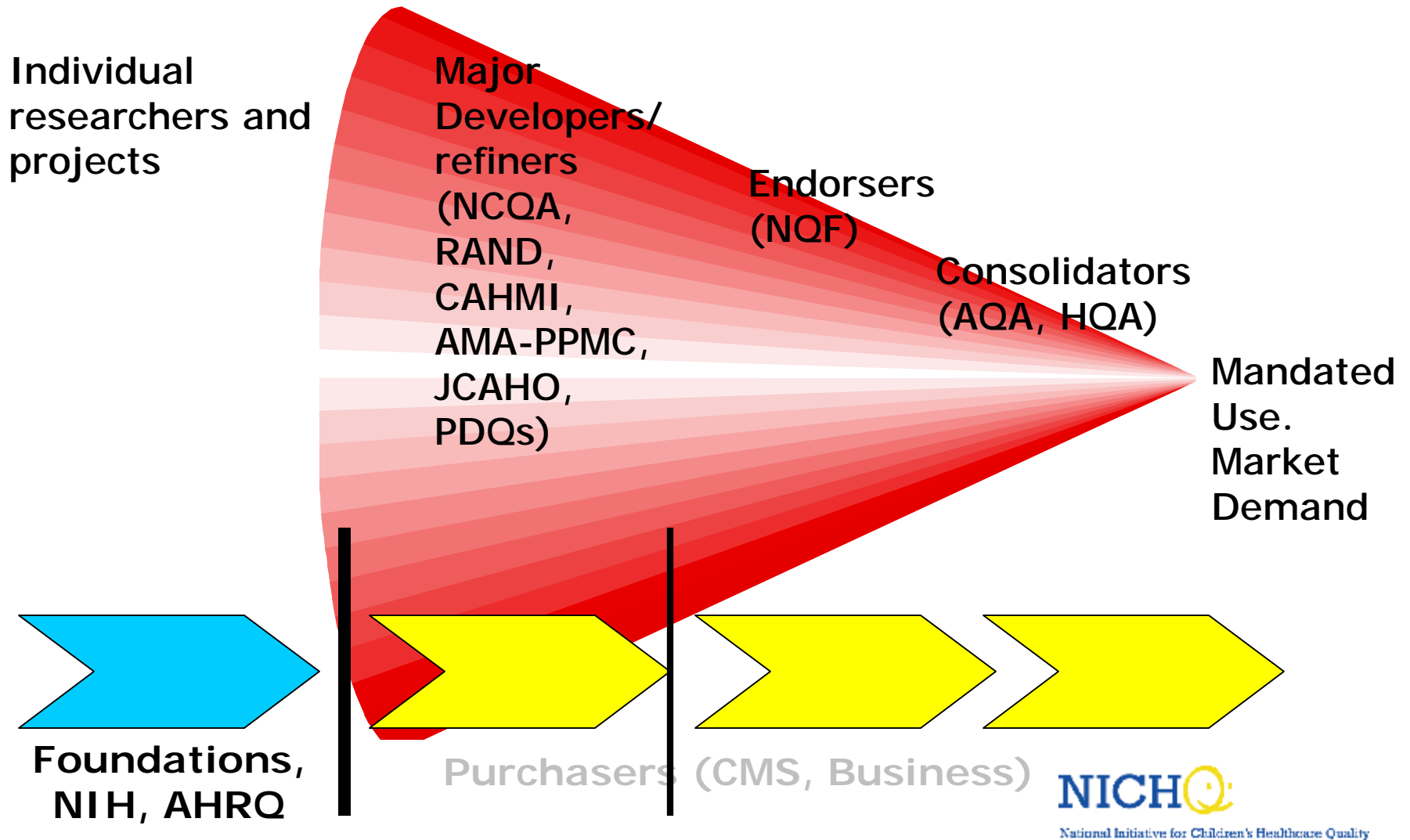
Big Question #2

§ Do we have good and comprehensive measures for children's health care?

Steps from Development to Use



Until CHIPRA: Arrested Development/Blocked Pathway- Child Health Care Measures



Proposed Core Measures

§ PREVENTION AND HEALTH PROMOTION

§ Prenatal/Perinatal

- Ø Frequency of ongoing prenatal care
- Ø Timeliness of prenatal
- Ø % birth wt LT 2,500 grams
- Ø Cesarean rate for nulliparous singleton vertex

§ Immunizations

- Ø Childhood immunization status
- Ø Immunizations for adolescents

§ Screening

- Ø Weight assessment (BMI)
- Ø standardized screening tools for delays in social and emotional development
- Ø Chlamydia screening for women

§ Well-child Care Visits (WCV)

- Ø WCVs in the first 15 months of life
- Ø WCVs in the third, fourth, fifth and sixth years of life
- Ø WCV for 12-21 yrs of age - with PCP or OB-GYN

§ Dental

- Ø Total eligibles receiving preventive dental services

Proposed Core Measures

§ **MANAGEMENT OF ACUTE CONDITIONS**

§ **Upper Respiratory -- Appropriate Use of Antibiotics**

§ Pharyngitis - appropriate testing related to antibiotic dispensing

§ Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials – ages 2-12

§ **Dental**

§ Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416, Line 12C)

§ **Emergency Department**

§ Emergency Department (ED) Utilization – Average number of ED visits per member per reporting period

Proposed Core Measures

§ Inpatient Safety

- Ø Pediatric catheter-associated blood stream infection rates (PICU and NICU)

§ MANAGEMENT OF CHRONIC CONDITIONS

§ Asthma

- Ø Annual number of asthma patients (≥ 1 year old) with ≥ 1 asthma related ER visit (S/AL Medicaid Program)

§ ADHD

- Ø Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (Continuation and Maintenance Phase)

§ Mental Health

- Ø Follow up after hospitalization for mental illness

§ Diabetes

- Ø Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)

§ FAMILY EXPERIENCES OF CARE

- Ø CAHPS® Health Plan Survey 4.0H, Child Version and Children with Chronic Conditions supplemental items

§ AVAILABILITY

- Ø Children and adolescents' access to primary care practitioners (PCP), by age and total



Are these good enough?

NQF Measurement Criteria

- § Important
- § Valid and Reliable
- § Feasible
- § Usable

IOM Design Principles

- § Comprehensive
- § Evidence Based, Goal Driven
- § Longitudinal
- § Multiple Users
- § *Intrinsic*
- § Patient's Voice
- § Multiple Levels
 - Ø Patient
 - Ø *System*
 - Ø *Population*
- § *Shared Accountability*
- § *Learning System*
- § Sustainable

Other Relevant Criteria

- § Dimensions of quality (Institute of Medicine)
 - Ø Safe, Timely, Effective, Efficient, Equitable, Patient and Family Centered
 - Ø Sensitive to Development
- § Burden of illness/Costs of care
- § Levels/settings
 - Ø Ambulatory, Emergency, Hospital, Long Term Care
- § Types of care
 - Ø Acute, Preventive, Chronic Illness Management, Public Health
- § Perspectives on Care
 - Ø Patient and family, technical, societal

IOM Quality Priorities

- **Infrastructure**

- IT Standardization And Capacity
- Patient Safety (Including Hospital Acquired Infections, Medication Management)

- **Processes Of Care**

- Care Coordination/Communication
- Care At End Of Life
- Immunization (All Ages)
- Pain Management
- Self-management/Health Literacy

- **Healthcare Conditions**

- **Asthma**
- **Cancer**
- *Pneumonia*
- *Depression*
- *Diabetes*
- **CSHCN**
- Hypertension
- Ischemic Heart Disease
- Kidney Disease
- *Mental Illness*
- **Obesity**
- **Pregnancy, Childbirth And Newborn Care**
- Stroke
- **Tobacco Dependence – Prevention And Treatment**

Streams of Pediatric Quality Measurement



Consumer Survey Stream



MCO Accountability/Administrative Stream



Hospital Administrative Data



Clinical Indicators



Core Structures and Processes



Whole System Measures



Other Activities

§ NQF:

- Ø Child Outcomes Committee
- Ø Aligning National Priorities Partnership and Child Health Priorities

§ Health IT

- Ø Connecting EHR systems, quality measurement and improvement

§ Research activities

- Ø Outcome measurement

Major Gaps

- § Mental Health
- § Trauma
- § Neonatal and other Specialty (e.g., SCD) and Hospital Care
- § Non-categorical, cross system measures
 - Ø Care coordination, medication management
- § Disparity sensitive measures
- § Overall system performance
 - Ø Whole system, balanced scorecard
 - Ø Link between health care and community/public health measures (shared accountability)

How do we measure?

- § No consistent provider level measurement system for children's health care.
- § Varied level of interest and commitment across:
 - Ø Federal, state and private payers
 - Ø Provider community
- § Fragmented data infrastructure for child health and children's health care

Big Question #2-Do we have good and comprehensive measures for children's health care?

- § Outstanding start with the SNAC measures
- § Gaps exist in important areas, e.g., trauma, mental health, oral health, medication management, system performance
- § System for collection and reporting as or more important

Challenge

- § Avoid cacophony of chaotic adult measures
- § Focus on priority areas, measures aligned with system goals
- § Link to population health from the start
- § Connect development of measures with measurement system (collection, reporting, learning)

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