

# Workshop on Pediatric Health, Health Care Measurement and Information Needs The view from the trenches

**Xavier Sevilla M.D. FAAP**  
**Chair of the Steering Committee of  
Quality Improvement and  
Management.**  
**American Academy of Pediatrics**





# Child Health Status

- **Children are a generally healthy population**
  - **82% of Children 5-11 are in excellent or very good health**
  - **5.1% of Children 5-11 missed more than 11 days of school due to illness**

▫ National Health Interview 2008



# Child Health Status

- **Or are they?**
  - **19.2% of Children have Special needs (CSHCN)**
  - **55.3% % of CSHCN with > 1 condition that are rated moderate/severe**
  - **31% of CSHCN report social/sport limitation**
  - **41.4% of CSHCN that have >1 learning ,behavioral or developmental condition**
- 2007 National Survey of Children's Health



## We want to know...

- **Is what we do in health care resulting in long term physical and emotional/health?**
- **We want to know outcomes. In children outcomes are long into the future...**
- **Measure evidenced based processes that are linked to outcomes.**



# Influences on Child Health

- **Insurance**
  - **Childhood asthma :**
  - **12.4% Public Plan vs. 7.9% Private Insurance**
  - **Lower outcomes for uninsured/public plans**
- **Race/Ethnicity**
  - **Infant Mortality**
  - **Black 14.3 vs. White/Hispanic 5.7/5.8**
- **Socio-Economic Factors**
  - **Higher rates of asthma with lower income**



# Influences on Child Health

- **Other Factors**
  - **Language**
  - **Parental /Family Education**
- **Social/Environmental and Lifestyle issues influence health much more than medical care.**
- **We should be focusing on changing and improving these behaviors as much as medical care.**

# Access to Health Care

- **8.9% of children <18y old are UNINSURED**
  - 9 million infants, children, adolescents lack basic health coverage
  - 1/5 of the uninsured population are children
- **Access to Specialists**
  - Lack of pediatric subspecialists :ophthalmology, rheumatology, pediatric dentists, behavioral health.
  - Adolescents (CSHCN) transitioning to Adulthood
  - Lack of specialists that accept public plans: orthopedics, dermatology, dentists



# Access to Health Care

- **Access to a Medical Home**
  - **Every Child deserves a Medical Home**
    - **53% Private Insurance**
    - **40% Public Plans**
    - **23% Uninsured**
    - **44% of CSHCN**



## We want to know...

- **What healthcare services that we provide are linked to positive outcomes?**
- **Medical Care does not equal Health care.**
  - **Other options at providing health care**
  - **Non-medical practitioners ( midwives, health educators)**
  - **Self –Care**

# Pediatric Quality

- **Rand 2007 Study**
  - **68% of Acute recommended care**
  - **41% of Preventative recommended care**
    - **35% Adolescent recommended care**
  - **53% of recommended care for Chronic Conditions**
- **“Deficits are in the delivery of care and must be identified in order to close the gaps”**



## What we want to know...

- **The best method for delivering care to children is the Patient Centered Medical Home.**
- **Do the quality measures we have translate to optimum physical, social/emotional health?**
- **How can we measure the long term effect of counseling, education and anticipatory guidance?**



# Capacity of Existing Systems to provide this knowledge

- **Fragmented System**
  - Almost no exchange of information between Payers and Providers of care.
  - Little information sharing between Health Professionals and the Community (schools)
- **Many aspects of care are difficult to measure**
  - Patient/Family experience of care
  - Preventative anticipatory guidance/ education in primary care.



# Capacity of Existing Systems to provide this knowledge

- **Quality of the Data**
  - **Most data is administrative**
  - **Easily extracted but limited information**
  - **Enrollment duration and “churning”**



# Critical Gaps

- **Exchange of information and Care Coordination**
  - **Clinicians, Patients/Families, Health Systems, Payers, Government (local, state and federal).**
- **Ability to provide data and information on cost, quality outcomes and patient experience of care to multiple stakeholders**
  - **Feedback critical for continuous improvement.**

# Critical Gaps

- **Payment Systems**

- **Current system rewards episodes and volume.**
- **Need to reward care based on relationships and outcomes.**
  
- **Populations at greatest risk are less financially viable for a practice.**
- **Risk Adjustment Payments.**
  - Medicare, commercial insurance

## Critical Gaps: P4P

- **Experience from Cincinnati Children's asthma collaborative**
  1. **Allocate proportion of payments for participation**
  2. **Reward all practices for group-specific performance before rewarding individuals.**
  3. **Require practices to pursue Evidenced Based interventions to build sustainability.**
  4. **Reward outstanding individual practice-specific performance.**


# Critical Gaps

- **Most Quality Measures are process measures.**
  - **Need more outcome measures**
- **Most measures in use lack strict validity criteria.**  
**Need more pediatric EB guidelines**
- **Comparative Effectiveness between interventions in Children**
- **Lack of Accountability**
  - **Clinicians, Payers, Policy Makers and Patients**



# Critical Gaps

- **Role of the Patient/Family**
  - **Involvement with Continuous Quality Improvement.**
  - **Measuring quality from the patient/family's perspective.**
    - **Children and Adolescent Health Measurement Initiative. (CAHMI)**
    - **Preventative Health, Developmental Screening**



## How would you use the information currently available?

- **Current information (mainly claims data) has very limited usefulness.**
  - **Real time cost information would help focus care on populations with highest utilization.**
- **Concentrate resources on patient populations /clinicians/organizations/ with the lowest performance in quality measures.**



# Challenges in generating better information

- **All components of the health care system have different information systems**
  - **Patient/ Family, Clinicians, Hospitals and Health Systems, Payers, Government.**
  - **Very difficult for free information flow.**
- **There is no organizing principle that links financial resources, people, technology and ideas into one system that could replace the status quo.**



# Challenges in generating better information

- **Most information is claims data**
  - Irregular and short duration of enrollment for majority of children in public plans.
  - Switching health plans multiple times during a given year.
- **Obtaining data from multiple payers and health plans make population based care more challenging.**



Are there examples of how these challenges have been resolved?

- **Highly Integrated Systems**

- **Formal**

- :Kaiser, Geisinger, Group Health etc.

- **Informal:**

- Cincinnati Children's Asthma Collaborative




# What will we be able to do with emerging technologies

- **Empower the patient/family**
  - **Decision support tools for patients**
  - **Portable Health Record**
  - **Resources to support self-care**
  - **Tele-health**
  - **Transparency on cost and quality**




# What will we be able to do with emerging technologies

- **Empower the clinician**
  - **Quality data directly from EHR.**
  - **Standardization of data mining capabilities of all EHRs.**
  - **Decision support tools at the point of care to support Evidenced Based Medicine.**
  - **Business intelligence from patients**
  - **Cost of care information**



## How would you make use of this additional information?

- **Customize the patient experience in primary care.**
  - **Evidenced Based Care would be delivered to each patient based on the individual patient's risk profile, patient/family preferences.**
- **Continuous improvement of care at the practice level**
  - **Real time quality measures at the practice level**



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## Parting thoughts...

- **Availability of information and data at the point of care, properly aligned incentives and a focus on patient/family centered care will help us bridge the gap to the care our children deserve.**