

Pediatric Health and Health Care
Measures:
What do Federal policy makers need?

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Objectives

- To highlight Federal efforts to support the development of pediatric quality indicators
- To highlight unmet measurement and information needs

Federal programs in child health measurement

- CDCP/NCHS
 - Vital Statistics
 - NHIS
 - NHANES
 - SLAITS
 - NIS
- CDCP/NCCDPHP
 - YRBS
 - BRFS
- MCHB/HRSA
 - NSCSHCN
 - NSCH
 - NSECH
- AHRQ
 - MEPS
- Dept Education
 - NCES
 - ECLS-K and ECLS-B
 - NHES
- Dept Labor
 - NLSY

Federal programs in child health quality measures

- AHRQ Pediatric Quality Indicators (PDIs)
- CHIPRA Quality Measures Program
 - Core Set of Pediatric Quality Measures (AHRQ/CMS)
 - State Projects in Quality Reporting
 - Pediatric Quality Measures in HIT
 - AHRQ Research on Pediatric Quality Measures
- ASPE National Quality Forum Contract

AHRQ Quality Indicators

- Based on hospital discharge data
- Prevention Quality Indicators: Identifying potentially avoidable hospitalization
- Inpatient Quality Indicators: Quality of care inside hospitals
- Patient Safety Indicators: Focus on potentially avoidable complications and iatrogenic events
- Pediatric Quality Indicators: Quality of care inside hospitals for children.
- Information at <http://www.qualityindicators.ahrq.gov>

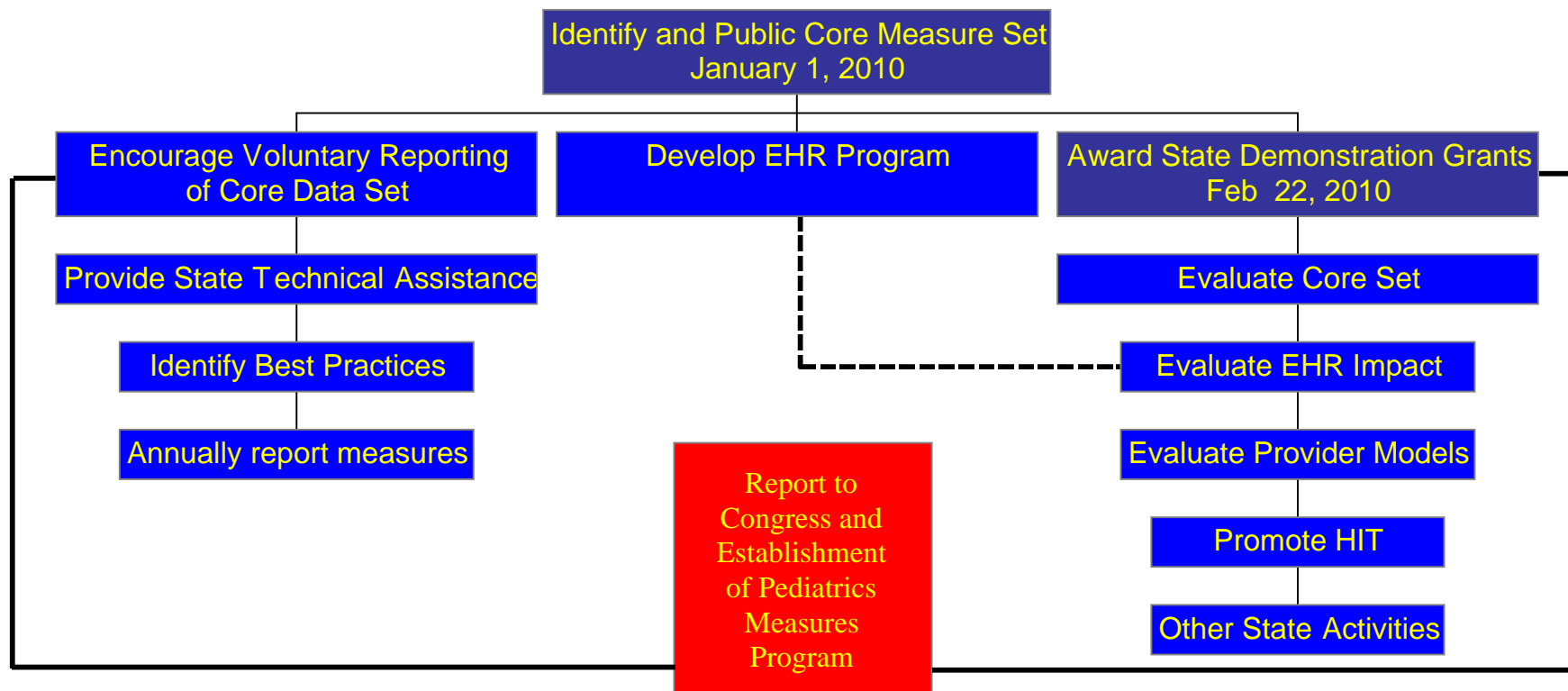
Pediatric Quality Indicators (PDIs)

- Developed over last 10 years
- 12 provider-level indicators: Measure of potentially preventable complication
 - *(e.g. pediatric heart surgery mortality, accidental puncture or laceration)*
- 5 area-level indicators: Population Health Measures for potentially avoidable hospitalizations
 - *(e.g. asthma admission rate, urinary tract infection admission rate)*
- Risk adjustment critical (Children's Hospital vs. general hospital)

CMS Strategy for Quality Program

- Establish a Pediatrics Measures Program :
 - Quality Measures
 - Electronic Health Records and Health IT
 - Best Practices
 - Annual State Reporting on Quality
 - Assessment of Provider Models
 - Options for Performance-Based Payment

CHIPRA Quality Measures Program: from CMS and AHRQ



Adapt from Cindy Mann and Barbara Dailey, Overview of CMS and AHRQ Partnership, July 22, 2009

ASPE Role in Child Health Quality Measures

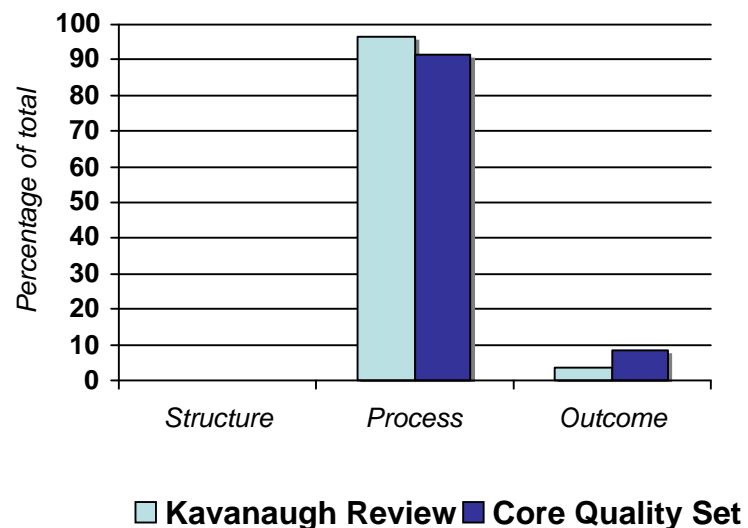
- ASPE manages a \$40 million contract with National Quality Forum from MIPPA Section 183 for DHHS
- Includes both a pediatric outcomes measure endorsement task and endorsement task for initial CHIPRA quality measures set
- Includes measure retooling of pediatric measures for Electronic Health Records

Current measures focus on process, and specific illnesses

Kavanagh reviewed 606 child-specific quality measures proposed in US and UK

- Mostly process measures
- No measures of structure
- Many measures for ADHD, asthma and LBW care
- Proposed Core Set is similar

Need measures of structure and outcome, as well as process



Children's health: many inputs, hard to measure

- Multi-dimensional, social determinants
- Developmental trajectory changes quickly
- Measures should work at different stages and in different domains
- Outcomes hard to find for a work in progress

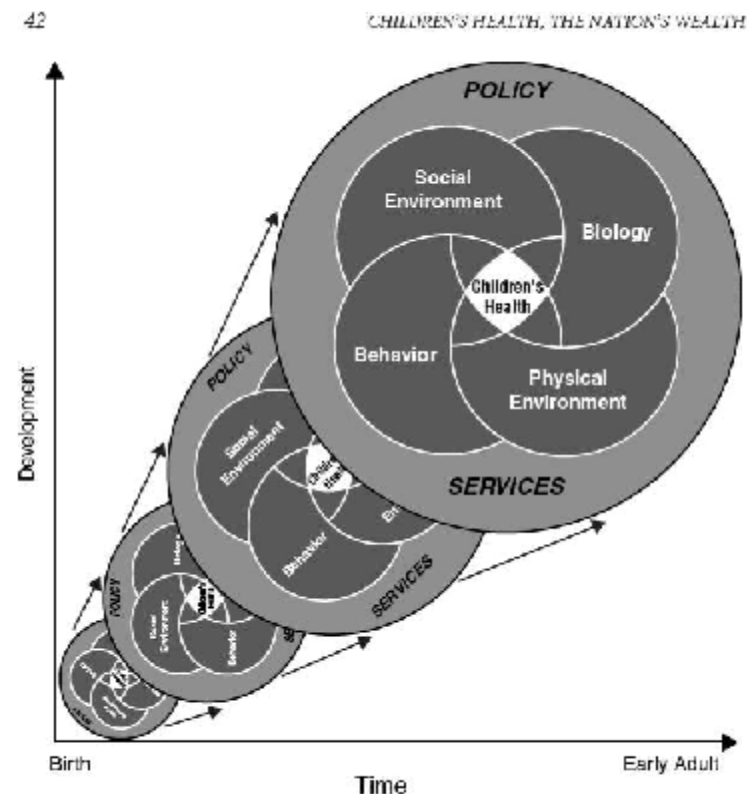


FIGURE 2-1 A new model of children's health and its influences.

Federal policy needs: Improve outcomes for children and families

- Traditional measures of child health
 - Infant mortality/LBW
 - Incidence and prevalence of disease
- Move towards functional outcomes
 - Developmental outcomes
 - School performance/ graduation/ integration into society/employability/ employment
 - High risk sexual behavior/ STIs/ teen pregnancy
 - Use of tobacco/alcohol/other drug
- Reduce disparities in high risk populations

Federal policy needs: Account for the cost of measurement

States and providers see reporting as an “unfunded mandate”

- Build on existing data to reduce burden on states, practices and families
- Harmonize measures and measure reporting
- Use measures that help states and providers improve operations
- Create measures that address concerns of families as well as concerns of institutions

Federal policy in a time of change

- CHIPRA has expanded access
- Health reform will further expand access
- Mantra of reducing expenditure growth to GDP + 1
- Measures should be sensitive to these changes
 - Measures of patient satisfaction with new systems
 - Measures of ability of systems to respond to increased demand
 - Measures of relative value for procedures and services

Where does Health IT and EHR fit into this?

- EHR allows collection of data at practice level
- “Meaningful use” criteria include quality measures and interoperability standards
- HIT should allow aggregation of data at local, state and regional level
- EHR encourages clinicians to think about systems of care
- EHR facilitates appropriate allocation of care coordination in Medical Home
- HIT can allow connection of processes of care to long term outcomes

Caveats

- Concerns about “teaching to the test”
- Too much focus on what is measured may keep us from focusing on what matters
- However, the use of quality measures encourages providers to think about health in the context of systems of care

What do Federal policy makers need? Closing thoughts

- Data to answers the questions asked by stakeholders
- Outcomes for child health that are easy to measure and relevant to families
- Structural measures to encourage thinking about the structure of delivery systems
- Evidence linking the quality of children's health care with the improvement of child health