Minnesota Department of **Human Services**

WHY MEASURES OF PEDIATRIC QUALITY?

Jeff Schiff, M.D., M.B.A.
Medicaid Medical Director

Anne Edwards, MD, FAAP
MN Academy of Pediatrics Foundation

What Gets Measured Gets Done.

New heath care in three parts

- Delivery reform
- Payment reform
- Data

Goals of quality measures:

- Decrease variation
- Refine risk adjustment
- Improve cost curve
- Most importantly - Improve health

History

Medicaid initially as payer only

Health plans contracted to manage quality –

- Purchase quality via the health plans
- HEDIS measures – claims-based process measures

But are they relevant to providers, and to patients/ families?

Increased interest in improving quality and measurement

2009 CHIPRA

- Medicaid core measure set
- Quality grants to states
- Quality measure development

Other national initiatives

- NCQA started health plan certification
- Expanded now to PCMH, pediatric quality
- Many more – Joint commission, AMA
- NQF – measure endorsing

Example of Measures in Recommended Core Set

Preventive Services

- % of live births weighing < 2500 grams
- Developmental screening for social/emotional development using standardized tools
- BMI measurement among 2-18 year-olds

Acute Illness

- Dental treatment services
  - Total EPSDT eligibles receiving services
- ER Utilization
  - Average number of ER visits per member per reporting period
- Pediatric central line associated blood stream infection rates (CLABSI)
  - ICU and high risk nursery patients

Example of Measures in Recommended Core Set

Management of Chronic Conditions

- Asthma
  - Annual number of asthma patients (≥ 1 year-old) with ≥ 1 asthma related ER visit
- Mental health care hospitalization
  - Follow-up visit 7 or 30 days after discharge for children ≥ 6 years

Family Experiences with Care

- HEDIS Consumer Assessments of Health Care Providers and Systems (CAHPS® 4.0)
  - Including:
    - Medicaid health plan supplement
    - Children with chronic conditions supplement

Minnesota's Measurement History

- Early managed care state
- Minnesota Community Measurement
- 2008 legislation
  - SQRMS
  - Provider Peer grouping

So, to measure selection and development…

Measure "Domains"

- Health, health outcomes, process, structure
- Responsible entity (health plan, hospital, specialist, primary care clinic, social service system)
- Prevention, screening, diagnosis, treatment
- Patient age
- Data source (claims, medical records, patient/family surveys)
- More…

So, what makes for a good measure?

- Validity
- Feasibility and reliability
- Importance

Validity

- Measure is supported by scientific evidence or expert consensus
- Measure must support a link between:
  - Structure and Outcomes
  - Structure and Processes
  - Processes and Outcomes
- Aspect of care that is under the control of health care providers and systems
- Measure truly assesses what it purports to measure

Feasibility

- Data necessary to score the measure must be available to organizations
  - Administrative data, medical records data, survey data
  - Detailed specifications must be available for the measure that allow for reliable and unbiased scoring of the measure across states, programs, institutions
  - Measure should be in use

Importance

- The measure should be ***actionable***
  - There should be clear steps a state, plan, or provider can take to improve performance
  - Cost of the condition to the nation should be high
- Health care systems are clearly **accountable** for the quality problem assessed by the measure
- The extent of the quality **problem** should be **substantial**
- There should be documented **variation in performance** on the measure
  - Racial/ethnic groups
  - Insurance type

Importance

- The measures represent a class of quality problems: "**sentinel measures**" for preventive care, mental health care, or dental care, etc.
- Goal: a **balanced portfolio** of measures consistent with the intent of the legislation
- Improving on performance for the core set of measures should have the potential to **transform care** for our nation's children

Pediatric Quality Improvement at the clinic/system level based on quality measures developed at the national level

How can measures be truly useful to improve quality?

- Outcome measures that are sentinel
- Linked to local process measures that involve local quality improvement
- Support quality improvement, but not slackers
  - Achieve the right balance

Center of Excellence on Quality of Care Measures for Children with Complex Needs

- Funding from Agency for Healthcare Research and Quality, 2011-2015
- Charge: Improve existing or develop new measures of quality pediatric health care
- Partners include Seattle Children's Hospital, RAND, MAPF, MN DHS, Family Voices, WA DHS and others
- At least four studies will require input from Minnesota providers

Center of Excellence on Quality of Care Measures for Children with Complex Needs

Study 1: Social Complexity Care Coordination

- Goal: Develop a new measure which identifies 'socially complex' children
- Data sources: DHS enrollment, claims, and social service data
- Validation: New measure will be validated by parent telephone survey and provider web survey
- Recruitment: 44 providers currently signed up, we need 16 more by March 15th

Center of Excellence on Quality of Care Measures for Children with Complex Needs

Study 2: Quality of Care Coordination

- Goal: Create an improved measure of quality care coordination
- Data sources: Parent survey, medical record abstraction, and DHS claims
- Validation: New measure validated against established indicators of access to care and health care utilization
- Recruitment: Will begin recruiting providers in March 2013

Center of Excellence on Quality of Care Measures for Children with Complex Needs

Two studies are currently in development:

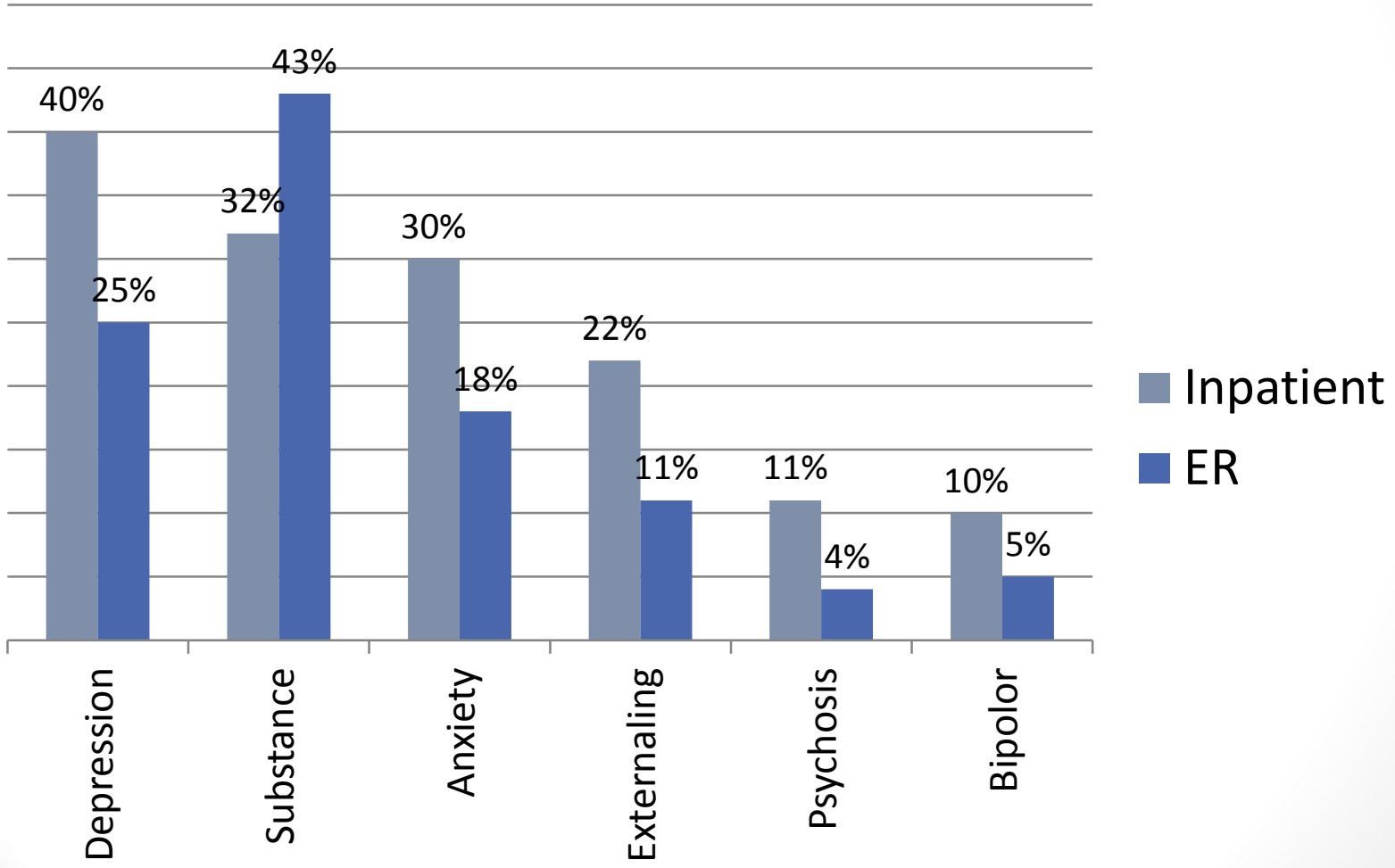
Study 3: Transitions between sites of care

- Goal: Identify measures of quality transitions between sites of care, including the following areas:
  - Family engagement
  - Transition processes and outcomes
  - HIT

Study 4: Pediatric mental health care in ED & inpatient study

- Goal: Identify measures of quality care for top 6 diagnosis types in these settings (see next slide)

Percentage of mental health visits with the following diagnoses, MHCP enrollees age 0-19



Opportunities with Health Care Reform

Create an entry ramp at multiple levels of financial involvement

- Health Care Home
- Health Care Delivery System demonstration
- Hennepin Health
- Minnesota Senior Health Options (MSHO)

Opportunities with Health Care Reform

Which federal efforts to pursue/alignment inside the agencies?

- Health Homes
- ACO models
- Dual demonstrations
- State Innovation Model grant

Pediatric quality measures in health care reform

- Pediatric care and pediatric dental care are required benefits in the federal ACA
- Pediatric quality measure reporting may be included in public purchasers' contracts (Medicaid, Medicaid managed care)
- Media reports and transparency in clinic reporting
- Physicians and clinics want quality measures that are meaningful and easy to collect/report
- NCQA is recommending that state Health Insurance Exchanges rely on HEDIS measures for their reporting requirements
- Link to Meaningful Use reporting

Examples of state pediatric quality measures

- Minnesota pediatric quality measures reported through Minnesota Community Measures http://www.mncm.org
- Medicaid Managed Care reports
- Incentive Payments for health plans to increase/achieve certain pediatric measures (chlamydia screenings, accessibility of well-child primary care, lead screening, developmental and mental health screening for children)

Examples of state pediatric quality measures

North Dakota Quality Program Initiative Objectives:

- 2% improvement each year for the next three years in the number of children receiving preventative dental services.
- 2% improvement each year for the next three years in the number of children who are compliant with the recommended adolescent vaccinations.
- 2% improvement each year for the next three years in the number of children in the third, fourth, fifth and sixth years of life that are compliant with the recommended number of well-child visits.
- Annually, the MCO is required to compile a report card comparing the performance on selected measures

Source: North Dakota Healthy Steps Quality Strategy
http://www.nd.gov/dhs/info/pubs/docs/medicaid/nd-healthy-steps-quality-strategy-2011.pdf

Pediatric quality reporting in other states

- As of February 2012, 39 states including 34 Medicaid programs require reporting of the Health Care Effectiveness Data and Information Set (HEDIS).
- Collecting HEDIS data allows states to make apples to apples comparisons of plan quality and set high performance standards in managed care contracts. States, like Maryland, have also used HEDIS results to build consumer report cards that help state residents make more informed health insurance purchasing decisions.
- 34 Medicaid Programs Use HEDIS Measures or Require Audited HEDIS Reporting as of February 2012

(source: http://www.ncqa.org/Portals/0/Public%20Policy/2012_NCQA_Medicaid_Managed_Care_Toolkit_Summary_-_March_2012_Final.pdf)

What Gets Measured Gets Done.

Thank -you for helping to test pediatric measures under development and reporting on pediatric quality improvement in your clinic!