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The Child and Adolescent
Health Measurement Initiative

Promoting Healthy Development State Learning Network

*Developing and testing model for using consumer-based
measures to reliably and validly measure health care quality
and to report the findings to various stakeholders in a
meaningful and relevant way.*

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Contents:

*Overview of the CAHMI model for
Sustainable, Integrated and Actionable
Quality Measurement*

*Description of the Promoting Healthy
Development State Learning Network*

Highlight of the Key Findings to Date



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Model for

- Sustainable
- Integrated
- Actionable

Quality Measurement



Sustainable, Integrated and Actionable Quality Measurement

- **Sustainable**

- Quality measurement is supported politically
- Measures collect information of high value that cannot be gathered through other resources
- Technical and strategic resources maximized
- Financial resources maximized

- **Integrated**

- Cross-agency collaboration
- Measures collect information valuable to various stakeholders, **including consumers**

- **Actionable**

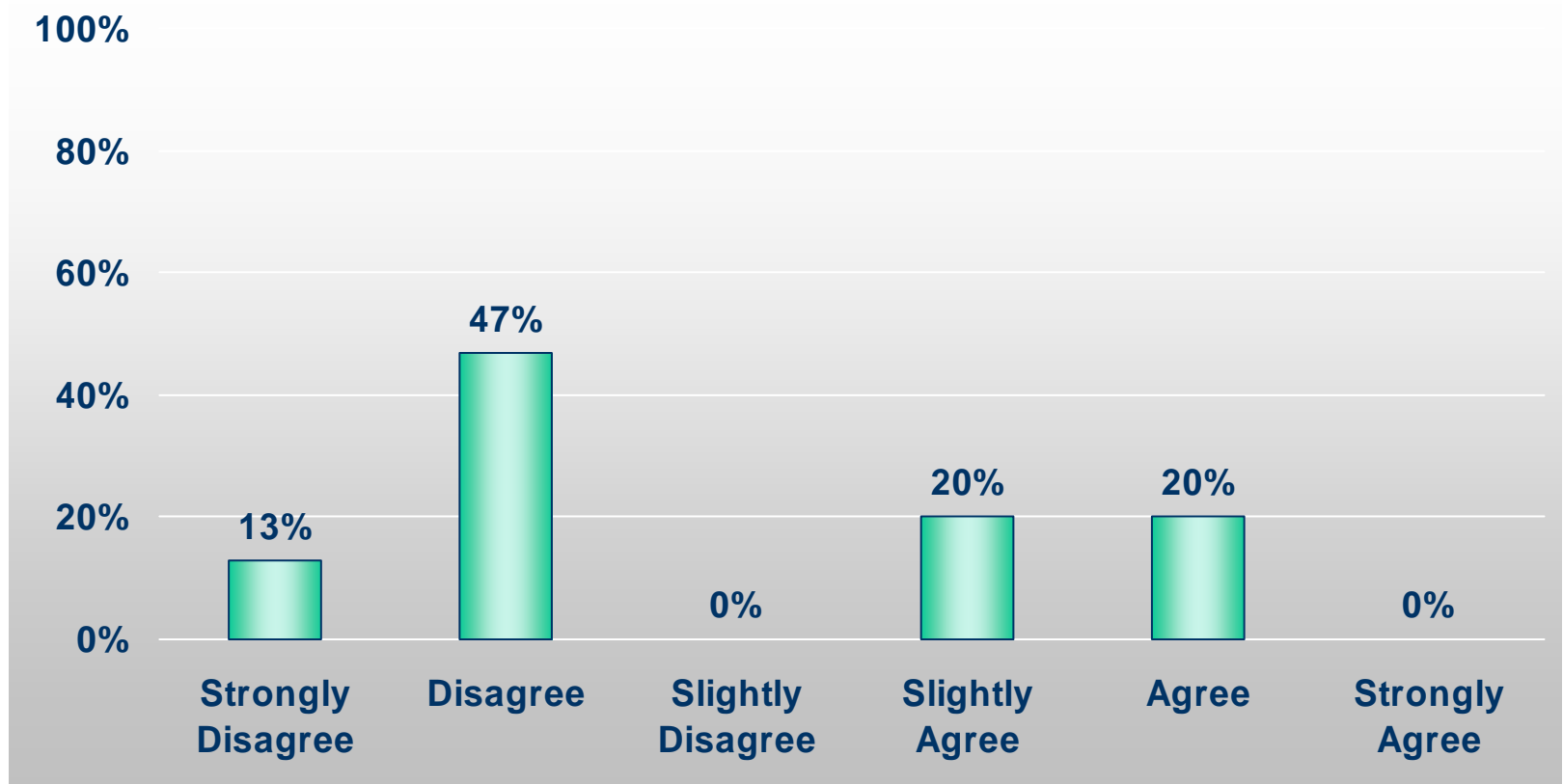
- Measures yield global and specific information that is useful to stakeholders
- Information provides relevant, succinct and clear messages about health care that can be improved
- Information is feedback to various stakeholders

CAHMI State Learning Network

- **Targeted technical assistance to states to inform development of the model**
 - Ten states receiving technical assistance from CAHMI
 - ✓ Five focused on quality measurement issues related to preventive care: VT, ME, WA, MI, NY
 - ✓ Five focused on quality measurement issues related to children with special health care needs: OH, TX, MD, KS, CA
- **Online Community of 21 states and QIOs**
 - Four “learning tracks” focused on components of a sustainable, integrated quality measurement strategy
 - Examples: Gathering Quality Information, Communicating Quality Information, Using Quality Information to Improve care
- **Promoting Healthy Development State Learning Network**
 - Four states implemented the PHDS – LA, MS, MN, and OH

States Need Support Disseminating Quality of Care Information to Multiple Stakeholders

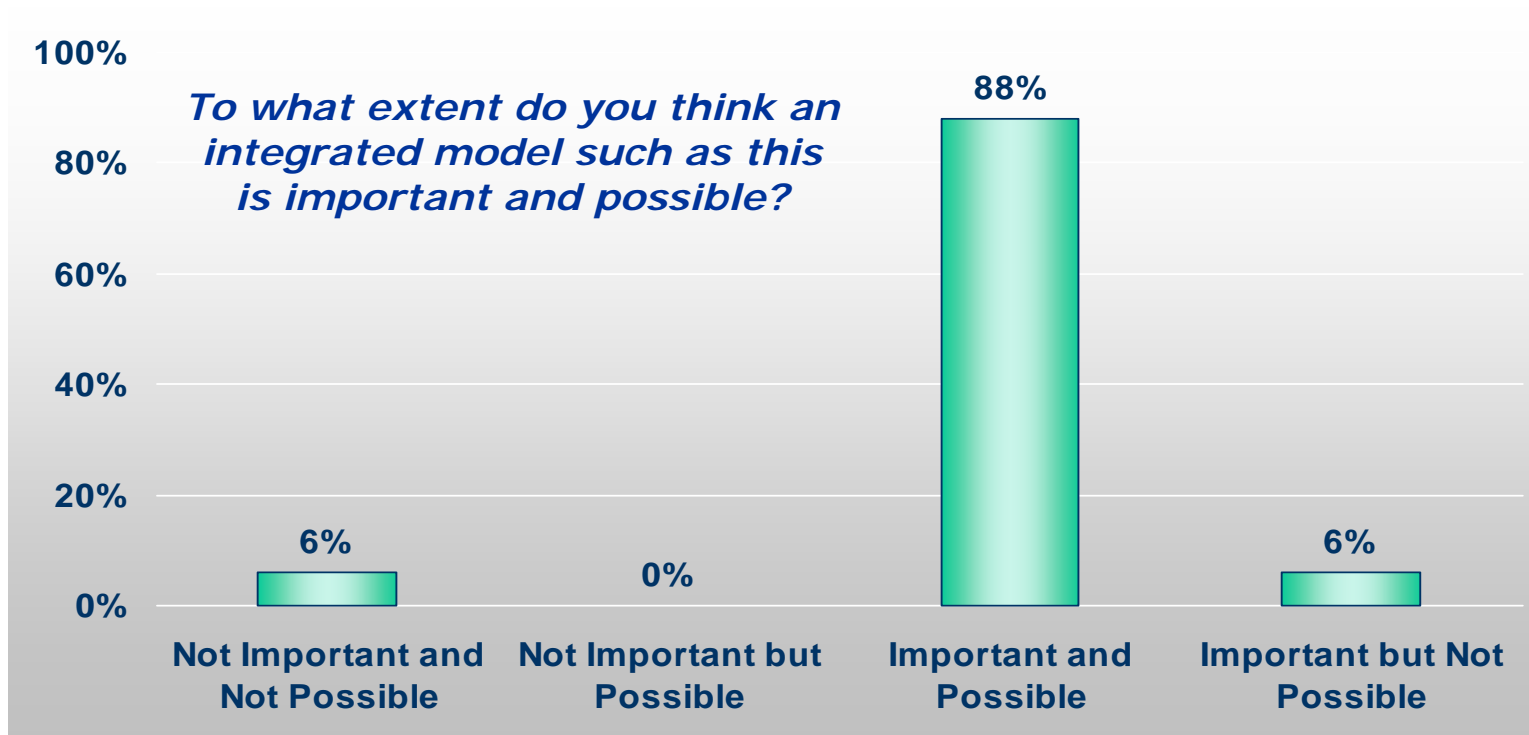
We do a good job of reporting on the data we collect in a way that serves the needs of multiple audiences.



Quality Measurement Projects Need to Have A Lot of “Bang for the Buck”

One sustainable model for integrating quality measurement and reporting strategies for improving children’s health care would seek to use a single project to:

- meet CMS EPSDT reporting requirements,
- allow for analysis at a health plan level for purchasing and contracting decisions
- provide data at a office-level that can inform quality improvement activities.





Current Quality Measurement Activities

**Federal &
State
Reporting**

**Quality
Improvement**

**Purchasing
&
Contracting**

**Consumer
Information**



Measurement to Inform Federal-State Reporting



- **HCFA Form 416**
- **1997 Balanced Budget Act and CMS regulations**

**** Separate reporting requirements for
Medicaid, S-CHIP, Title V ****



Measurement to inform quality improvement



- **External Quality Review**
 - Requires EQROs to have a “quality strategy”
 - Implement QI
- **Most health plans have QI activities**
- **Health care providers can have their own QI activities**
- **Other departments within the state have QI activities**
 - Example: Department of Health



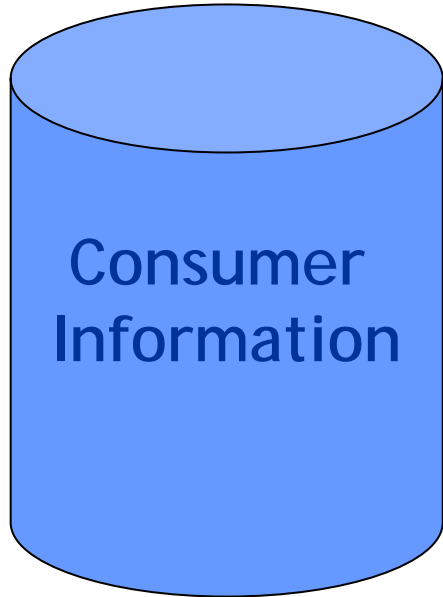
Measurement to inform purchasing and contracting decisions



- **Purchasing-contracting decisions**
 - Can be based on quality of care
 - Can include quality of care requirements, if not met, quality improvement initiatives required
- **Some states using value-based purchasing**
 - Often based on HEDIS measures



Measurement to inform consumer information



- **Inform consumer choice**
 - Most available information at the health plan-level
 - Usually based on HEDIS-like measures
- **Inform consumers about health care**
 - Educational materials to shape and inform consumers expectations and appropriate use of health care



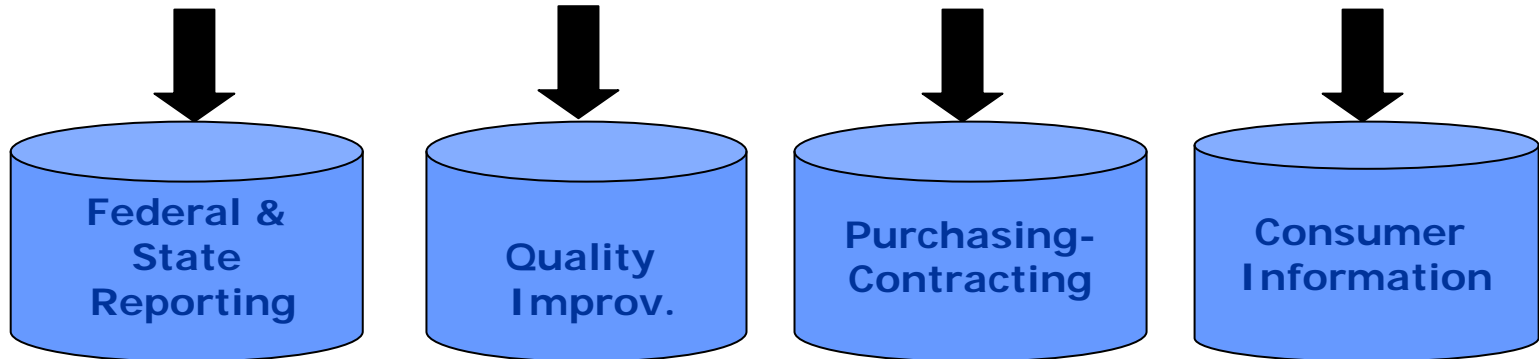
Sustainable, Integrated, Actionable Quality Measurement

Step 1: Identify and convene stakeholders of healthcare measurement activities

Step 2: Identify common goals and needs for information; identify future quality measurement activities; identify technical and financial resources include data sources

Quality Measurement Strategies Designed:

- High value consumer - centered measures used**
- Access AND quality of care measures used**
- Sampling conducted in way that allows for multiple stakeholders to receive feedback**
- Measures are linked with multiple data sources**





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Promoting Healthy Development State Learning Network (PHDSLN)

PHD State Learning Network

- Supported by the Commonwealth Fund
- Builds on past learnings and experiences
 - Technical assistance provided to States in implementing and using the PHDS
 - ME, VT, WA, NC
 - Analysis of the NSECH data
 - Packard grant- Model for sustainable, integrated and actionable quality measurement

PHD State Learning Network

- Two central components of the grants
 - 1) PHDS implementation via a contract with a QIO
 - o Core sample: Pulled the same way in all states
 - o State-specific sampling
 - o State-specific survey questions (3-5 questions)
 - 2) Learning curriculum
 - o Online community
 - o Online forums, conference calls
 - o Mentor states (WA, VT), Expert faculty (e.g. NICHQ, North Carolina Center for Children's Health Care Improvement)
 - o "Learning tracks" with the end of goal of developing reporting templates for various stakeholders

PHD State Learning: Participants

- 14 states applied
- Only 4 able to be selected

1) Louisiana



2) Minnesota



3) Mississippi



4) Ohio



Sustainable, Integrated, Actionable Quality Measurement

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PHD State Learning Network

- State teams
 - o Required to have one or more members whose job is related to one of four activities
 1. Federal and state reporting
 2. Purchasing and contracting
 3. Quality improvement
 4. Consumer information and education
 - o Required to have a multi-agency team



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Part 1: Sampling and Survey Administration

Sampling for the PHDS-PLUS

- Identify children who are 3-45 months old at the time of survey administration.
- Identify children who have been continuously enrolled in Medicaid (and SCHIP) for 12 months or since the child was born.
 - Allow for a month and/or 45 day lag in enrollment – Based on the HEDIS specs.
- Stratify sample by child age groups to assure sufficient sample sizes
 - 3-9 months: $\frac{1}{4}$ of starting sample and of completed survey sample
 - 10-18 months: $\frac{1}{4}$ of starting sample and of completed survey sample
 - 19-47 months: $\frac{1}{2}$ of starting sample and of completed survey sample

State-Specific Samples

- **Louisiana**
 - Community care program (CCP)
 - Type of provider (pediatrician, family practice)
 - Part C program
- **Mississippi**
 - Medicaid vs. SCHIP
 - Children who have had a well-child visits
- **Minnesota**
 - Racial, ethnic groups
 - Health plan
 - Children who have had a well-child visits
- **Ohio**
 - Racial, ethnic groups
 - Geographic location



PHD State Learning Network: State-Specific Sampling

- Additional information collecting at the time of sampling or for the sample for analytic purposes
 - o Program (Medicaid, SCHIP, Title 5)
 - o Program type (PCCM, MCO, FFS)
 - o Race, ethnicity
 - o Health care utilization (number of well-child visits, number of acute care settings)
 - o Department of health services (home visiting nurses)
 - o Place where care received (Private practice, public health center, FQHC..)
 - o Type of health care provider (pediatrician, non-pediatrician)

PHDS-PLUS Survey

- **Core Survey**

- Main focus: Assessing the quality of preventive and developmental services provided to young children.
- Focuses on twelve core topics:
 - Child and adult/parent respondent socio-demographic information
 - Child and adult/parent respondent health status and risk
 - Access to and use of health services
 - Parent/family activities and behaviors
 - Provision of anticipatory guidance and parental education
 - Assessment of psychosocial issues and safety in the family
 - Assessment of smoking and alcohol and substance abuse in the family
 - Provision of written and other health information to parents
 - Family centered care
 - Care that address issues in the community
 - Provision of follow-up for children at risk for developmental, behavioral and social delays
 - Helpfulness of care provided

- **Age-specific sections of the survey**

- Anticipatory Guidance and Parental Education – Response scale allows parents to note whether their informational needs were met

PHDS-PLUS Survey-State Specific Questions

- Allows the state to capture information of state-specific interest and will allow additional stakeholders to be interested in the data.
 - **Louisiana:** Day care (if they go to day care, if so, where); Care Coordination (whether they needed special services, equipment or other care, and if so, how much of a problem was it to get it)
 - **Minnesota:** Parental concerns about their child's mental health, whether those concerns were addressed; Parent perceptions about well-child care (How long doctor or other health provider spent with them, parent rating on the length of time, overall rating on the well-child visit); Home-visiting nurse (how many times they have had a visit from a home visiting nurse)
 - **Mississippi:** Parent perceptions about well-child care (Number of well-child visits, How long doctor or other health provider spent with them, parent rating on the length of time, overall rating on the well-child visit)
 - **Ohio:** Obesity -- Whether child is obese, whether the health care provider showed the parent the child's height and weight on a growth chart, whether the parent or provider is concerned about the child's weight; Lead Poisoning – Whether the health care provider talked about the child's risk for lead poisoning.



Maximizing Federal Funding: Solicitation of Offers (SOO) conducted across all four states

- Maximized federal matching funds to examine the quality of health care provided.
 - \$13,880.25 provided to each state.
 - With the federal match, \$55,521 used to contract with vendor
- One SOO conducted across all four states.



Part 2: Learning Curriculum

From Data – To Information – To Dissemination

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And hopefully to ACTION!!!



PHDSLN Learning Curriculum:

- Three “tracks” focused on three different end users/activities
 - State Medicaid director and Key Senior Staff
 - Persons focused on consumer information/education
 - To guide/stimulate quality improvement
- These end users/key activities identified as the most important by the PHDSLN.

State Medicaid Director and Key Senior Staff

- Pre-assessment survey: Focused on which measures, indicators most important.
- Spotlight on Barbara Lantz (WA), Russell Frank (VT)
- Dissemination materials to be created:
 - Targeted, strategic Issue Brief
- Issue Brief
 - Background, overview
 - Key quality of care findings for measures of care
 - Variations in quality of care by certain groups (e.g. race-ethnicity)
 - Comparative data about how the state looks compared to other states, national data
 - Information about child and family health care characteristics
 - Implications of the findings



Persons Focused on Consumer-Information/Education

- Pre-assessment survey: Focused on efforts/persons currently focused on educating information consumers. Gathered baseline data about what information is currently provided to consumers.
- Spotlight on Fred Holmes, MD, CAHMI staff
- Dissemination materials to be created:
 - Parent pamphlet
 - PowerPoint presentation
- Key points to be emphasized in discussions
 - Items for which parents noted the most “unmet information needs”
 - Recommended topics which consistently are not provided
 - Topic-level findings of specific interest to certain groups (e.g. reading, obesity, etc)



To Guide/ Stimulate Quality Improvement

- Pre-assessment survey: Focused on efforts/persons currently focused on QI.. Gathered baseline data about information and internal/external resources they have to gather, analyze, disseminate and findings and to sponsor QI activities.
- Dissemination materials to be created:
 - Report to health care providers (includes health plans, providers, Dept. of Health)
- Key points to be emphasized in discussions
 - Items for which parents noted the most “unmet information needs”
 - Recommended topics which consistently are not provided
 - Measure of care level findings, comparative data
 - Child and family health characteristics

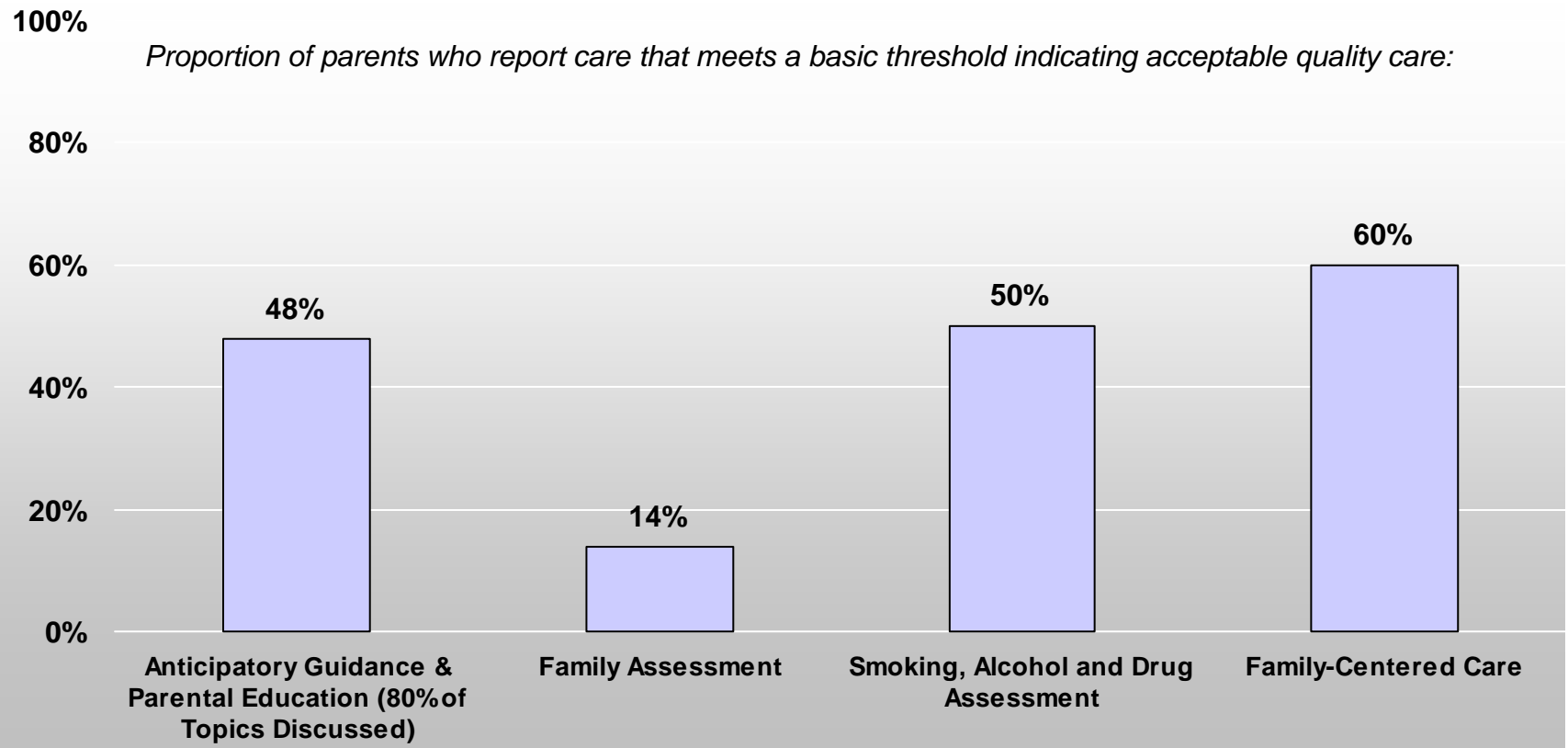


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SNAPSHOT OF KEY FINDINGS

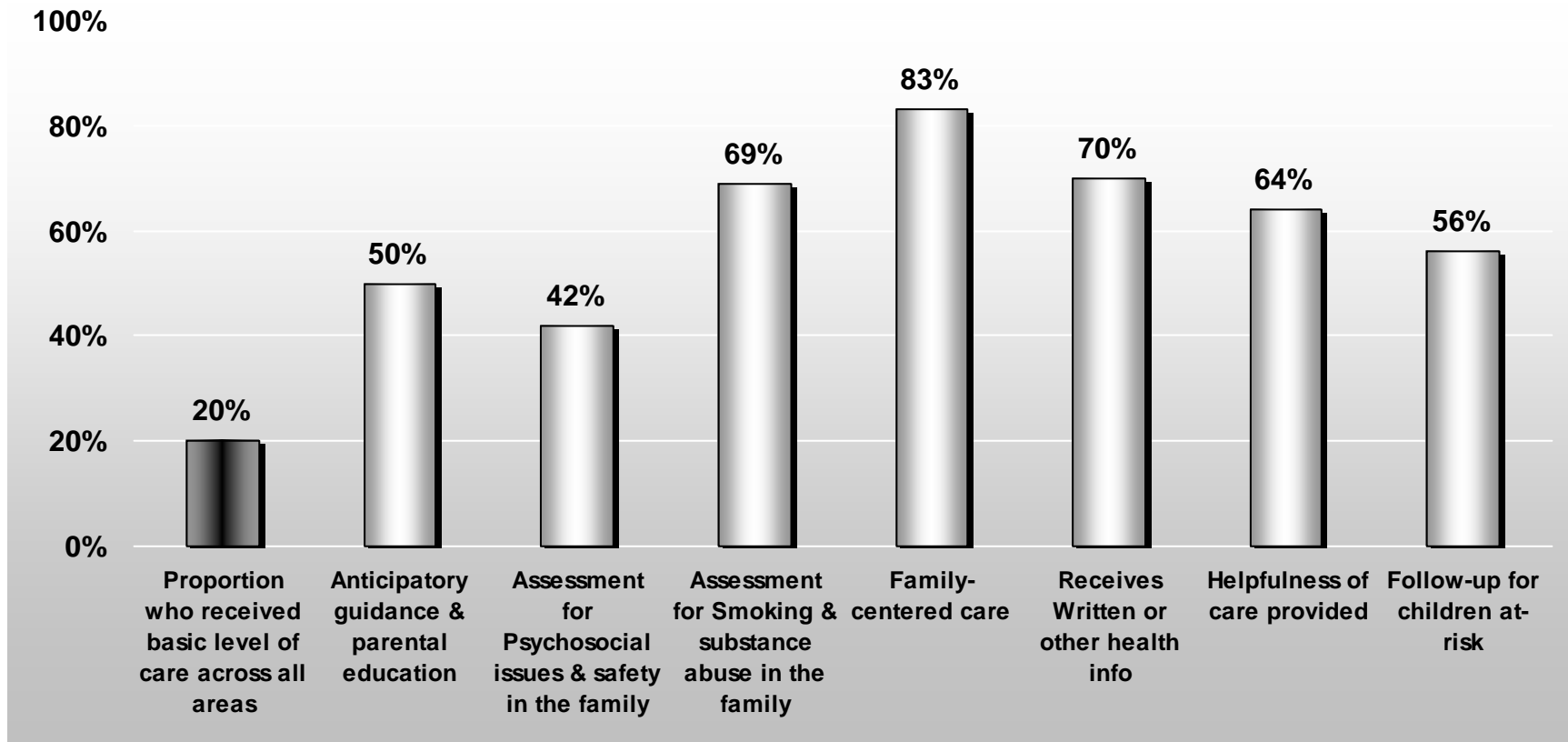
National Findings: National Survey of Early Childhood Health



Source: National Survey of Early Childhood Health (NSECH)

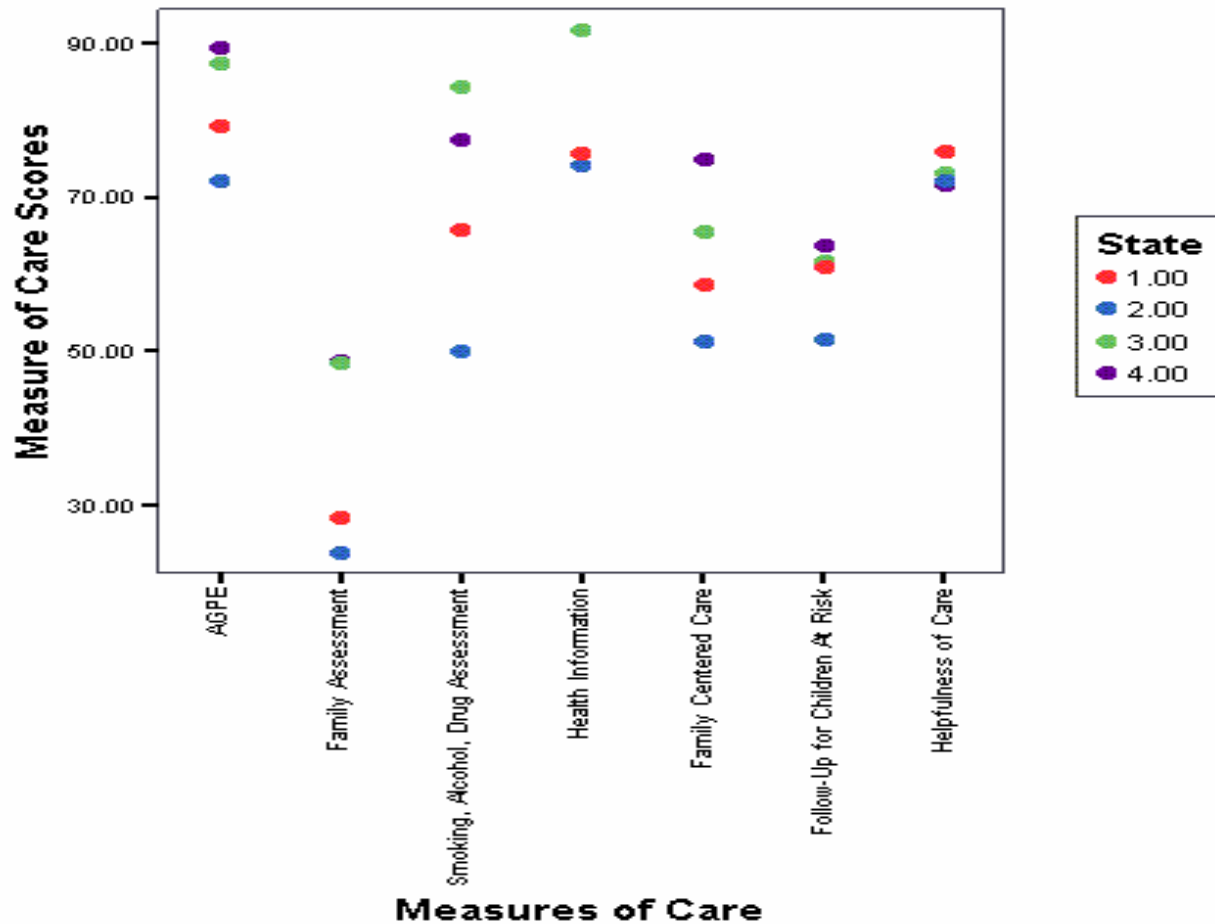
Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

• *Proportion of parents who report care that meets a basic threshold indicating acceptable quality care*:*



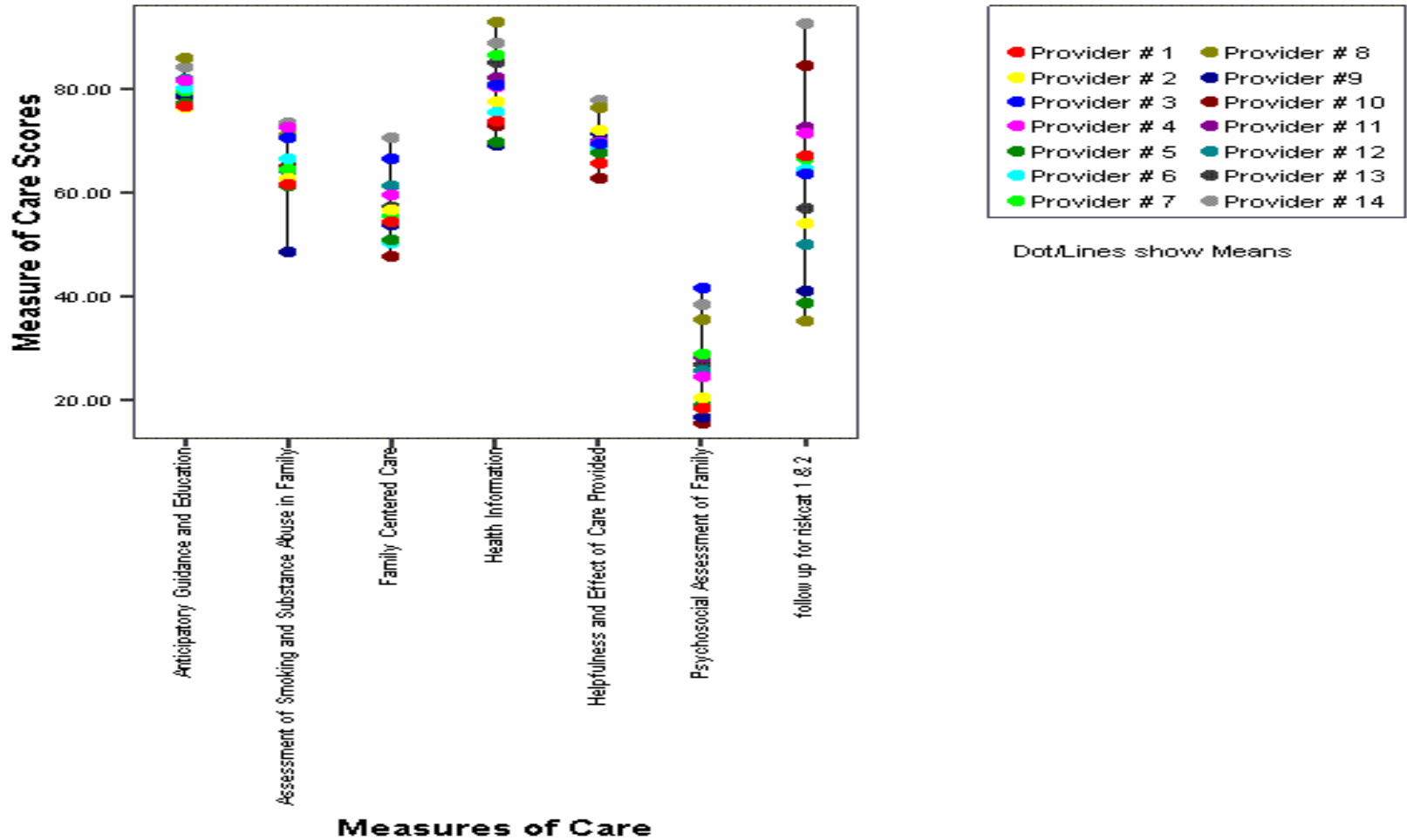
• *Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed
Family Centered Care- On average, parent said usually/always to each item*

PHDS/PHDS-PLUS Measures of Care Findings: State-Level (Four States- Medicaid Clients)



Source: 2000-2001 CAHMI PHDS-PLUS Data, 4 State (ME, WA, VT, NC) Weighted Data

PHDS Measures of Care Findings: Practice-Level (14 Practices)



CAHMI Contact Information

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