

Overview of Child Quality Measures Environment

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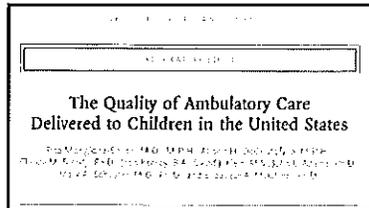
Outline

- Background
- Data for Ohio
 - Ohio rankings
 - Ohio Medicaid data
- Key Participants in the development and implementation of child health quality measures
- Metrics: some measures that will be important
- BEACON
- Conclusions

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Background

- Deficits identified in the quality of healthcare provided to children in the U.S. (e.g. NEJM 2007)

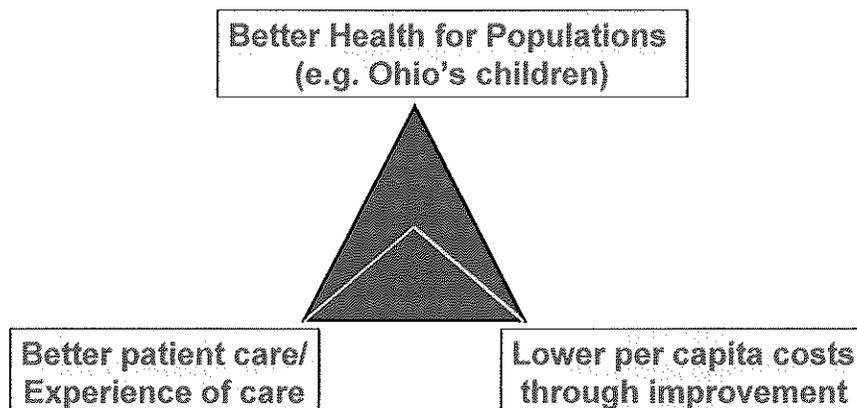


- Quality of care, health care costs, and health outcomes are inextricably linked



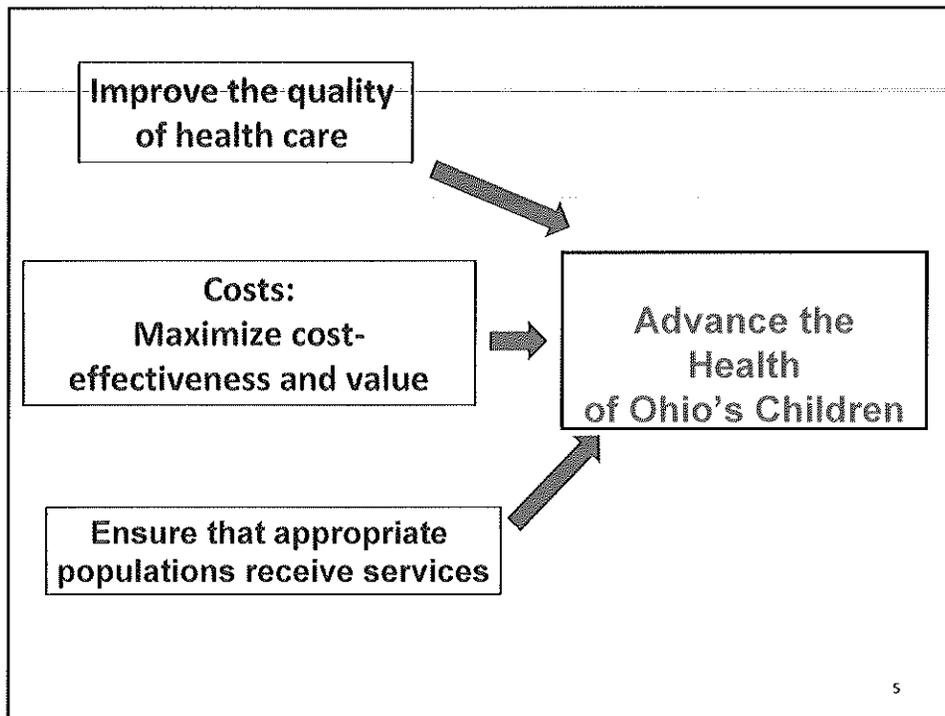
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Quality, Costs, and Health: “The Triple Aim”



Adapted from Berwick, IHI and CMS

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Background

- Acknowledge that delivery of health care is an art *and* a science...but despite caveats:
- We need good evidence-based ways to measure quality of care. Why?
 - To assess how healthy a population is (eg. Ohio's kids)
 - To identify specific strengths and gaps
 - To develop informed targets for improvement
 - To assess different health systems/providers
 - To assess cost-effectiveness and value

Data for Ohio

- Ohio's ratings and rankings: previous analyses
- Ohio Medicaid data

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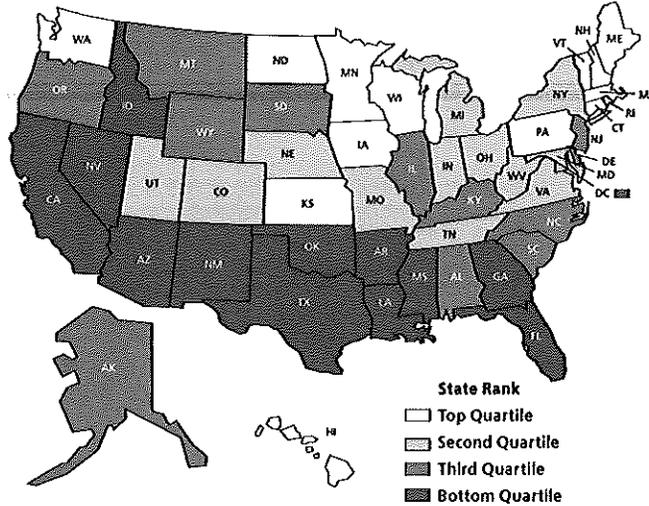
Data: Ohio's ratings and rankings

Illustrates difficulties:

- What to measure (meaningful, reliable, etc)?
- Varying choices made among reports (e.g., Commonwealth Fund vs. Annie E. Casey)
- How to measure?
- Metric:
 - Percentage? If so, what is target?
 - Rank among states? Small differences
Quartiles? Relative quality
 - Should comparisons adjust for at-risk
populations?
 - Summary measures?

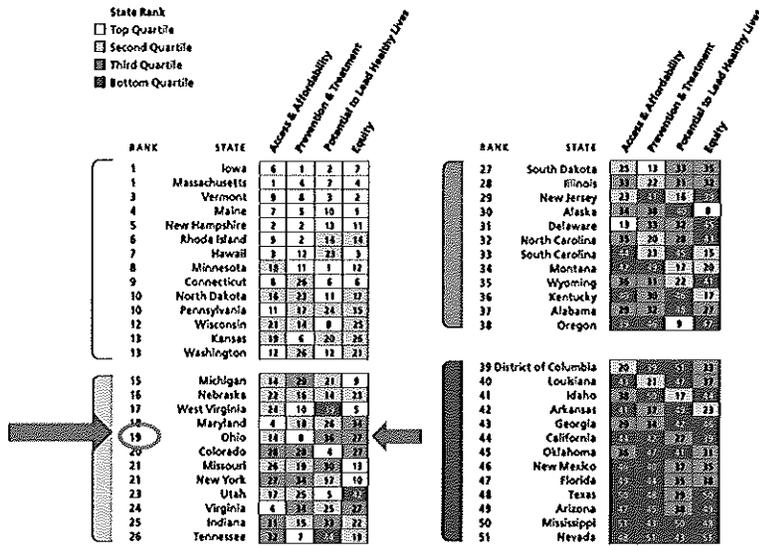
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State Ranking on Child Health System Performance



Source: Commonwealth Fund State Scorecard on Child Health System Performance, 2011.

State Scorecard Summary of Child Health System Performance Across Dimensions



Source: Commonwealth Fund State Scorecard on Child Health System Performance, 2011.

COMMONWEALTH FUND	Percent	Rank
I. ACCESS AND AFFORDABILITY		14
% of children uninsured	92.5%	18
% of parents uninsured	88.0%	12
% of insured children with adequate insurance for needs	78.0%	20
Avg total premium for EBI as % of median household income	17.4%	19
II. PREVENTION AND TREATMENT		8
% children with medical home	66.2%	5
% of 19-35 mo receiving all vaccines	74.8%	25
% of 0-17y with ≥1 preventive visit/yr	89.7%	18
% of 1-17y with preventive dental visit	78.7%	29
% needing & receiving mental health Rx	66.2%	20
% 1-5y with std. development screen	20.8%	16
Asthma hospital admissions (/100,000)	128.7	20
% CSHCN with no problems re referrals	86.2%	5
% CSHCN whose families rec. support	69.3%	36

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COMMONWEALTH FUND	Percent	Rank
III. POTENTIAL TO LEAD HEALTHY LIVES		36
Infant mortality (deaths/1,000 LB)	7.8%	38
Child mortality (deaths/100,000 0-14 y)	18%	15
% 4 mo-5 yr at mod/high risk of developmental or behavioral delays	22.9%	17
% of 10-17 yo overweight or obese	33.3%	37
% of 1-17 yo with oral problems	27.4%	35
% HS students now smoking cigarettes	NA	
% HS students not meeting PA recommendations	NA	
IV. EQUITY		27
(ranked based on gaps between the most vulnerable group and US national average for selected indicators)		

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BUT

- Small differences can make big differences
 - 78% of insured children have adequate coverage for needs, making Ohio's rank 20. But... best state = 83%
- Other metrics give different information.
All Kids Count from Annie E. Casey Fdn. uses only 4 of the Commonwealth metrics and includes others:
 - Prematurity rates (OH rank = 34th)
 - LBW rates (OH rank = 36th)
 - Hospital admissions for asthma (OH rank = 20th)
 - Binge alcohol drinking in 12-17yo youth (OH rank=40th)

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Therefore

- It is important to measure health indicators and quality of care for children
- But selection of metrics and interpretation of the metrics is critical to their usefulness

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Ohio Medicaid Data

- Few facts about Ohio's children
- ABD/disabled children
- Health/Medical Home-Continuity of Care
- Avoidable Hospital Admissions
 - Asthma
 - Low Birth Weight
- "Episode of Care" Analysis
 - Fee for Service & Managed Care Children
- Avoidable Use of the Emergency Dept.
- Cost Implications

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Facts about Children served with Ohio Medicaid

- 37.9% of all of Ohio's children are served by Medicaid¹
- Ohio Medicaid serves ~1.2 million children³
- 64% of all Medicaid consumers are children¹
- 93% of Medicaid children are served in mgd care¹
- 120,000 children were not served in managed care-Dec.2010¹
- ~11% of Medicaid children are also served in Medicaid specialty systems (DD, Beh Health, CIC) ²
 - Specialty systems: >100,000 children received mental health services ²

¹ Dec 2010-Children 0-18yo

² Multisystem analysis 2007

³ OHP SFY 2010 <21 yo

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Ohio Medicaid Children < 21yo SFY10

	# Undup Kids	Total Cost Care-All Services	Net Payment Per Child
Children in Managed Care	1,247,225	\$2,350,623,979	\$1,885
FFS ABD Children (non-waiver/NF/ICFMR) ¹	48,459	\$313,315,030	\$6,466
FFS Waiver Children	6937	\$316,229,894	\$45,586
Children in Care & Foster Care Age Out	35,947	\$123,507,093	\$3,436

Note:

¹ 26.4% of these children received behavioral health services

See handout for complete info.

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Having a medical home is a cornerstone of adequate health care.

- *The sickest children are least likely to have a medical home*
- *Publicly insured and uninsured children are less likely to have a medical home than privately insured CSHCN.*

"Children with Special Health Care Needs", Anthony Goudie, PhD; Gerry Fairbrother, Ph.; Debra Read, MPH; Lisa Simpson, MB, BCh, MPH, FAAP. 2005-06 National Survey of CSHCN. Child Policy Research Center, Cincinnati OH

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Avoidable Admissions: Asthma

Acute Hosp Admissions	1,404
Admits Per 1000 Acute	1.49
Avoidable Days LOS for Acute Admissions	3.02
Allowed Amount	\$48,537,729
Allowed Amount Per Acute Admission	\$34,571

SFY 2009 Ohio Medicaid Data. See hand out with definitions.

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Avoidable Admissions: Low Birth Weight

Acute Hosp Admissions	7,446
Admits Per 1000 Acute	6.78
Avoidable Days LOS for Acute Admissions	15.27
Allowed Amount	\$1,041,457,331
Allowed Amount Per Acute Admission	\$139,868

SFY 2009 Ohio Medicaid Data. See hand out with definitions.

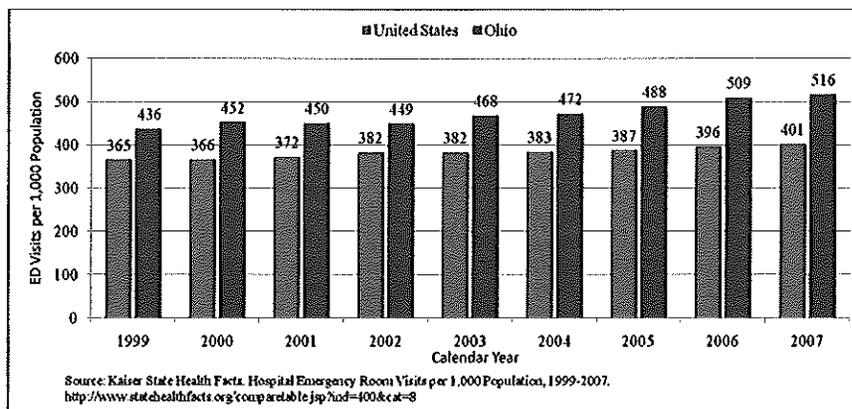
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Episodes of Care Analysis

- Episode of Care analysis
- Top conditions for children in managed care
- Top conditions for children in FFS

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ED Utilization for All Payers: Ohio vs. US



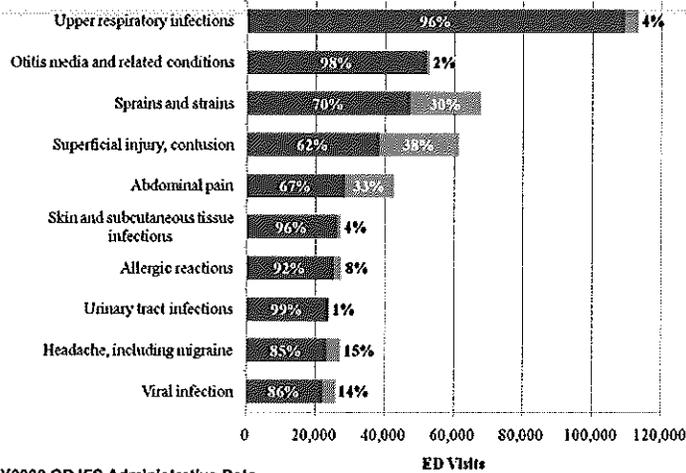
► Ohio's overall ED utilization rates have consistently exceeded the national average

Note: Includes Adults & Kids

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Top 10 Non-Emergent/PCP Treatable/Preventable Diagnoses— Ohio

■ Non-Emergent, PCP Treatable, Preventable ED Visits ■ Emergent ED Visits



Data Source: CY2008 ODJFS Administrative Data
Managed Care—CFC only, Inc. adults & kids

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Key Participants in Development and Implementation of Child Health Quality Measures

- CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009) provides for HHS to develop a Pediatric Quality Measures Program (PQMP): (a) an initial core set of performance measures, (b) a program to refine and expand initial core set, (c) state submission of annual reports, (d) an IOM study, etc, etc
- Centers for Medicare & Medicaid Services (CMS): responsible for much of CHIPRA implementation
- Institute of Medicine (IOM): conducting an ad hoc study to "provide guidance to Congress on the extent and quality of efforts to measure child health status and the quality of health care for children"

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Key Participants (continued)

- Agency for Healthcare Research and Quality (AHRQ):
MOU with CMS to lead in implementing PQMP
 - Developed **initial CHIPRA core set of 24 child health quality measures** based on validity, feasibility, and importance... an important current focus
 - Overseeing further studies to refine and expand
- Medicare and Medicaid EHR Incentive Programs: provide financial incentive for the adoption and **“meaningful use”** of certified **EHR** technology to achieve health and efficiency goals – Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009
- ODJFS Methods for Covered Families and Children (CFC):
Ohio Medicaid Managed Care Encounter Data Quality Measures (**Ohio MMC**)

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Other Participants include:

- National Committee for Quality Assurance (NCQA) provided several PQMP measures and developed HEDIS (Healthcare Effectiveness Data and Information Set), performance measures used in managed care
- National Quality Forum (NQF) formed to **“develop and implement a national strategy for health care quality measurement and reporting”**; develops and assesses use of performance measures (e.g. Serious Reportable Events)

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Medicaid HIT Program

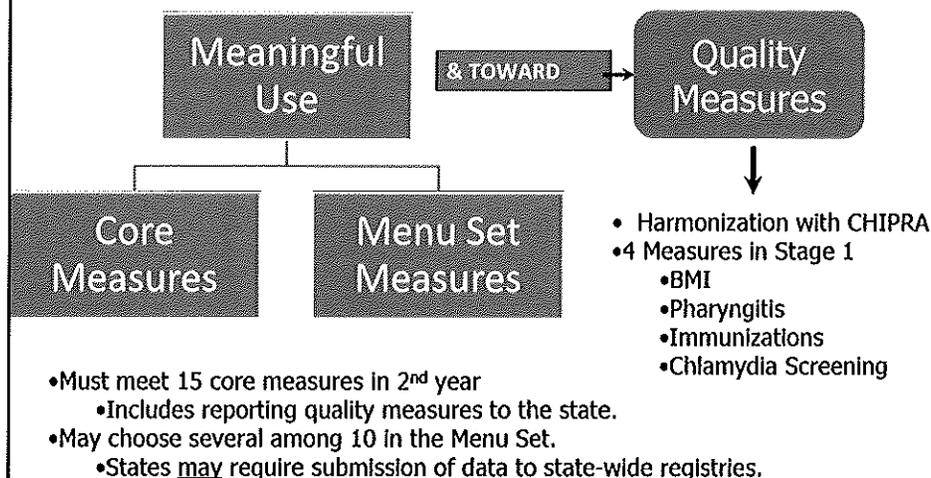
HITECH/ARRA Federal Requirements

- Improving health care quality *through* the exchange of health information
- Extensive links to system's reform & quality/outcomes measurement
- Establishing a Medicaid Payment Incentive Program (MPIP) & development of a state Medicaid HIT plan
 - Established a program for payment to providers who adopt & become *meaningful users* of certified electronic health records (EHRs) ****See reference information re: meaningful use**
- BEACON: input/advisory to Medicaid re: childhealth issues

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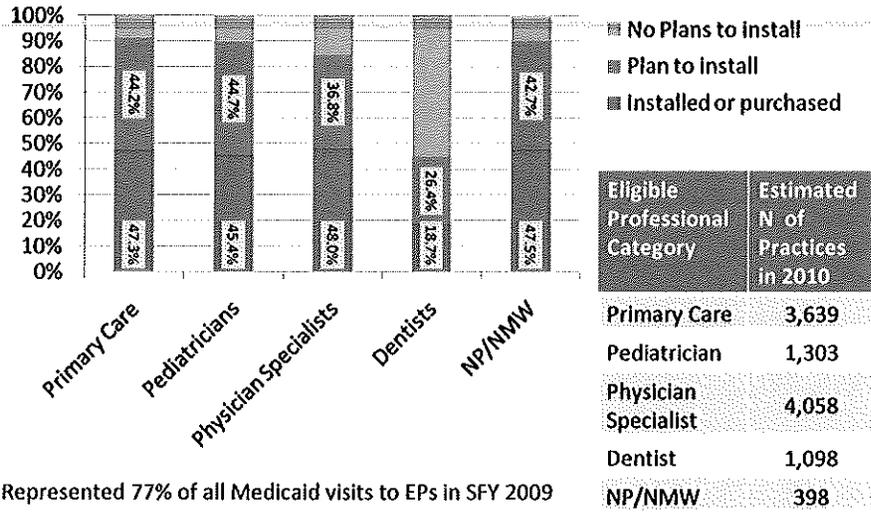
EHR Incentive Program

Final CMS Regulations



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EHR: Eligible Professionals EHR Status, 2010
Medicaid providers with 200 or more patients¹



¹ Represented 77% of all Medicaid visits to EPs in SFY 2009

CHILD QUALITY MEASURES: CURRENT SUMMARY	CHIPRA	EHR	OH MMC
PREVENTIVE CARE			
Well child care	3	0	3
Screening	3	2	1
Prenatal/Perinatal	4	2	5
Immunizations	2	1	
Dental	1		1
ACUTE TREATMENT			
Access to care	2		3
Dental	1		1
Inpatient acute care	1		2
Upper respiratory	2	1	
CHRONIC CONDITION MANAGEMENT			
Asthma	1	3	2
Behavioral health	2		1
Diabetes	1		
Substance abuse		1	1
SATISFACTION with the experience of care	1		1

CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
PREVENTIVE CARE			
Well child care			
- Well-child visits in first 15 months of life	X		X
- Well child visits in 3 rd /4 th /5 th /6 th years of life	X		X
- Adolescent well-care visits	x		X
Screenings: Lead, Obesity, Sexually Transmitted Infections & Developmental Assessments			
-Lead Screening in children			X
- BMI documentation in 2-18 yr olds	X	X	
- Chlamydia screening in women	X	X	
- Screening using std. tools for delayed social/emotional development	X		
Immunizations			
- Childhood immunization status	X	X	
- Immunization for adolescents	X		
Dental			
- Annual dental visit			X
- Preventive dental services	X		

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CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
PREVENTIVE CARE			
Well child care			
- Well-child visits in first 15 months of life			Percent of children 0-17 with preventive visit in past year (2007) Ohio rank 18 th (AKC)
- Well child visits in 3 rd /4 th /5 th /6 th years of life			
- Adolescent well-care visits			
Screenings			
- Lead screening			Percent of children/teens overweight/obese (2007) Ohio rank 37 th (AKC)
- BMI documentation in 2-18 yr. olds			
- Chlamydia screening in women			
- Screening using std. tools for delayed social/emotional development			Percent of young children receiving std developmental Screen during visit (2011) Ohio rank 16 th (CF)
Immunizations			
- Childhood immunization status			Percent of young children fully vaccinated (2011) Ohio rank 25 th (CF)
- Immunization for adolescents			
Dental			
- Annual dental visit			Percent of 1-17 yo with preventive dental visit (2011) Ohio rank 29 th (CF)
- Preventive dental services			

CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
PREVENTIVE CARE			
Prenatal/perinatal			
- Prenatal screening for HIV		X	
- Prenatal anti-D immune globulin		X	
- Frequency of ongoing prenatal care	X		X
- Timeliness of prenatal care	X		X
- Percent of live births under 2500 gm	X		X
- Caesarian section for low risk first birth women	x		
- Caesarian section rate			X
- Prenatal and postnatal care: postnatal care rate only (PPC)			X

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CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
PREVENTIVE CARE			
Prenatal/perinatal			
- Prenatal screening for HIV		X	
- Prenatal anti-D immune globulin		X	
- Frequency of ongoing prenatal care	X		X
- Timeliness of prenatal care			Low birth weight rate (2007) Ohio rank 33 rd (AKC)
- Percent of live births under 2500 gm			
- Caesarian section for low risk first birth women			Pre-term births (2007) Ohio rank 34 th (AKC)
- Caesarian section rate			
- Prenatal and postnatal care: postnatal care rate only (PPC)			X

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CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
ACUTE TREATMENT			
Access to Care			
- Access to primary care practitioners	X		X
- Emergency Department utilization	X		
- Emergency Department diversion			X
Dental			
Dental treatment services (EPSDT)	X		
Inpatient/acute care			
- Pediatric catheter –associated blood stream infection rates	X		
Upper respiratory			
- Otitis media with effusion	X		
- Appropriate testing for children with pharyngitis	X	X	

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CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
ACUTE TREATMENT			
Access to Care			
- Access to primary care practitioners			Percent of children 0-17 y with medical home (2007) Ohio rank 5 th
- Emergency Department utilization			
- Emergency Department diversion			
Dental			Percent of children 1-17 y with oral health problems (2007) Ohio rank 35 th
Dental treatment services (EPSDT)	X		
Inpatient/acute care			
- Pediatric catheter –associated blood stream infection rates	X		
Upper respiratory			
- Otitis media with effusion	X		
- Appropriate testing for children with pharyngitis	X	X	

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CHILD QUALITY MEASURES: Specific Measures	CHIPRA	EHR	OH MMC
CHRONIC CONDITION MANAGEMENT			
Asthma			
- Use of appropriate medications		X	X
- Asthma assessment		X	
- Asthma: pharmacologic therapy		x	
- Annual number of patients with >1 ED visit	x		
- ED use			X
Behavioral health			
- Follow-up care for children prescribed ADHD meds	X		
- Follow-up after hospitalization for mental illness	X		
Diabetes			
- Annual Hemoglobin A1C testing	X		
Substance abuse			
- Initiation and engagement in alcohol/drug dependency treatment		X	
SATISFACTION with the experience of care			
CAHPS 4.0 Child Medicaid Health Plan Survey	X		X

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CHRONIC CONDITION MANAGEMENT			
Asthma			
- Use of appropriate medications		X	X
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SATISFACTION with the experience of care			
CAHPS 4.0 Child Medicaid Health Plan Survey	X		X

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Hospital admissions for pediatric asthma per 100,000 children 2-17 yr (2006)
Ohio rank 20th

Binge alcohol drinking 12-17 yr (2007-2008)
Ohio rank 40th

BEACON and the Core Children's Health Quality Measures

- BEACON anticipated and is already addressing several of the core quality measures...with success
- Please refer to the handouts for more information about specific BEACON projects.

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Ohio's BEACON Initiatives

- **Health Home**
 - Pediatric/Psychiatry Network
 - System of Care for Kids/ Mental Health & Kids At Risk for Out of Home Care
- **Innovation & Cost Effectiveness**
 - Ohio Perinatal Quality Collaborative
 - Solutions for Patient Safety Initiatives
 - Maximizing enrollment of eligible children & Maintaining stability of coverage
- **Prevention**
 - Concerned about Development & Autism Screening
 - Help Me Grow Home Visiting, inc. maternal depression screening
 - Managed care well child screening Initiative
 - Childhood Obesity
 - Early Childhood Mental Health

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Summary

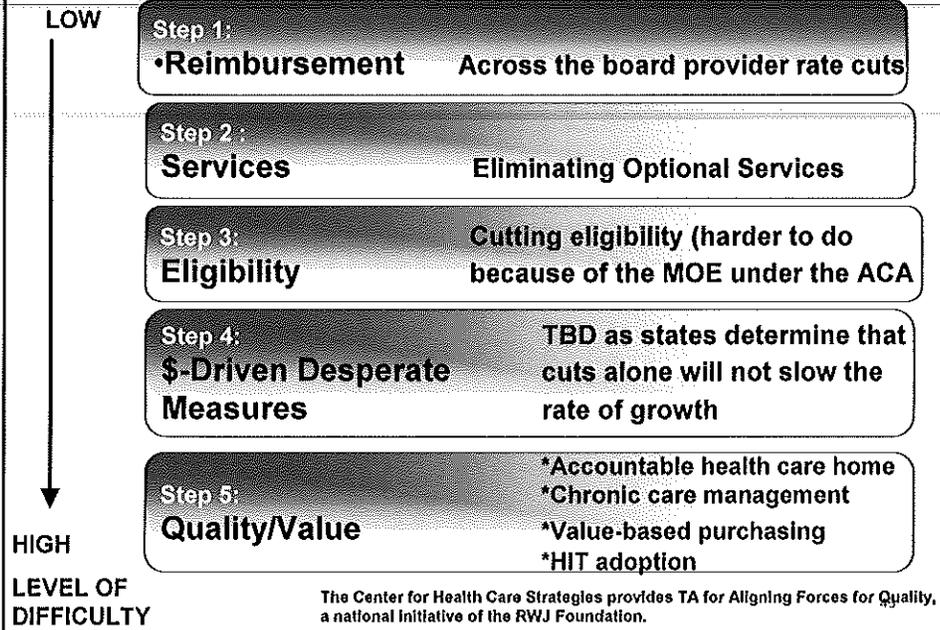
- Improvements in child health require attention to strengthening the quality of health care delivered, provision of services needed, and ensuring cost-effectiveness (value)
- Child health quality is a hot topic nationally
- Ohio currently has both strengths and gaps in the child health quality
- Good metrics are essential to guide improvement – new ones have emerged and more are coming
- BEACON has a track record of being on the cutting edge in identifying critical child health issues and working towards their improvement

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Breakout Sessions

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FIVE STEPS FOR REDUCING MEDICAID \$\$



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