Boston Children's Hospital Center of Excellence for Pediatric Quality Measurement (CEPQM)

Massachusetts Child Health Quality Coalition Meeting
January 30, 2013

Boston Children's Hospital

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Update on CEPQM Activities

CEPQM Round 1 and 2 Measures

- **Round 1**
  - Pediatric readmissions
  - Pediatric HCAHPS
- **Round 2**
  - Transition from child-focused to adult-focused care
  - Access to disability support services
  - Hospital patient safety

Readmissions Update

- Identifying planned procedures
- Enhancing case-mix adjustment
- Determining factors that influence readmissions
- Examining readmissions in various datasets
- Seeking state Medicaid program test sites

Pediatric HCAHPS Update

- **Launched national field test**
  - Winter 2012 – Summer 2013
  - 73 hospitals across 34 states participating
  - Involving 7 HCAHPS vendors
- **Analysis & measure specification**
  - Fall 2013
  - Psychometric testing
  - Development of case-mix adjustment and composites

Quality of Transition from Child-focused to Adult-focused Care

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Definition of Health Care Transition

- **Health care transition (HCT) broadly encompasses the process of preparing youth for the eventual move to adult-oriented care**
  - Ensures high-quality and developmentally-appropriate health services are available in an uninterrupted manner

Approach to Measure Development

- Goal: To develop a set of patient-reported quality measures
  - Review literature on pediatric health care transition
  - Solicit local and national stakeholder input
  - Develop a set of patient-reported measures
  - Conduct focus groups and cognitive interviews
  - Explore feasibility of a claims-based measure

Existing Guidelines and Measures

- **AAP clinical report updated in 2011**
  - Outlines individual steps of transition process:
    1) Discuss office transition policy with patients $\geq$ 12 years of age
    2) Initiate transition plan
       - Jointly developed with patient, guardian, and provider
       - Use of readiness-assessment tools and skills checklists
    3) Review and update transition plan
    4) Implement adult care model
       - Direct communication between pediatric and adult providers
  - Recommends expanded transition-planning process for YSHCN
- **Scarcity of national measures to evaluate the transition process**

Sample Items from National Surveys

- **Have your child's doctors or other health care providers talked with you or your child about how (his/her) health care needs might change when (he/she) becomes an adult?**
- **Has a plan for addressing these changing needs been developed with your child's doctors or other health care providers?**
- **Have your child's doctors or other health care providers discussed having your child eventually see a doctor who treats adults?**
- **Has anyone discussed with you how to obtain or keep some type of health insurance coverage?**

2005-2006 National Survey of Children with Special Health Care Needs (NS-CSHCN)

2007 Survey of Adult Health and Transition (SATH)

National Health Care Transition Center

- **Six Core Elements for Practice Transformation**
  - Transition policy
  - Transitioning youth registry
  - Transition preparation (skills checklist)
  - Transition planning
  - Transfer of care process (checklist)
  - Transition completion

GotTransition.org

Key Challenges for Quality Measure Development

- **When should transition quality be assessed?**
- **Which populations should be assessed?**
- **What should be measured?**
  - Lack of data linking consensus-based recommendations with improved health outcomes in adult care systems

Which Stage of the Transition Process Should Be Included In A Patient-Reported Measure?

Potential stages to measure:

1. Quality of preparation for transfer
   - Transition readiness (patient attributes)

2. Quality of transfer to adult-focused care
   - Challenge to identify individuals immediately post-transfer

3. *Quality of adult care → beyond the scope*

What is the Target Population for Measurement?

- **Individuals 16 to 26 years old**
- **Patient-reported measure**
  - Parent-reported (as proxy for some)
- **Youth with chronic conditions**
  - Identification of patients under discussion
- **Focus on transition preparation**

Potential Domains for Patient-Reported Measures

Domain	Potential Sub-Domain
Chronic Condition Self-Management	• Patient-Reported Transition Readiness
Communication	• Patient with Health Care Providers • Between Health Care Providers
Care Coordination	• Written transition goals • Transition planning • Preparation for transfer • Existence of care coordinator • Information transfer – written summary
Satisfaction with Health Care Experience	
Health Care Utilization	• Identification of Personal HC Team • Use of Emergency Care • Lapses (Gaps) in Care • Access to Services
Health Care Financing	• Knowledge of Insurance • Help Obtaining Insurance
Young Adult Developmental Milestones	
Social Support	

Focus Group Design

- **Collaboration with the University of Massachusetts Center for Survey Research**
- **Plan for eleven focus groups composed of:**
  - Parents of children with a chronic health condition
  - Young adults (19-26) with a chronic health condition
  - Adolescents (16-18) with a chronic health condition
- **To be conducted in 3 locations nationally, in both English and Spanish**
  - Boston, Chicago, Los Angeles
- **Goal to inform domains / items for subsequent survey / measure**

Feasibility of a Claims-Based Measure

- **Potential Measures**
  - Gaps in care
  - Age at first transition
  - Health care utilization measures
    - Acute care, Primary care, Specialty care
- **Potential data sources for development**
  - Medicaid: (MAX data, MA Medicaid managed care plans)
  - Commercial health plans
    - Local: Harvard Pilgrim (includes NH SCHIP population)
    - National: United Healthcare
  - All-Payer Claims Databases (APCDs) from MA or other states

Feasibility of a Claims-Based Measure

Percent of Patients Enrolled At Age 16 Continuously Enrolled into Adulthood

HPHC (all)

80%
70%
60%
50%
40%
30%
20%
10%
0%

19 20 21 22 23 24 25 26

Feasibility of a Claims-Based Measure

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HPHC (CC)

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Next Steps

- **Patient-reported transition measure**
  - Focus groups
    - Moderator guides currently in development
    - Plan for initial groups in early 2013
    - Data to inform development of multiple patient-reported measurement items
- **Exploration of claims-based transition measure**
  - Develop candidate claims-based measures using HPHC data
  - Conduct validation surveys linked to claims data
  - Assess feasibility in Medicaid data

Questions / Discussion