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

Massachusetts Child Health Quality Coalition Meeting
January 30, 2013
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

Gregory Sawicki, MD, MPH
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 ≥ 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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Potential Sub-Domain</th>
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<tbody>
<tr>
<td>Chronic Condition Self-Management</td>
<td>• Patient-Reported Transition Readiness</td>
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<td>Communication</td>
<td>• Patient with Health Care Providers</td>
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<td>Care Coordination</td>
<td>• Written transition goals</td>
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<td>Satisfaction with Health Care Experience</td>
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<td>Health Care Utilization</td>
<td>• Identification of Personal HC Team</td>
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<td>Health Care Financing</td>
<td>• Knowledge of Insurance</td>
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<td>Young Adult Developmental Milestones</td>
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<td>Social Support</td>
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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)
Feasibility of a Claims-Based Measure

Percent of Patients Enrolled At Age 16 Continuously Enrolled into Adulthood

- HPHC (all)
- HPHC (CC)
Feasibility of a Claims-Based Measure

Percent of Patients Enrolled At Age 16 Continuously Enrolled into Adulthood

- HPHC (all)
- HPHC (CC)
- United (all)
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