

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

**Massachusetts Child Health Quality
Coalition Meeting
January 30, 2013**



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Update on CEPQM Activities



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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



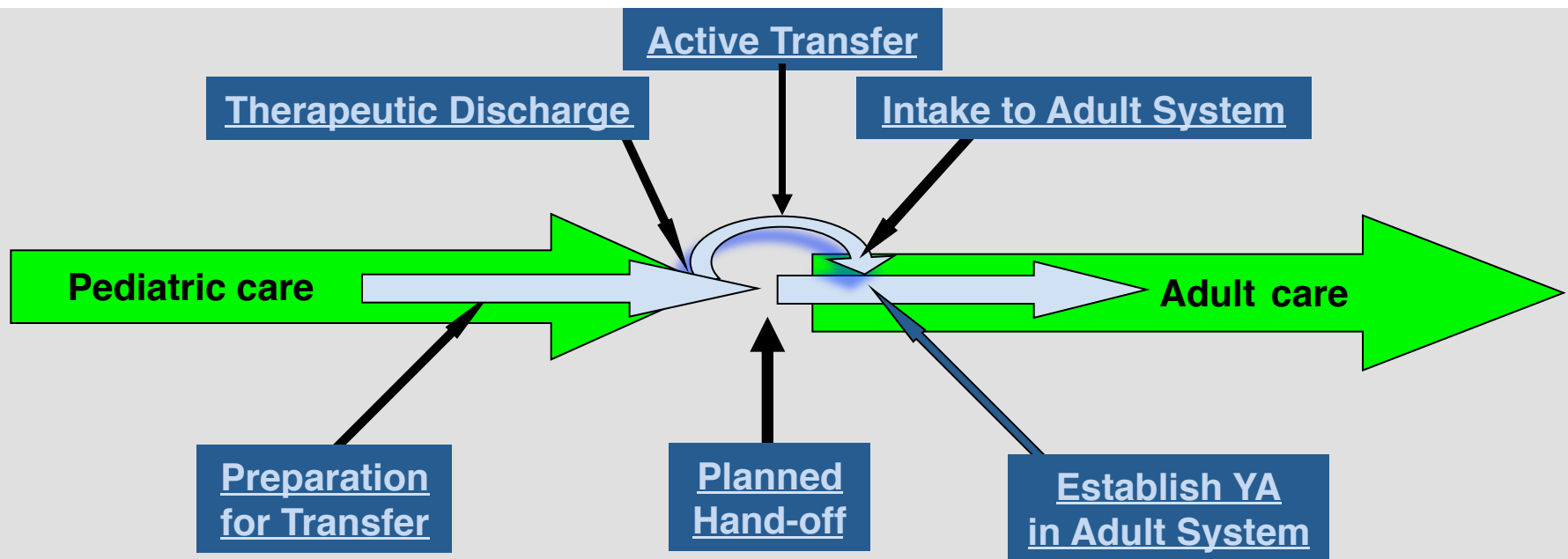
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Definition of Health Care Transition

- **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



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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	<ul style="list-style-type: none"> • Patient-Reported Transition Readiness
Communication	<ul style="list-style-type: none"> • Patient with Health Care Providers • Between Health Care Providers
Care Coordination	<ul style="list-style-type: none"> • Written transition goals • Transition planning • Preparation for transfer • Existence of care coordinator • Information transfer – written summary
Satisfaction with Health Care Experience	
Health Care Utilization	<ul style="list-style-type: none"> • Identification of Personal HC Team • Use of Emergency Care • Lapses (Gaps) in Care • Access to Services
Health Care Financing	<ul style="list-style-type: none"> • 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

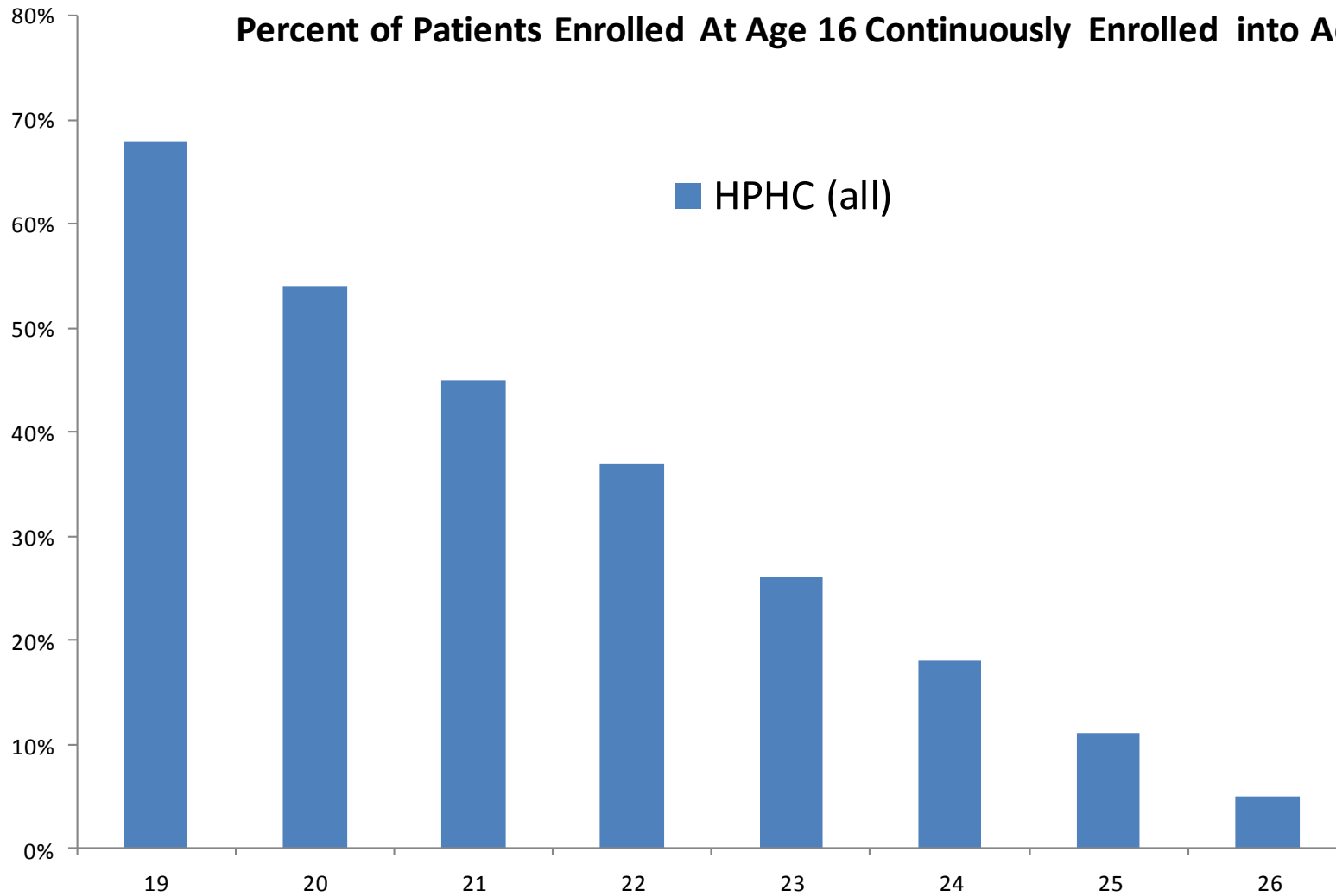
- **Potential data sources for development**

- 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



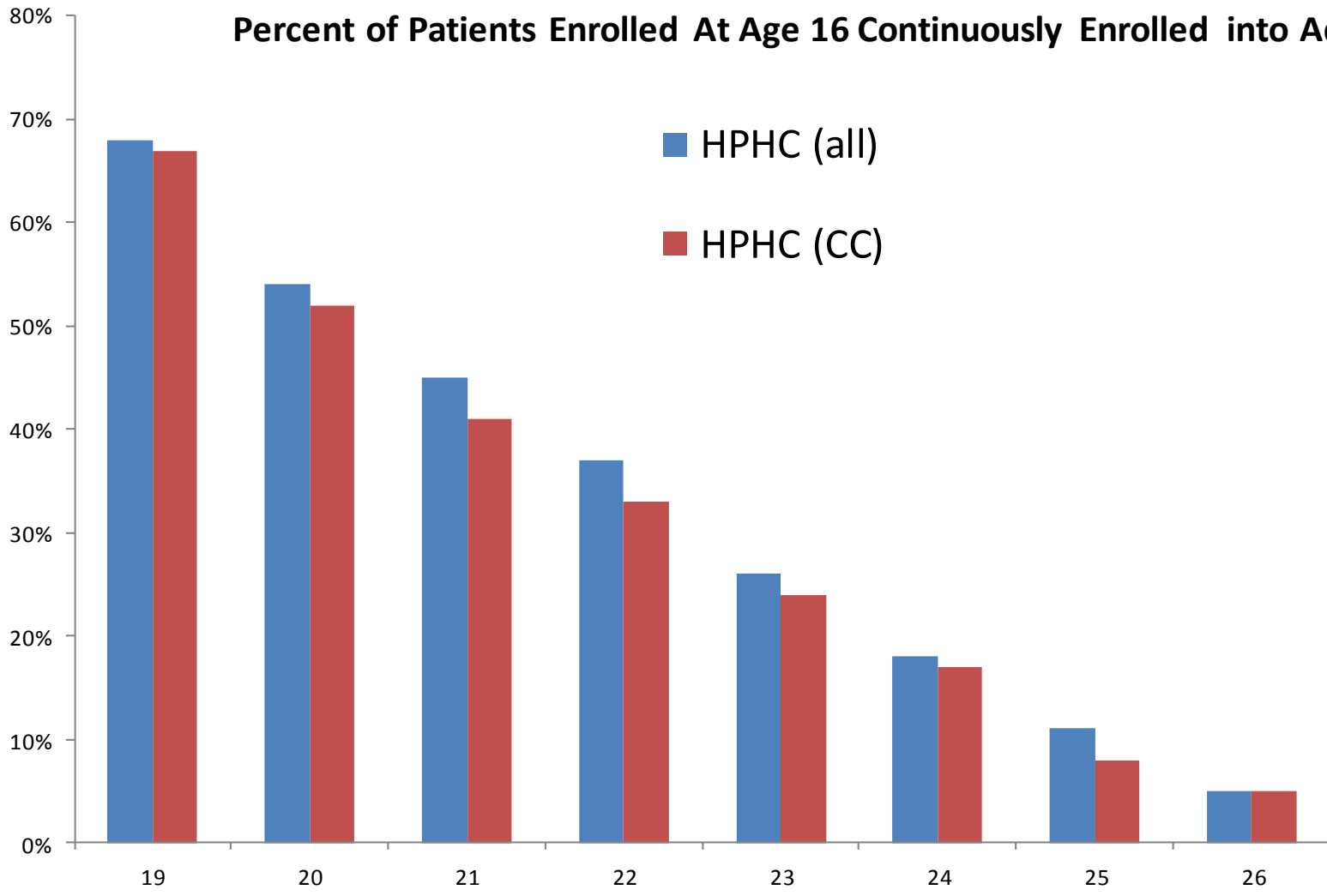
Feasibility of a Claims-Based Measure

Percent of Patients Enrolled At Age 16 Continuously Enrolled into Adulthood



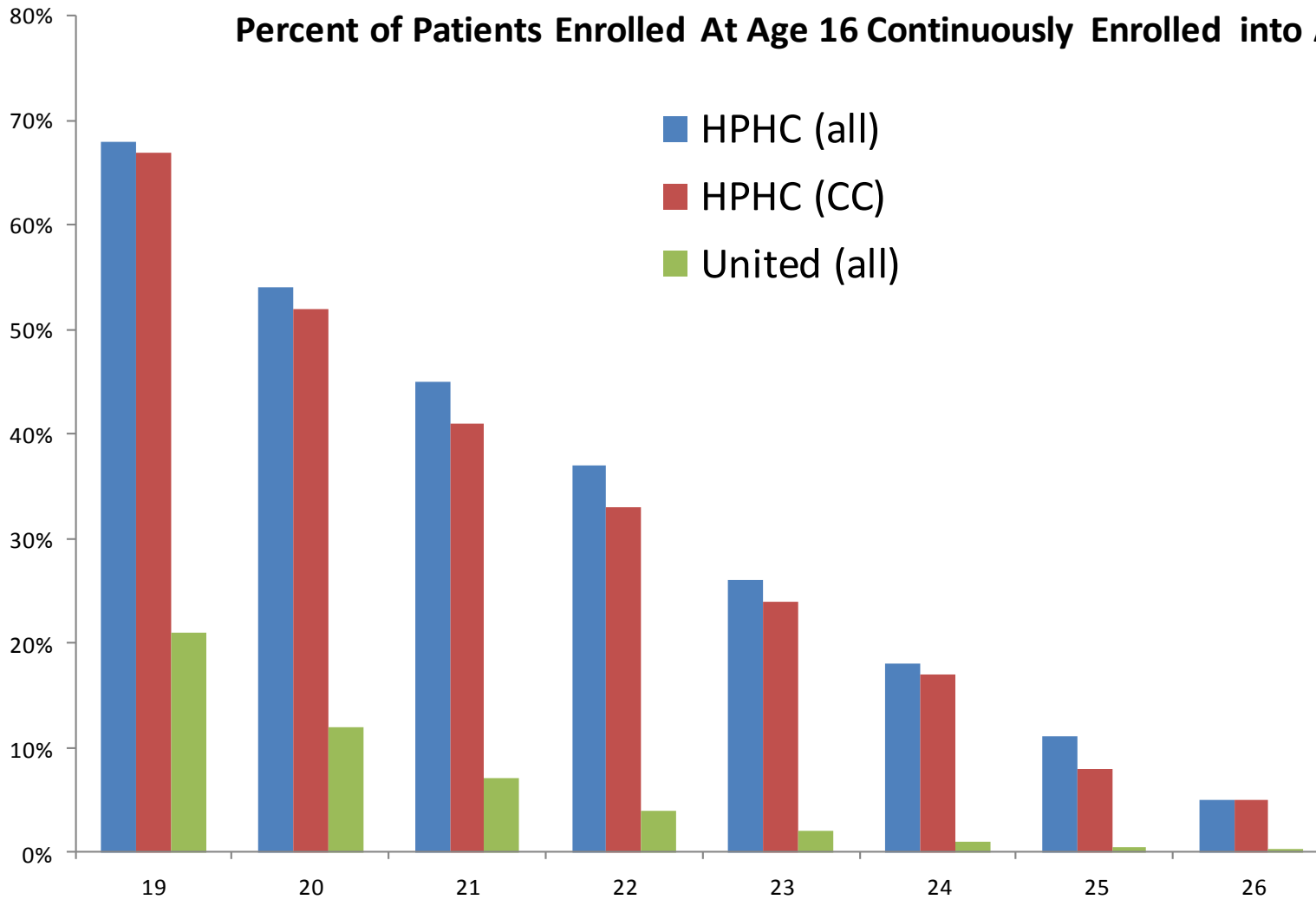
Feasibility of a Claims-Based Measure

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Feasibility of a Claims-Based Measure

Percent of Patients Enrolled At Age 16 Continuously Enrolled into Adulthood



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



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