CHIPRA Demo Grant CHQC-- Measure Development Results Summary

The CHIPRA demonstration grant Child Health Quality Coalition (CHQC) organized a measure development workgroup (MDW) to develop measures in the area of care coordination for pediatric behavioral health. This work was heavily informed by the key elements of care coordination framework produced by the care coordination key elements task force of the CHQC. Through a modified RAND Delphi method, new and existing measures were proposed and rated to evaluate quality of care coordination for children with behavioral health needs.

Results:

Eight new measures and one HEDIS measure had acceptable ratings for validity and feasibility. Acceptable measures incorporated all of the domains in the Care Coordination Framework.

Care Coordination Key Element	***Measures From Rand Process***
Needs assessment for care coordination and continuing care coordination engagement	The percent of individuals 0-21 years of age with behavioral health diagnoses, who have, documented in their medical charts, a needs assessment for care coordination services, based on an assessment that used a standardized tool, for whom a care coordination plan was created with: family and child involvement and goals that have been set to meet their care coordination needs.
Care planning and communication	The percent of primary care patients who are under the care or receiving care from a behavioral health provider whose primary care provider chart has a documented plan for follow-up of their behavioral health condition(s) linked to well child visits.
Facilitating care transitions to/from inpatient settings; across ambulatory settings (PCPs, sub-specialists including behavioral health)	1. The percent of pediatric patients, discharged from the ED with behavioral or mental health diagnoses, to ambulatory care or home health care, or their caregiver(s), who received a transition record at the time of ED discharge including, at a minimum, all of the specified elements. 2.Existing HEDIS Measure- The percent of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days
Connecting with community resources and schools	1. The percent of parents/caregivers with children who have behavioral health diagnoses and report that they were offered family-to-family support services to assist them, as assessed by a survey. 2. The percent of children who have behavioral health diagnoses who have documentation in the primary care chart that they or their parents/family/care-giver were offered family-to-family support services to assist them. 3. The percent of parents with children with behavioral health diagnoses who reported that they were offered a contact person or provider to help facilitate communication regarding care between schools, state agencies, and other community resources; serving as a central person supporting the care received across all domains, as assessed by a survey.
Transitioning to adult care	1. Percent of individuals 14-21 years of age with behavioral health diagnoses and that may require care into adulthood, that have documented in their primary care chart that they are included in their primary care practice's registry or up-to-date list of individuals 14-21 years of age with behavioral health diagnoses. 2. Percent of individuals 14-21 years of age with behavioral health diagnoses, that may require care into adulthood, that are included in their behavioral health practice's registry or up-to-date list of adolescents 14-21 years of age.

CHIPRA Demo Grant CHQC-- Measure Development Results Summary

The modified RAND Delphi Method has 2 groups: behavioral health and quality measurement experts to develop proposed measures for feasibility and validity(the pre-work group), and a multi-stakeholder group of experts to evaluate the measures based on expert opinion and literature (the selection committee). See appendix for membership listings.

Pre-Work Group Goal and Objectives:

Timeline- work completed January through July 2013

Achieved Goal: Work collaboratively through a rigorous literature and measure review process, to develop measures of quality care coordination for children with behavioral health needs.

Completed Objectives:

- Reviewed the landscape of candidate measures for care coordination for children with behavioral health needs.
- Reviewed existing and potential measures of care coordination.
- Reviewed existing pediatric behavioral health measures.
- Aligned and selected existing and potential measures based on the care coordination key elements framework.
- Proposed new measure concepts in alignment with the care coordination framework.
- Proposed a set of 32 measures to be reviewed by the Measure Selection Committee.

Measure Selection Committee Goal and Objectives:

Timeline- work completed October 2013 through February 2014

Achieved Goal: Convened a multi-stakeholder group of quality measurement, pediatric, and behavioral healthcare experts to review the proposed measures of the Pre-Work Group. Rated those measures on feasibility and validity, according to a modified RAND Delphi Method, to determine the best measures to propose to CHQC and the grant sponsors (AHRQ and CMS).

Competed Objectives:

- Recruited the measure selection committee members representing all stakeholders groups, with support from CHQC leadership.
- Trained the measure selection committee members on the rating of measures based on feasibility and validity according to the RAND Delphi Method, including review of the care coordination key elements framework and foundation research behind the measures.
- Completed preliminary rating of the proposed measures.
- Convened a 2-day in-person meeting of the selection committee to review all proposed measures, preliminary ratings, and complete final ratings (February 6-7, 2014).
- Completed an executive summary of the Measure Selection Committee final rating results March.

Rand Process Summary:

The intensive review of the 32 proposed measures involved preliminary rating of the measures and an in-person 2 day discussion of the numerator and denominator of each measure and the consideration of the validity and feasibility of each. Each member of the committee provided preliminary ratings of the 32 proposed measures independently. At the 2-day discussion each member was provided with a report of how their preliminary rating compared with the de-identified ratings of the rest of the group and details of the comments they made on each measure in the preliminary rating. Committee members were also provided with draft specifications of each of the 32 measures including measure description, numerator, denominator, data source, background/rationale, measure source/endorsement, and Measure Type (Structure/Process/Outcome). Each committee member was asked to rate all measures on a nine point scale for two dimensions: validity and feasibility defined as follows:

CHIPRA Demo Grant CHQC-- Measure Development Results Summary

Validity: **A quality measure should be considered *valid* if:**

a) There is adequate scientific evidence or, where evidence is insufficient, expert professional consensus to support a stated relationship between structure, process and or outcome as defined above.
b) There are identifiable health benefits to patients who receive care specified by the measure.
c) Based on the committee members' professional experience, physicians with significantly higher rates of adherence to the measure would be considered higher quality providers.
d) The majority of factors that determine adherence to a measure are under the control of the physician or are subject to influence by the physician.

Ratings of:

- 1 to 3 mean that the measure is not a valid criterion for evaluating quality;
- 4 to 6 mean that the measure is an uncertain or equivocal criterion for evaluating quality;
- 7 to 9 mean that the measure is clearly a valid criterion for evaluating quality.

Feasibility: A quality measure should be considered *feasible* if:

a) The information necessary to determine adherence to the measure is easily attainable, for example, likely to be found in the average medical record, or failure to document such information is itself a marker for poor quality;
b) Estimates of adherence to the measure based on medical records or survey data are likely to be reliable and unbiased. Reliability is the degree to which assessment of adherence to the measure will be free from random error.

Ratings of:

- 1 to 3 mean that it is not feasible to find the information necessary to reliably score the measure in the average medical record;
- 4 to 6 mean that there will be considerable variability in the feasibility of finding the necessary information to reliably score the measure;
- 7 to 9 mean that it is clearly feasible to find the information necessary to reliably score the measure.

Rationale behind the nine-point scale:

The nine point scale has been used for more than two decades at RAND in developing explicit measures for evaluating appropriateness and quality. Essentially these methods require individuals who rate quality measures to place them into one of three categories (valid criterion for quality, equivocal criterion for quality, invalid criterion for quality) and each category can be rated on a three point scale to allow for some variation within each category. The scale is ordinal so that a 9 is better than an 8 and so on. Because quantities (e.g., risk-benefit ratios) are not assigned to each number on the scale, the difference between and 8 and a 9 is not necessarily the same as the difference between a 5 and a 6. Explicit ratings are used because in small groups some members tend to dominate the discussion and this can lead to a decision that does not reflect the sense of the group.

Conclusion:

Through the modified RAND Delphi Method the measure development pre-work group and selection committee successfully identified 8 new quality measures to support the improvement of care coordination for children with behavioral health needs. These measures represent the key elements of care coordination framework with at least one measure for each key element. These measures and the potential for field testing will be reviewed by the CHQC and the CHIPRA Grant Leadership in spring and summer of 2014.

Appendix

Pre-Work Group Members

Co-Chairs:

- Kathy Jenkins MD, MPH – Chief Safety and Quality Officer, Boston Children's Hospital
- Jan Singer MPH - VP of Programs and Operations, Mass. Health Quality Partners

Members:

- Richard Antonelli MD MS - Medical Director, Integrated Care and Strategic Partnerships, Boston Children's Hospital
- Eugenia Chan MD, MPH - Developmental Medicine Center, Boston Children's Hospital
- Kathy Coltin MPH - Director, External Quality Data Initiatives at Harvard Pilgrim Health Care
- Marguerite Dresser MS - VP of Information Systems & Data Analytics, Mass. Health Quality Partners
- Karen Hacker MD, MPH - Director, Allegheny County Health Department was Senior Medical Director, Public and Community Health for Cambridge Health Alliance at time of membership
- Constance Horgan ScD - Professor and Director, Institute for Behavioral Health The Heller School at Brandeis
- Roslyn Murov MD - Director of Outpatient Psychiatry Services, Boston Children's Hospital.
- Michael Murphy Ed.D – Department of Psychiatry, Mass. General Hospital

Selection Committee Members:

- Deborah Allen ScD. - Director of Child, Adolescent, and Family Health Bureau, Boston Public Health Commission
- Eugenia Chan MD, MPH - Developmental Medicine Center, Boston Children's Hospital
- Kate Hobbs Knutson MD. - Associate Medical Director, MassHealth
- Lauren Mednick, PhD – Department of Psychiatry, Boston Children's Hospital
- Michael Murphy Ed.D – Department of Psychiatry, Mass. General Hospital
- Mary J. O'Brien RN PhD - School Nurse in the Boston Public School System, Founding member of Massachusetts School Nurse Research Network
- Barry Sarvet, MD. - Chief of Child and Adolescent Psychiatry, Bay State Medical Center
- Snehal Shah MD, MPH - Director of Office of Research and Evaluation, Boston Public Health Commission
- Julia Swartz MSW, LICSW, CEIS - Clinical Director and Clinical Social Worker, Compass Medical

Groups' Coordinator and Facilitator: Ayesha Cammaerts, MBA – Project Manager, Boston Children's Hospital