

**Summary of
CHIPRA Core Quality Measures
Development Process*
and
NICHQ/NQF Invitational Meeting**

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National Oral Health Conference

St. Louis, MO

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** Adapted from K. Lohr 11/13/2009 Presentation to AHRQ NAC*

CHIPRA – Title IV, Sec. 401(a)

123 STAT. 72

PUBLIC LAW 111-3—FEB. 4, 2009

supplemental benefits required under paragraph (10)(E) of such section or other authority.”

TITLE IV—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES

SEC. 401. CHILD HEALTH QUALITY IMPROVEMENT ACTIVITIES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.

(a) DEVELOPMENT OF CHILD HEALTH QUALITY MEASURES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—Title XI (42 U.S.C. 1301 et seq.) is amended by inserting after section 1139 the following new section:

“SEC. 1139A. CHILD HEALTH QUALITY MEASURES.

“(a) DEVELOPMENT OF AN INITIAL CORE SET OF HEALTH CARE QUALITY MEASURES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—

“(1) IN GENERAL.—Not later than January 1, 2010, the Secretary shall identify and publish for general comment an initial, recommended core set of child health quality measures for use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contracts with such programs, and providers of items and services under such programs.

“(2) IDENTIFICATION OF INITIAL CORE MEASURES.—In consultation with the individuals and entities described in subsection (b)(3), the Secretary shall identify existing quality of care measures for children that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health

42 USC
13206-9a

Deadline
Publication

CHIPRA – Title IV, Sec. 401(a)

Section 1139A called for the Secretary of the U.S. Department of Health and Human Services (HHS) to “identify and publish for general comment an initial, recommended core set of child health quality measures for use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contracts with such programs, and providers of items and services under such programs.”

The legislation called for identification of “existing quality of care measures for children that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time.”

Source: Background Report for Federal Register Notice 2474-NC-CMS

CMS, AHRQ, NAC, and Subcommittee Roles

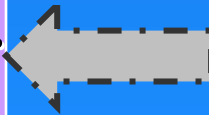
*Secretary,
HHS*

*AHRQ National Advisory Council
on Healthcare Research and Quality*

*Director,
AHRQ*

*Subcommittee on Children's
Healthcare Quality Measures for
Medicaid and CHIP Programs*

*Centers for
Medicare and
Medicaid Services*



Key Players for SNAC Work

SNAC Co-Chairs:

- Jeffrey Schiff, MD, MBA MN Dept. of Human Services
- Rita Mangione-Smith, MD, MPH, Univ. of Washington

AHRQ Staff:

- Denise Dougherty, PhD, Senior Advisor, Child Health and Quality Improvement

NAC Members:

- Timothy Brei, MD, FAAP
- Kathleen Lohr, PhD

Members:

- Another ~ 20 experts from clinical, Medicaid, CHIP, quality measurement, research, and policy fields

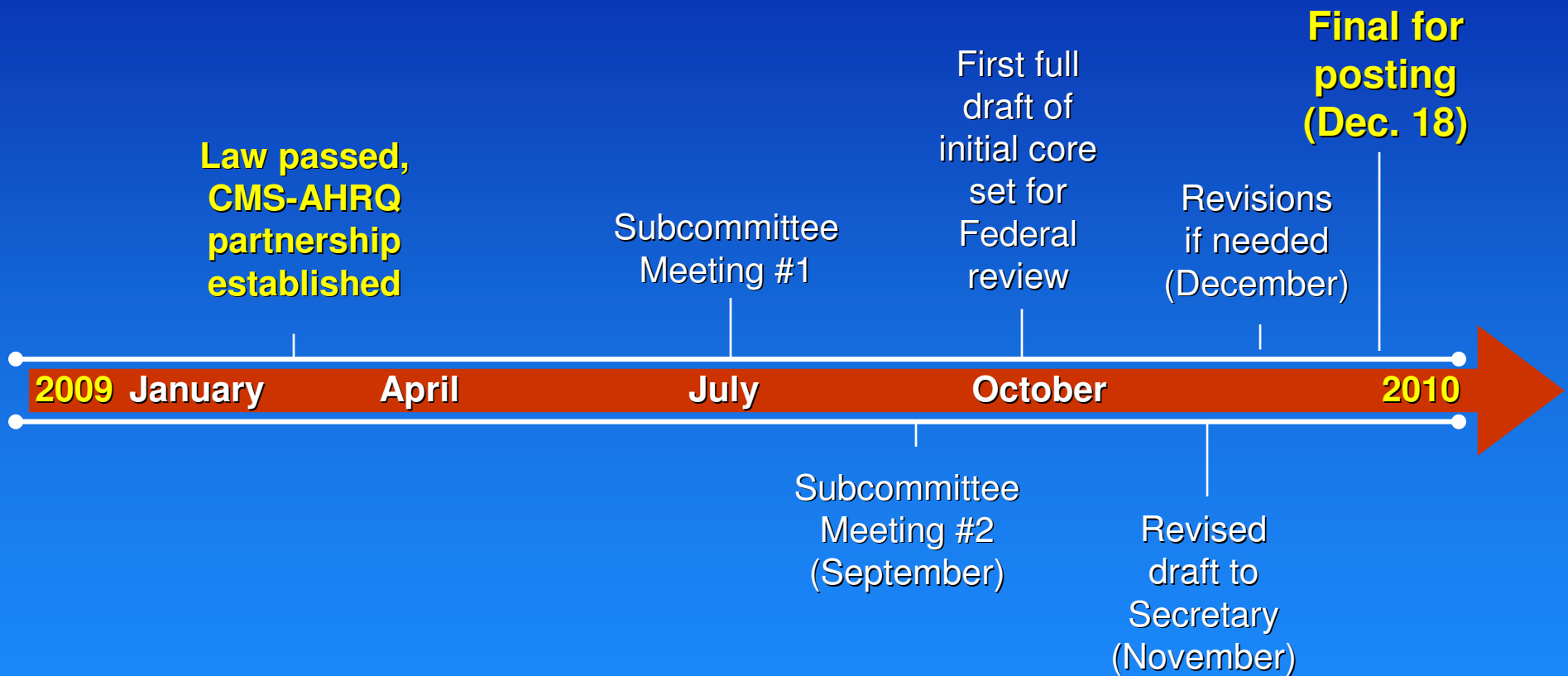
Subcommittee Charge

**Identify initial core
health care quality measurement set
for Medicaid and CHIP programs**

and in doing this

- **Provide guidance on criteria for identification of initial core set**
- **Provide guidance on a strategy for identifying additional measures in use for consideration**
- **Review and apply criteria to compilation of measures currently in use by Medicaid/CHIP**

Timeline for January 1, 2010 Posting for Public Comment



Key Points about Process (I)

- Three major criteria for selection of measures
 - Validity
 - Feasibility
 - Importance
- Philosophically, preferred to leave an ‘empty chair’ than to recommend quality measures that simply were too weak
- Sought breadth where possible
- Sought familiarity with or use of measures on part of Medicaid and/or CHIP programs
- Recognized nothing was going to be perfect

Key Points about Process (II)

- AHRQ had short amount of time to do this
- Immense effort by AHRQ staff and SNAC Co-Chairs over the summer
- Intense involvement, interest, contributions of subcommittee members
- Notable collaboration and collegiality with CMS

SNAC Nomination and Scoring Process

- Initial measure identification
- Delphi I – Validity and Feasibility (n=77 → 45)
- SNAC definitions of:
 - Validity (evidence, consensus)
 - Feasibility (available data & specifications)
 - Importance (substantial impact, cost, variation)
- Understanding of a “core, grounded, and parsimonious” set
- Broad measure nomination (n=121)
- Delphi II – Validity, Feasibility, Importance (n=65 → 70)
- Ranking process
- Final vote (n=25 – trimmed to 24 by Fed Q Workgroup)
- SNAC key issues

Key Features of the SNAC Public Process

- Transparent
- Multiple stakeholders per CHIPRA
- Public comment including public nominations of measures
- Focused on measures in use per CHIPRA
- Evidence-informed (per CHIPRA) SNAC Delphi processes June and August



Conceptual Framework for Scope of Core Measurement Set

Grounded → *Intermediate* → *Aspirational*
Measures Measures Measures

- Consensus of the subcommittee to focus on choosing grounded measures
 - **Grounded:** $N \approx 10-25$
 - currently feasible, many already in place
 - **Intermediate category:** $N = ?$
 - good specifications, some states already using them
 - **Aspirational:** measures needed to fill in the gaps

SNAC Recommended Core Quality Measure Set

**Ranking based on SNAC Priority Scores,
Legislative Topic, Condition, Age Group, Setting,
Source of Data**

Recommended Topics by Rank (per SNAC priority score) (I)

- 1 Immunizations for 2 year-olds (NCQA measure)
- 2 Frequency of ongoing prenatal care (NCQA measure)
- 2 Emergency Department Utilization - Average number of emergency room visits per member per reporting period
- 3 Annual number of asthma patients (> 1 year-old) with > 1 asthma-related ER visit (S/AL Medicaid Program)
- 4 Body Mass Index documentation 2-18 year olds (NCQA measure)
- 5 Well-Child Visits (three NCQA measures): (1) first 15 months of life; (2) third, fourth, fifth and sixth years of life; (3) Adolescent

Recommended Topics by Rank (per SNAC priority score) (II)

- 6 Total eligibles receiving preventive dental services (EPSDT measure – CMS-416 12b)
- 7 Adolescent immunization (NCQA revised for 2010)
- 8 HEDIS CAHPS 4.0 including supplements for children with chronic conditions and Medicaid Plans
- 9 Timeliness of prenatal care (NCQA measure)
- 10 % of live births weighing less than 2,500 grams
- 11 Rates of screening using standardized screening tools for potential delays in social and emotional development
- 12 Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) (Medication Continuation and Maintenance Phase – NCQA measure)

Recommended Topics by Rank (per SNAC priority score) (III)

- 13 Annual dental visit (NCQA measure)
- 13 Child and adolescent Major Depressive Disorder (MDD) - suicide risk assessment
- 13 Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)
- 14 Chlamydia screening 16-20 year-old females (NCQA measure)
- 14 Followup after hospitalization for mental illness (NCQA measure)
- 16 Cesarean rate for low-risk first birth women

Recommended Topics by Rank (per SNAC priority score) (IV)

- 16 Access to primary care practitioners, by age and total
- 16 Use of clinician & group primary care CAHPS survey for practitioners participating in Medicaid and CHIP (CAHPS family of measures)
- 17 Total EPSDT eligibles who received dental treatment services (EPSDT measure – CMS-416 12c)
- 17 Pediatric catheter-associated blood stream infection rates (PICU/NICU)
- 18 Pharyngitis: appropriate testing (NCQA measure)
- 18 Otitis media with effusion: avoidance of inappropriate use of systemic antimicrobials

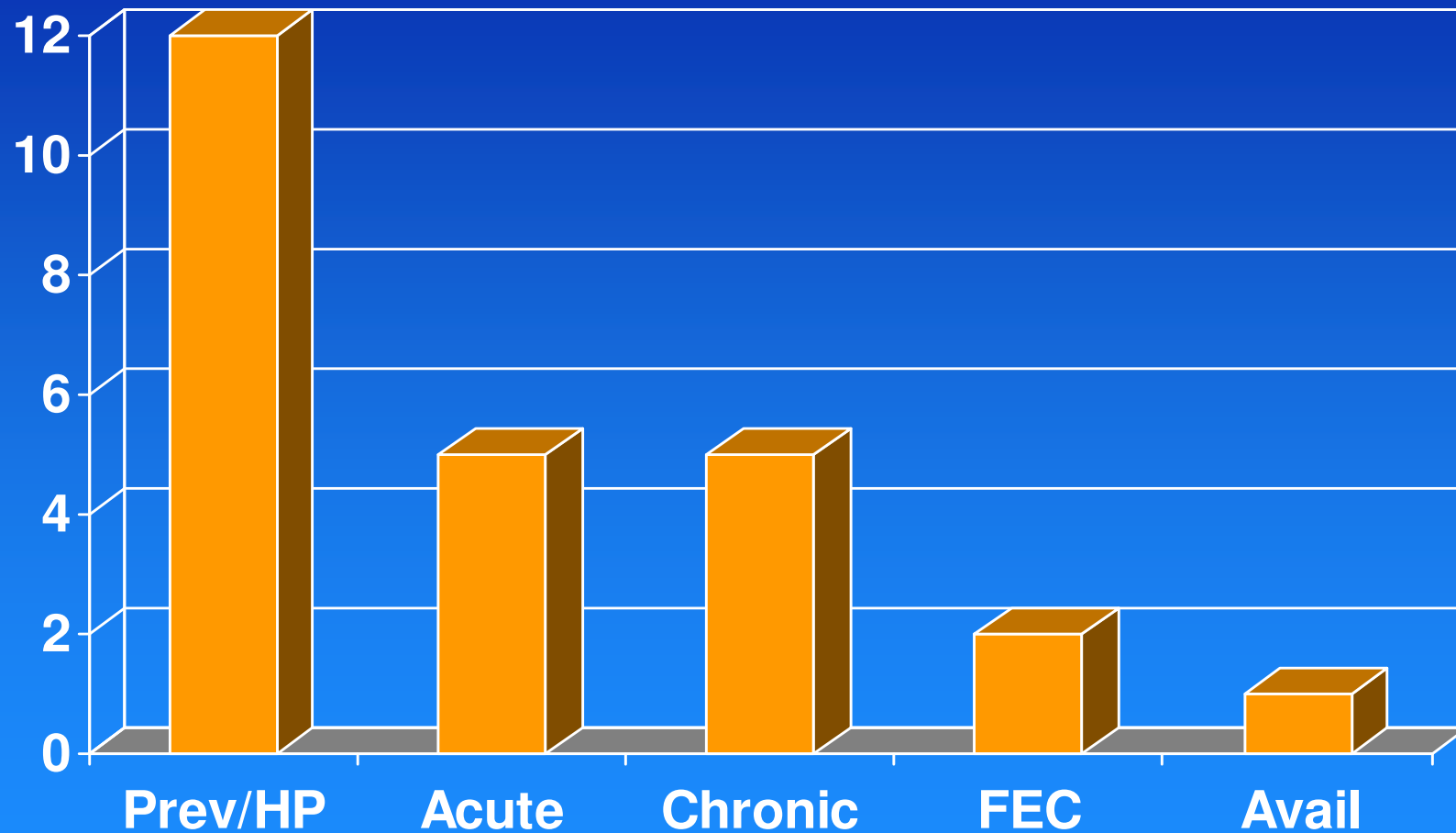
Multiple Conditions Represented

Condition	Number
Multiple conditions (e.g., vaccine-preventable)	5
Pregnancy and childbirth	4
Social, emotional, mental health conditions	4
Dental	3
Upper respiratory infection	2
Vaccine-preventable diseases (multiple)	2
Overweight	1
Asthma	1
Diabetes	1
Sexually transmitted infections	1
Preventable infection (e.g., vaccine-preventable)	1

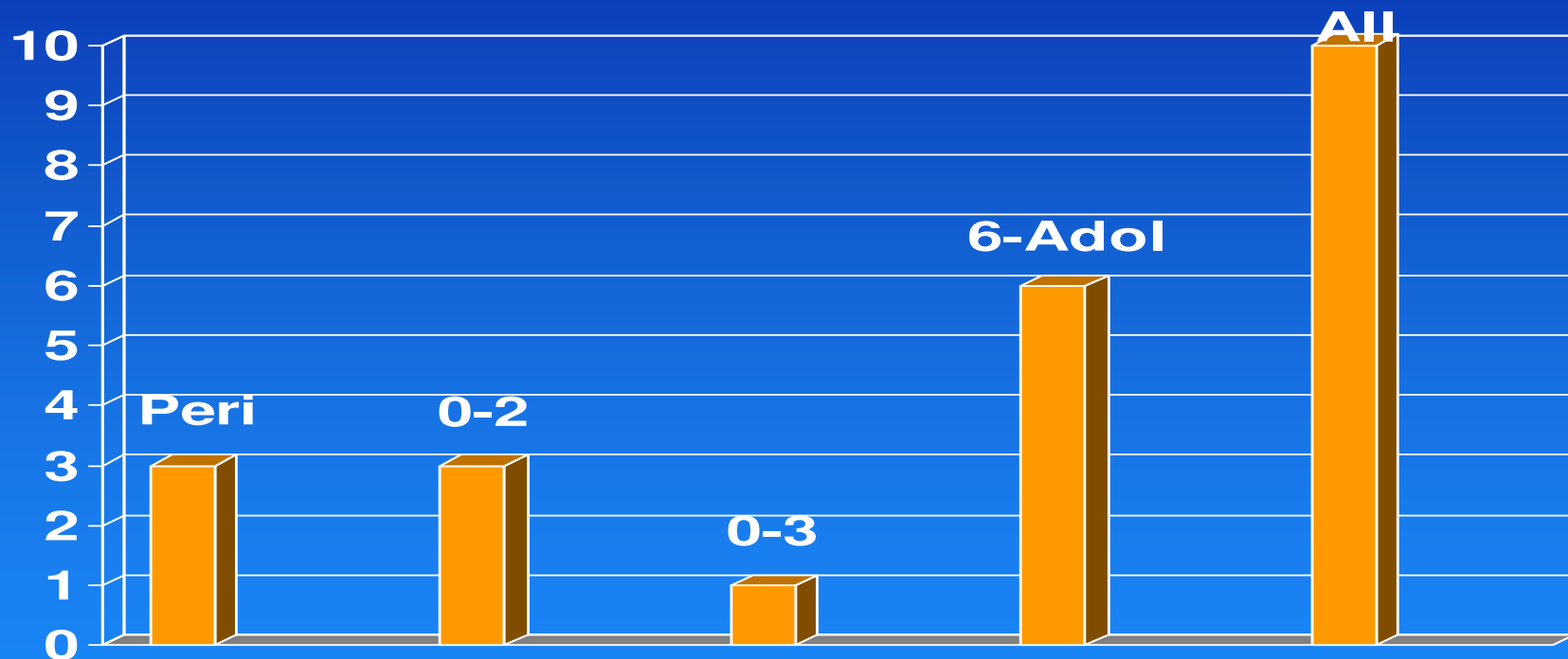
Measure Areas by CHIPRA Legislative Topic

Prevention/health promotion	11
Management of acute conditions	5
Management of chronic conditions	5
Family experiences of care	2
Availability/access	2
Duration of enrollment/coverage	0
Most integrated health care setting	0

Most Measures Focus on Prevention/Health Promotion

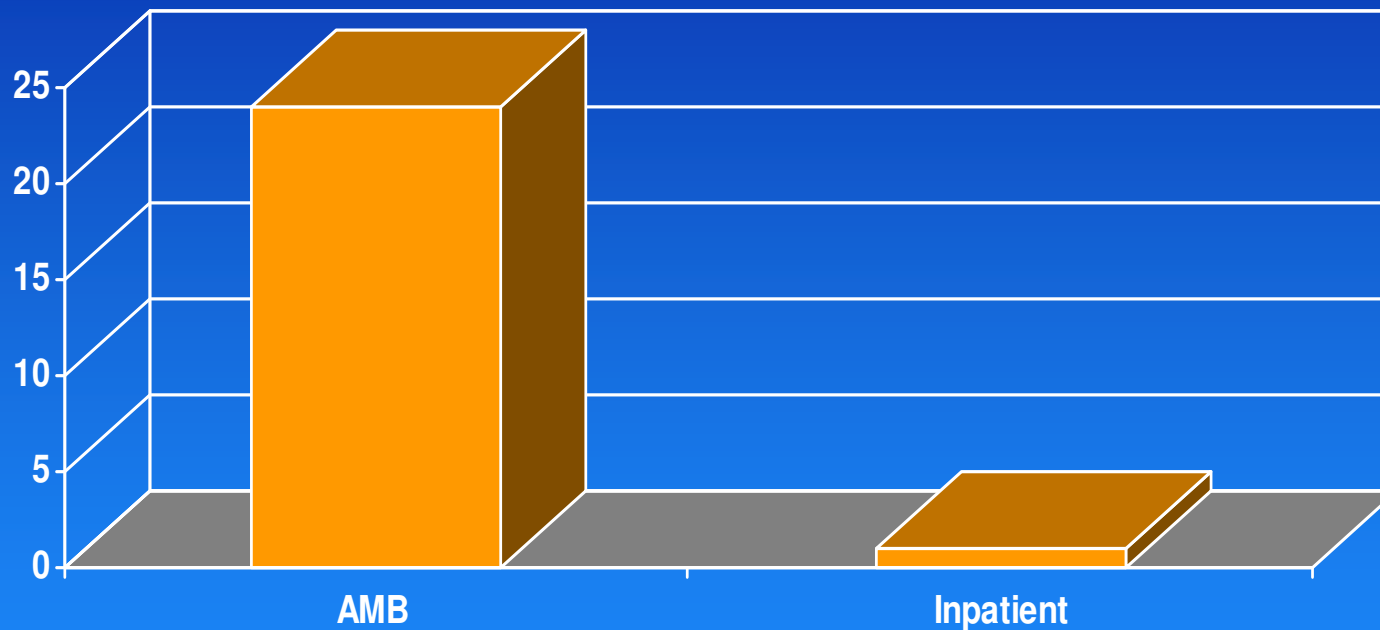


Most Measures Cross All or Most Age Groups



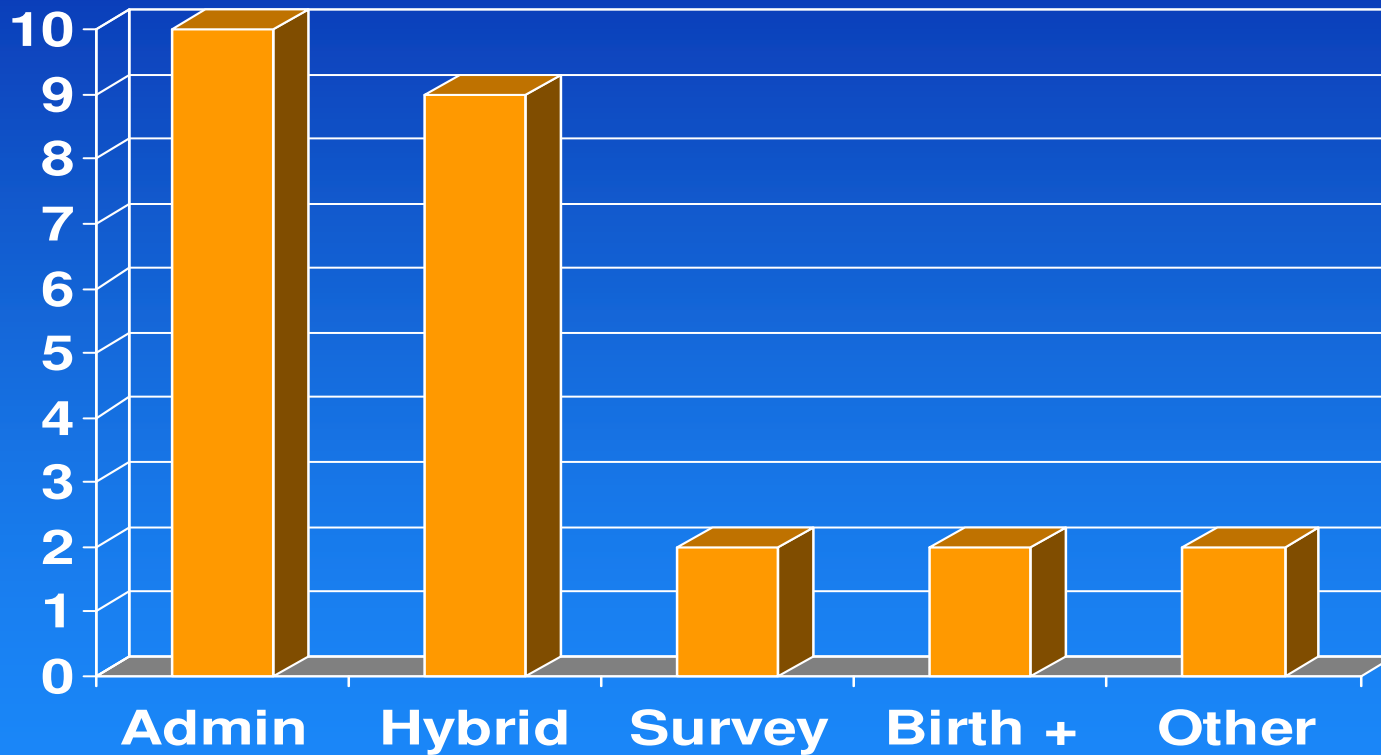
Note: SNAC voted to include all well-child visits (ages 15 mos-13 y) as one measure. Perinatal measures are for babies; they are not counted separately here as adolescent measures.

All but One Measure is for Ambulatory Settings



Note: Ambulatory includes Emergency department; dental care; specialty care

Topics by Data Source



Note: Admin = Admin only; Hybrid = admin + chart;
Birth + = Medicaid enrollment plus birth certificate data.
Other refers to 2 dental EPSDT measures.

Post-SNAC Review by CHIPRA Federal Quality Workgroup

Following on these comments, AHRQ and CMS staff examined the SNAC-recommended set and agreed to the following modifications for purposes of public posting: (1) separate the well-child-care visit measures into three separate measures by age group; (2) eliminate from the set the National Committee for Quality Assurance (NCQA) annual dental visit measure; (3) eliminate the measure of suicide risk assessment for children with major depressive disorder; and (4) remove from the set the clinician-group level CAHPS[®] primary care survey. The annual dental visit measure was removed because two other dental measures were recommended using State/CMS Early Periodic Screening, Diagnosis, and Treatment (EPSDT) data.⁹ Suicide risk

Details -- Background report available at:
<http://www.ahrq.gov/chip/corebackgrnd.htm>

Major Issues Identified by the SNAC (I)

- Standardization of duration of enrollment measures
- Standardization of denominator across measures
- Expansion of measures use for the whole Medicaid/ CHIP population
- Improved disparities reporting

Standardization of Duration of Enrollment / Denominators

Vol. 66, No. 2, Spring 2006

97

J Public Health Dentistry

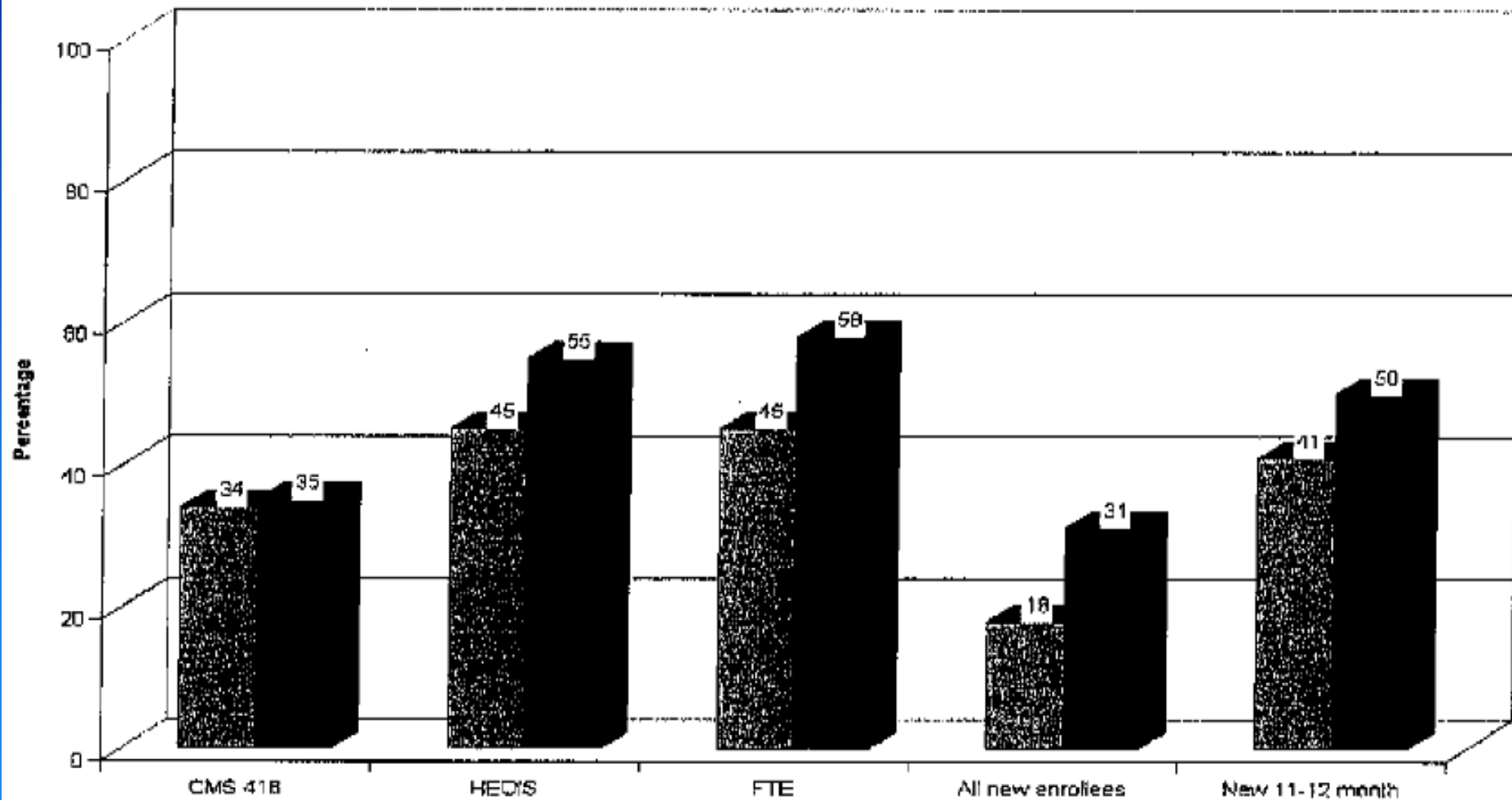
Determining Dental Utilization Rates for Children: An Analysis of Data from the Iowa Medicaid and SCHIP Programs

Peter Damiano, DDS, MPH; Elizabeth T. Momany, PhD; James J. Crall, DDS, ScD

Damiano et al, JPHD 2006 (1)

FIGURE 2

Comparison of four methods for percent with receipt of any dental visit

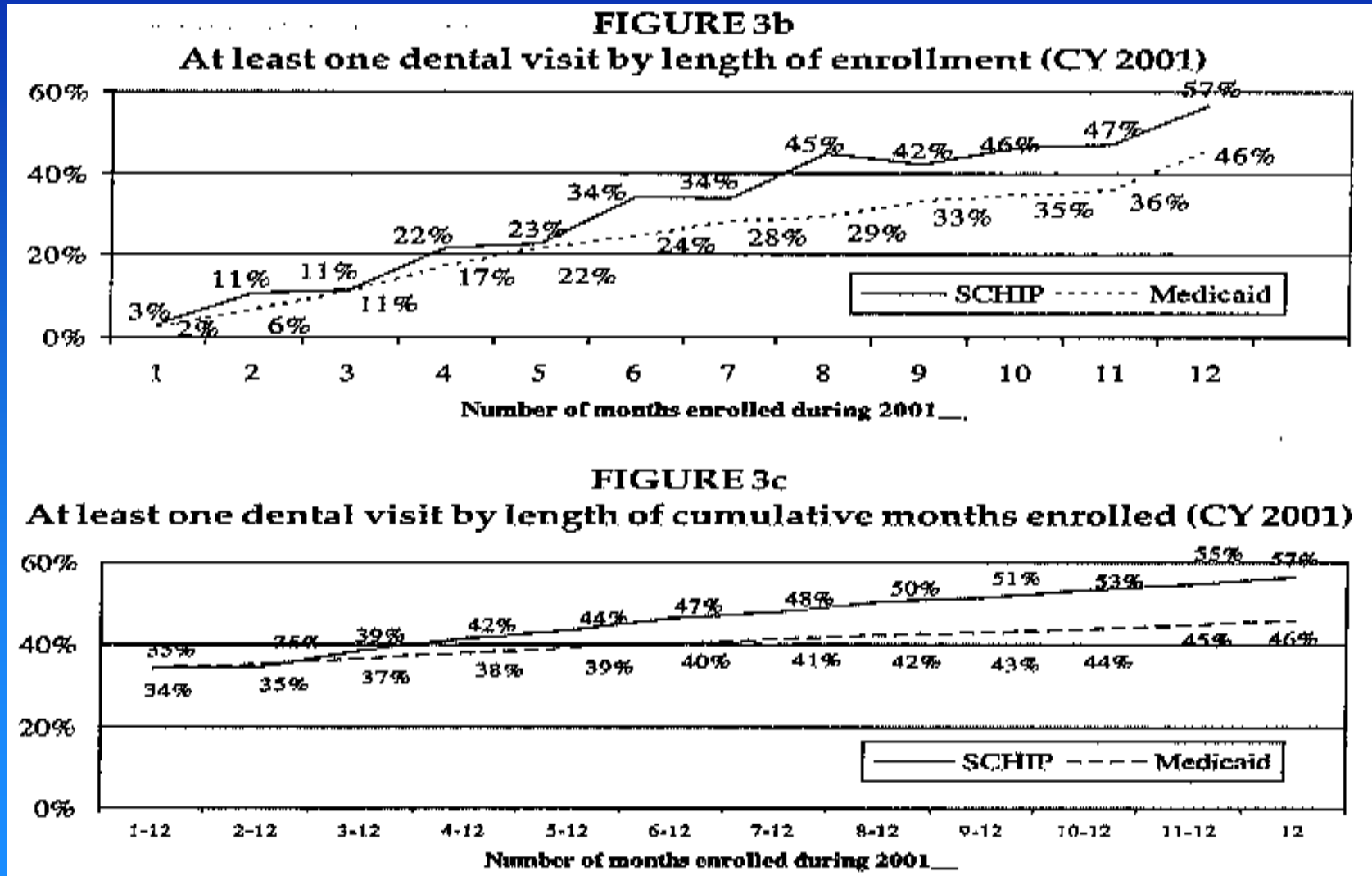


Damiano et al, JPHD 2006 (II)

TABLE 1
Demographics of children in Medicaid and S-SCHIP, CY2001

<u>Characteristic</u>	<u>Medicaid</u>	<u>S-SCHIP</u>
# Enrolled at any point in year	141,154	18,961
% Enrolled for 11-12 months	54.3	27.9
% of full-time equivalent enrollees	75.3	59.9
% of enrollees new to program	14.2	51.3
% of enrollees new to program and enrolled 11-12 months	1.0	5.4
Gender (% female)	50	50
Age (enrolled any point)		
% age 1-3	25.2	16.4
% age 4-7	19.2	18.5
% age 7-12	32.8	37.6
% age 13-18	22.8	27.5
% of enrollees at <50% of Federal Poverty Level	47%	Not available—all are between 133 and 200% FPL

Damiano et al, JPHD 2006 (III)



Major Issues Identified by the SNAC (II)

■ “Empty chairs”

1. Integrated health care system (medical home)
 - Proxies / Indicators for dental home???
2. Specialty care
3. Inpatient care
4. Care for substance abuse
5. Mental health treatment
6. Measures of integration of care with services outside of the health care system
7. Health outcomes

2010 NICHQ / NQF Invitational Conference (I)

- Invitational conference convened by the National Initiative for Children's Healthcare Quality (NICHQ) and the National Quality Forum (NQF), *Promoting Alignment: National Priorities and Child Health Measures* on January 21st -22nd, 2010 in DC.
- Intended to articulate a framework for measurement priorities for child health, with the goal of informing the upcoming measure development program to be established by the Secretary of HHS, as specified in 2009 CHIPRA legislation.
- Given the current potential for passage of significant health reform, we see this effort as providing guidance for child health quality measurement efforts beyond CHIP and Medicaid.

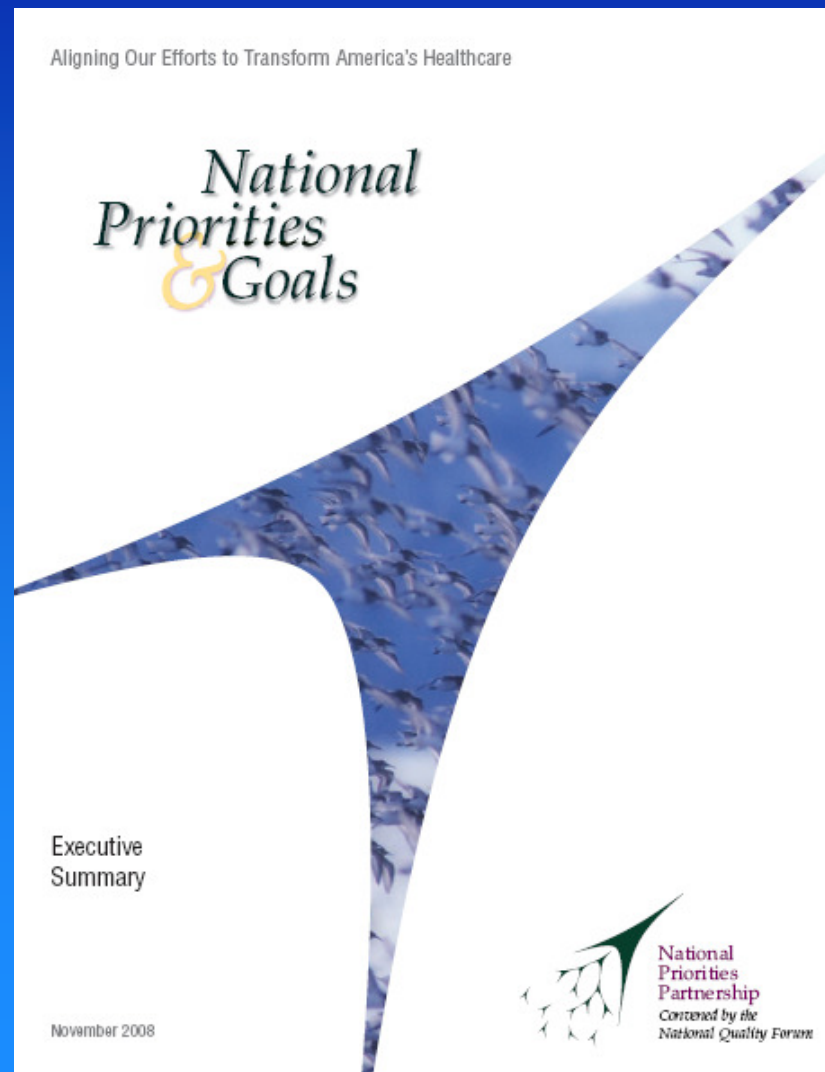
2010 NICHQ / NQF Invitational Conference (II)

- Premise is that children's health care will be well served if its measurement program builds on the frameworks and priorities broadly established in health care-- as most cogently articulated through the National Priorities Partnership (NPP).
- These frameworks need be interpreted and their criteria clarified and adjusted so that they best meet the specific needs of children and their families.
- This conference will begin to build this conceptual bridge.

NQF National Priorities Partnership

The Partnership has identified the following six Priorities as those with the greatest potential to eradicate disparities, reduce harm, and remove waste from the American healthcare system:

- Patient and Family Engagement
- Population Health
- Safety
- Care Coordination
- Palliative and End-of-Life Care
- Overuse



Dental / Oral Health Measures

- Interest in avoidable hospital use:
 - Emergency departments
 - General anesthesia
 - Admissions
- ‘Failures’ of dental care delivery systems
 - ‘Spillover’ into overloaded, costly facilities
 - Largely ineffective in addressing underlying problems

Thanks!

Questions???