NATIONAL QUALITY FORUM

CONFERENCE CALL FOR THE CHILD HEALTH STEERING COMMITTEE

June 24, 2010

Committee Members Present: Charles Homer, MD (co-chair); Marina Weiss, PhD (co-chair); Sharron Docherty, PhD, CPNP; Faye Gary, EdD, RN; Kathy Jenkins, MD, MPH; Phillip Kibort, MD, MBA; Thomas McInerny, MD; Jane Perkins, JD, MPH; Donna Persaud, MD; Ellen Schwalenstocker, PhD, MBA; ; Bonnie Zima, MD, MPH;

NQF Staff Present: Reva Winkler, MD, MPH (clinical consultant); Nicole W. McElveen, MPH (senior project manager); Heidi Bossley, MSN, MBA (senior director); Ashley Morsell, MPH (research analyst)

Measure Developers Present: Lisa Burgerson, Children's Hospital Boston; Michael Murphy, Massachusetts General Hospital; Nina Rauscher, Children's Hospital Boston; Scott Stumbo, Child and Adolescent Health Measurement Initiative (CAHMI); Nicolia Eldred, CAHMI; Christina Bethel, CAHMI

WELCOME AND INTRODUCTIONS

The co-chairs of the committee, Dr. Homer and Dr. Weiss, welcomed the Child Health Steering Committee and thanked them for their continued participation. A brief introduction and overview of the work completed was given and the objectives of the conference call were laid out. The call's objectives were to review two population-based survey measures and follow-up on evaluations for seven candidate measures that needed further clarification.

Following the discussion of the candidate measures, the committee casted their votes for endorsement recommendation via an electronic survey.

CANDIDATE STANDARDS REVIEW

Candidate Standards Recommended for Endorsement

Measure OT3-036: *Children who have no problems obtaining referrals when needed*

The Committee agreed it was important to measure and report, but held varying opinions on the scientific acceptability, usability, and feasibility. Some Committee members raised concerns about the possibility of reporter bias because this standard is based on a parent's report and the subjective evaluation of "needed" versus "wanted". The developer referenced a study conducted to evaluate the degree of need from a provider perspective and a parental perspective, and the results demonstrated lack of correlation. The Committee suggested this population-level measure could be supported by more specific provider-level measures to increase overall quality improvement. The measure developers also presented further information to clarify the Committee's concerns with this measure from the in-person meeting.

Further clarifications and revisions to the measure are as follows:

- The title of the submission should now read "Children who had problems obtaining referrals when needed";
- Reflecting the change in title of the submission, the denominator is now to be understood as only among children who have needed a referral in the past 12 months;
- The numerator is now to be understood in the negative, (e.g., as those who had a problem obtaining a referral in the past 12 months).

Overall, the Committee was favorable to recommending this measure for endorsement
Vote: **Yes-10, No-1, Abstain-1, Recommend with Conditions-1**

Measure OT3-038: *Children who receive effective care coordination healthcare services when needed*

This candidate standard measures the need and receipt of care coordination services for children who required care from at least two types of healthcare services. The Committee agreed this measure was important and liked the concept of capturing parental satisfaction. The Committee also agreed the candidate standard addresses two important areas, satisfaction with care coordination and satisfaction with communication. The Committee agreed that both measures were presented to show a clear relationship of two different characteristics. The measure developers split the measure into two components, and renamed the measures according to their domain and further clarified that the measures are framed in the negative (e.g., percent of children who did not meet).

The suggestions for the split measure are below.

- Care Coordination Measure
  - "Children who did not receive sufficient care coordination services when needed"
    - Denominator is clarified as being children who needed care coordination services in the past 12 months. The numerator is clarified as those who did not receive care coordination services.
- Care Coordination Communication measure
  - "Children who did not receive satisfactory communication among providers when needed"
    - Denominator is clarified as being children who needed care coordination communication among providers in the past 12 months. The numerator is clarified as being those who were not satisfied with that communication.

Vote: **Yes-9, No-3, Recommend with Conditions-1**

Measure OT3-041: *Children who attend schools perceived as safe*

The Committee agreed this measure fit well into the category of population based measures, and discussed the issue of perceived safety (noting differences within the community and schools). There is clearly a correlation between the safety of a community and the safety of a school. Additionally, there is a clear connection between the safety of schools and overall health in children.

The Committee discussed the similarities between this measure and the measure, "Children who live in communities perceived as safe". There is clearly a strong relationship between these measures, but the majority of the Committee believed they should remain separate. One Committee member mentioned that this measure presented a more actionable category for making changes and measuring those changes and this measure demonstrated favorable results for feasibility and usability. Overall, the Committee was favorable to recommend this measure for endorsement

Vote: **Yes -12 ; No-0;**

Measure OT3-045: *Measure of medical home for children and adolescents*

The Committee agreed the concept of a medical home was very important, but challenged whether this was measuring an outcome or process. They concluded that since the measure assesses parent's perception of attributes of a medical home, this measure falls within the scope of the outcome project. The Committee discussed the specific medical home concepts and the consistency of these concepts with national initiatives focused on the medical home, such as the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home standards. The Committee did recognize the idealistic nature of some concepts within the standard, however also considered the use and potential beneficial impact of implementation. Overall, the Committee was favorable to recommending this measure for endorsement.

Vote: **Yes – 7, No -4, Abstain -1**

Candidate Standards Recommended for Time-Limited Endorsement

OT3-029: *Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization*

The Committee agreed this hospital-level measure was important and demonstrated high face validity. In addition, it was noted that catheterization is evolving from a primary diagnostic modality to a significant interventional procedure in which the risk of adverse events is greater. Approximately 100 institutions perform catheterizations averaging 300 to 1,200 per year for an overall total of 50,000 procedures nationwide. An initial review of the measure raised concerns about the specifications and feasibility of the measure.

The Committee questioned why adults were included in the target population and suggested separating the children from the adults because the outcomes observed will vary based on the patient's age. The Committee discussed clearly defining adverse events. The developer addressed the concerns of the Committee by revising the measure to only include persons 18 years or younger and clarified the definition of adverse events as well as the settings and providers for which this measure is intended. The numerator now includes all clinically important adverse events and the phrase "cardiac catheterization for congenital heart disease" was replaced with "cardiac catheterization," but now require a provider (either

an individual operator or institution, depending on how the measure is being used) to perform at least 50 pediatric cardiac catheterization cases annually to be eligible for inclusion.

Vote: **Yes-9, No-1, Abstain-1, Recommend with Conditions-3**

OT3-043: *Pediatric symptom checklist (PSC)*

The Committee agreed this measure was important and mentioned the scarcity of psychosocial tests for young children, particularly those as young as four years old. This measure is intended for various levels of analysis; including clinician, program, and population-levels. The Committee raised concerns about the data to link the score of the PSC to an improved outcome, the lack of clarity in the measure's specifications and possible need for further development for use with Spanish-speaking populations. However, it was also recognized that this measure has been used in numerous studies as a "pre-post" evaluation tool of children. In addition, efforts are underway to allow primary care physicians the ability to diagnose and treat mild to moderate mental health problems in children. In response to the concerns of the Committee, the developer offered further insight on evidence used to how the PSC survey relates to outcomes, clarified the specifications of the measure, and demonstrated the use of this measure in addressing disparities. Specifically, the revised specifications are as follows:

- Numerator Statement: The numerator is the percentage of patients who had a decrease in total score of at least one point within six months of the first assessment with the Pediatric Symptom Checklist. Total score on the PSC is the weighted (0, 1, or 2) for each item's response (never, sometimes, or often), summed over all 35 items, with a possible total score range of 0-70. This continuous total score can be recoded to provide a categorical rating of whether the child is a probable 'case' or 'non case'. A probable case is a child who has a PSC total score above an empirically determined cut-off point. For school aged children in a normative US pediatric sample, scores of 28 or higher are considered to indicate the presence of a psychosocial problem and a positive screen, with CPT modifier U2 coded for positive screens.

- Denominator Statement: Patients 4-16 years of age who had the PSC given as a Physician-Administered Developmental, Behavioral and Emotional Screening (CPT code 96110) as part of a pediatric visit or children in this age range whose overall psychosocial functioning is being assessed in other venues.

Overall the Committee was favorable to recommend this measure for time-limited endorsement.

Vote: **Yes-10, No -3**

OT3-046: *Validated family-centered survey questionnaire for parents' and patient's experiences during inpatient hospital stay*

The Committee voiced great enthusiasm for this measure and agreed it was important to measure and report. They also noted the similarities between this survey and the Hospital Consumer Assessment of Healthcare Provider Surveys (HCAHPS), but recognized that the population for the HCAHPS surveys

does not include children and suggested the possibility harmonization with the HCAHPS survey. Concerns were raised about the scientific acceptability of the measure, specifically the number of questions and biases such as parental expectations and the fact that those who are generally more pleased with service and experience may be inclined to complete the survey more than others. In addition, the specific domains of the measure (i.e., experience with the nurse, care coordination, admission process, etc.) were discussed, and the Committee expressed an interest in possibly developing composite measures and appropriate scoring for those domains. The Committee also discussed the use of this measure, which has not been applied across institutions, and raised concerns about how well it would work in hospitals that serve both children and adults. It was mentioned that the intended focus of the measure is on the parent's satisfaction/experience, but not the process of care (such as instructions for discharge). The developer addressed the concerns of the Committee by providing comparative data on the reliability and validity and further information on the scoring of domains within the measure. The developer also explained that an external validation with various hospitals will be performed within the coming year.
Vote: **Yes – 6, No-3, Abstain -2**

Candidate Standards Not Recommended for Endorsement

OT3-033: *National survey of children's health 2007 – quality measures and measure***;**
OT3-034: *National survey of children with special health care needs 2005/2006 – quality measures*

The Committee discussed these survey measures as being a compilation of measures or groups rather than a composite. They discussed the fundamental question of whether these surveys provide an important tool for measuring outcomes separate from the individual measures. To recommend this measure for endorsement, it is important to review each individual measure within the survey, endorsing the separate components as opposed to the entire survey. The Committee wasn't comfortable with endorsing the whole survey as is, without a deeper analysis into questions. Overall, the Committee was NOT favorable to recommending this measure for endorsement.

Vote (OT3-033): **Yes-2, No-10**
Vote* (*OT3-034): **Yes-3, No-8**