

January 14, 2011

Dr. Carolyn Clancy
Director
Agency for Healthcare Research and Quality
Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850

RE: Priority Setting for CHIPRA Pediatric Quality Measures Program

Dear Dr. Clancy:

The Consumer-Purchaser Disclosure Project appreciates the opportunity to submit written comments on the expansion of the core measure set for the Children's Health Insurance Program Reauthorization Act (CHIPRA), as well as to offer suggestions for the development of new measures that we believe would enhance states' ability to determine the quality of care delivered via their Medicaid and CHIP programs. As we noted in our comments of March 2010 on the initial core set of measures, we believe that quality measurement is an essential component of transforming the health care system in a way that will deliver appropriate, high quality, efficient, equitable, and patient centered care. All consumers, regardless of whether they receive care in the private or public health care sectors, should have the ability to choose their health plans, doctors, and hospitals based on standardized measures of clinical quality, and that includes having measures of outcomes, patient experience, care coordination and transitions. At the same time, purchasers – in this case, the states – need better information on the quality of care they are paying for, which in the context of Medicaid and CHIP, reflects the use of public dollars. We fully support AHRQ's goal of improving and strengthening the initial core measure set and seeking additional measures and measure topics for development. We offer comments on the following:

- Expansion of the core measure set via the addition of existing measures, particularly in the area of patient outcomes;
- Existing core set measures that would benefit from refinement; and
- Suggested topics for pursuit of measure development

Expanding the Core Measure Set

Section 1139A(b)(2)(E) of the CHIPRA legislation requires additional measures and measure topics be added to the core set in the areas of duration of and access to coverage; and the availability and effectiveness of services and treatments for acute and chronic conditions across a range of populations, including pregnant and post-partum women, infants, young children, school age children, and adolescents. While we support the addition of certain access and process measures (see below), we strongly urge AHRQ to focus primarily on measures that provide information on health outcomes for these populations. Outcomes are the most meaningful source of information for consumers, purchasers, and other stakeholders, and without these data, we will not see our health care system shift from one that focuses on volume, to one that supports and pays based on value. A focus on outcome measures would also provide a stronger foundation for CHIPRA's goal (as described in the legislation) of publicly reporting the core measure data, and make it more feasible that consumers would use the public reports in their health care decision-making.

The initial set's reliance on HEDIS measures and other measures that states were already familiar with was a rational and pragmatic approach to building the foundation for the program. Now that states have had time to build experience in this program, we suggest the following measures be added in order to

allow consumers, plans, providers, and the states as purchasers to identify variation in outcomes for the Medicaid and CHIPRA populations:

- *Appropriate Medications for Children with Persistent Asthma*: This HEDIS measure is already being collected by 20 states, and provides a more comprehensive assessment of how well chronic asthma is being managed.
- *Healthy Term Newborn*: This children's outcome measure is currently under review at the National Quality Forum. It complements an already-NQF-endorsed measure, "*Percentage of all Singleton Low-Risk first Births Delivered by C-Section*," which is included in the CHIPRA core measure set currently. By adding the "healthy term newborn" measure to the core set, states could pair c-section rates and healthy newborn rates by hospital, which would allow for more comprehensive comparisons of differences among outcomes.
- *Pediatric Symptom Checklist*: This measure is also currently in the NQF pipeline as part of the patient outcomes (Phase III: children's measures) project. The checklist includes 35 questions designed to screen children between the ages of 4 and 16 for psychosocial problems. We believe this is a very important and useful measure, given the known incidence of undetected psychosocial problems in children and adolescents, and the serious consequences if those problems are not identified and addressed. The checklist is available either for providers to use with children and their parents, or for youth who can self-report their responses without parental involvement.
- *California Cooperative Health Care Reporting Initiative (CCHRI) Provider After-Hours Access Survey*: This survey, in use in California, offers information on whether or not patients are being provided with appropriate information regarding access to health care professionals after regular business hours. Use of the survey has led to improvements in patient experience and satisfaction by guiding them effectively to how to access appropriate, timely after-hour care. It in turn has led to reductions in unnecessary emergency department utilization.

In addition to the above patient-level measures, we suggest adding population health measures to the core set, in order to align the CHIPRA quality program with the draft National Quality Strategy Report, which used "Better Care, Affordable Care, and Healthy People/Healthy Communities" as its framing device. The CHIPRA core set as it stands now addresses – to some degree – the better and more affordable care components of the draft National Quality Strategy, but not the third component of healthy communities/populations. There are a number of population health measures specifically related to children that were part of the NQF outcomes project referenced above, which we believe could be suitable for the CHIPRA core measure set, including the following:

- *Children Who Have Problems Obtaining Referrals When Needed*: This measure is intended to be used at the population level. We support adding this measure to the core set not only for its outcomes-related information, but also for its importance to states in understanding where there are gaps in patients' access to specialists, therapy services, and other non-primary care needs.
- *Number of School Days Children Miss Due to Illness*: This measure is also intended to be used at the population level, and assesses the correlation between the number of school days children miss, and the number of days they miss due to illness.

Refinement of Existing Core Set Measures

In response to the federal register notice's request for comments on ways to enhance and refine the measures already in the core measure set, we offer the following:

- *CAHPS*: We strongly urge AHRQ to explore the possibility of expanding the CAHPS survey used in the core measure set so that it adequately captures the experience of pregnant and post-partum patients, including expanding the settings of care to which the survey can be fielded (e.g. birth centers, not just hospitals), and expanding the range of caregivers to whom the survey relates (e.g. nurse-midwives and nurse-practitioners, not just physicians). Childbearing women and newborns make up 23 percent of hospital discharges, making labor, delivery, and perinatal

care the most common and costly set of services provided by hospitals. This speaks to the urgent need for a CAHPS model that captures critical information on these populations and identifies where the gaps in quality care exist.

- PHP-2 – Frequency of Ongoing Prenatal Care: This HEDIS measure calculates the number of prenatal care visits a woman has, but does not offer information on whether the care provided during these visits was comprehensive and of high quality. We suggest the development of a composite measure that includes data on whether a patient received appropriate screening and other procedures, such as HIV and STI screens, blood typing and antibody testing, counseling on substance use and/or domestic concerns, genetic counseling and testing, offering substance use cessation support, etc. These measures should also be specified to enable their use in various settings (e.g. birth centers, midwife centers) and across providers (e.g. nurse midwives and nurse practitioners).
- PHP-9 – Well Child Visits: The NCQA HEDIS well child/well adolescent measures are valid measures of access, but -- as with the prenatal visit measure referenced above -- they do not provide information on whether the well visit included assessment of critical aspects of a child's growth and development. We suggest that this measure be replaced with a composite measure that incorporates a series of data points relevant to a comprehensive well visit, including screening, counseling, immunizations, and healthy physical development.

Measure Topics for Future Development

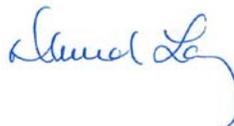
Efforts to capture meaningful data on quality of care inevitably leads to discussion of gaps in the measurement arena, thus we appreciate AHRQ's request for comments on measure topics for future development. We offer the following suggestions:

- Pediatric outcome measures: While a number of measures of pediatric outcomes are being considered for endorsement at NQF (and are highlighted here in our comments), there are still many gaps to fill in this area, as identified by the NQFchild health outcomes steering committee. These include measures of parent preference related to administration of treatments and medications, and measures related to referral management. In addition, the steering committee recommended, and we strongly support, more attention being paid to disparities in measure specifications, and the particular importance of this as it relates to children, for whom socioeconomic status can have a significant impact on the care they receive and on health outcomes.
- Post-partum care composite measure: We strongly urge the development, and subsequent addition, of a composite measure of quality of postpartum care, that includes information on whether patients were screened for depression, provided lactation, nutrition, and continued substance use cessation support, counseling on family planning, and referrals to neighborhood and community supports and services.

On behalf of consumers and purchasers across the country, we thank you for your efforts and your responsiveness to our comments. If you have any questions, please contact either of the Disclosure Project's co-chairs, David Lansky, President and CEO of the Pacific Business Group on Health, or Debra L. Ness, President of the National Partnership for Women & Families.



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