

## Child Health and Health Care Quality Measures From the NSCH and NS-CSHCN Endorsed for Use by The National Quality Forum

### Background: Measure Endorsement by the National Quality Forum

The National Quality Forum (NQF) aims to improve the quality of American health care by endorsing standardized and validated measures. By endorsing measures they hope to promote the widespread use of quality measurement in clinics, insurance plans, Medicaid/Medicare and population-based health. The NQF works with a large network of medical providers, payers and consumer advocates to identify gaps and needs for measures which align with national priorities and goals, national consensus standards and the needs of large payers such as Medicaid. The NQF maintains both a prioritization committee which works to identify measurement gaps and an endorsement committee which reviews measure submissions for scientific relevance and validity.

In submitting a measure to NQF, the measure developers must supply rigorous information across four criteria: 1) importance and need for reporting of measure and how it would lead to quality improvement, 2) scientific acceptability of the measurement properties, 3) usability of measure in non-tested settings and 4) feasibility of successful replication. Measures must additionally specify the numerator and denominator (including justifications for all exclusions), and testing and analysis of measure (reliability and validity). The NQF evaluation process ensures broad multi-stakeholder input and consensus in selecting measures that are “best in class.” You can learn more about the National Quality Forum by visiting [www.qualityforum.org](http://www.qualityforum.org).

### NSCH and NS-CSHCN Population-Based Measures

The National Survey of Children’s Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN) are large population-based surveys sponsored and conducted by the federal Maternal and Child Health Bureau and the National Center for Health Statistics. In 2010 and 2011 NQF held two rounds of endorsement activities for measures on children’s health care quality and outcomes. During this time, 18 of the 25 measures submitted by the Child and Adolescent Health Measurement Initiative on behalf of the federal Maternal and Child Health Bureau from the NSCH (2007) and NS-CSHCN (2005/06) were awarded endorsement as national and state level population-based measures. As such, they allow for comparison across geographic areas and a wide array of demographic and health status subgroups of children and youth. State and child level subgroup findings can be found at [www.childhealthdata.org](http://www.childhealthdata.org), the website of the Data Resource Center for Child and Adolescent Health, a project of the CAHMI focused on dissemination and use of data from the NSCH and NS-CSHCN. These measures can track progress of national and state level quality improvement efforts and provide information on priorities for improvement, health disparities and the health insurance, health system performance and child, family and community factors associated with variations in child health and health care quality. Many of these measures fall into topical areas of focus for CHIPRA, enable standardized assessment of children’s health care quality across state Medicaid and CHIP programs and can also be used to identify within- and across-state disparities by race/ethnicity, socioeconomic status and special health care needs.

Many of the components of these measures originate from items developed and validated for use at the clinic, physician or health plan implementation level, while others were originally developed and tested for population based measurement. Further specification of these measures could allow the

currently endorsed measures to be adapted for use at across all levels (national, state, health plan, provider, community). Additional work is also encouraged to support the effective use and communication of data derived from these measures and their potential use as national and state quality standards. Data from the 2009/10 NS-CSHCN and the 2011 NSCH will be used to update the measures from the national surveys. Three other measurement sets directly developed through the CAHMI are also endorsed by NQF and are noted in the table below for reference – these measures are for use at the provider/clinic and/or health plan level of analysis - and can be similarly applied for standardized quality assessment and improvement.

## NSCH and NS-CSHCN Measures Endorsed by the National Quality Forum

Measure	Age
<b>National Survey of Children's Health (2007)</b>	
<u>Physical and Oral Health</u>	
Child Overweight or Obesity Status Based on Body-Mass-Index (BMI)	10-17 years
Children Who Are Exposed To Secondhand Smoke Inside Home	0-17 years
Children Who Have Dental Decay or Cavities	1-17 years
Children who Engage in Weekly Physical Activity	6-17 years
<u>Quality of Care</u>	
Children Who Receive Preventive Medical Visits	0-17 years
Children Who Receive Preventive Dental Care	1-17 years
Children Who Receive Family-Centered Care	0-17 years
Measure of Medical Home for Children and Adolescents	0-17 years
Children Who Receive Effective Care Coordination of Healthcare Services When Needed	0-17 years
Children Who Had Problems Obtaining Referrals When Needed	0-17 years
Children with a Usual Source for Care When Sick	0-17 years
Children Whose Parent(s) Completed a Standardized Developmental Screening Tool	10 mo – 5 yrs
<u>Insurance</u>	
Children Who Have Adequate Insurance for Optimal Health	0-17 years
Children with Consistent Health Insurance Coverage in the Past 12 Months	0-17 years
<u>School and Community</u>	
Children Who Attend Schools Perceived as Safe	6-17 years
Children Who Live in Communities Perceived as Safe	0-17 years
Number of School Days Children Miss Due to Illness in the Past 12 Months	6-17 years
<b>National Survey of Children with Special Health Care Needs (2005/06)</b>	
<u>Quality of Care</u>	
Children with Special Health Care Needs (CSHCN) who Receive Services Needed for Transition to Adult Health Care	12-17 years
<b>Other Population Measures Directly Developed Through the CAHMI</b>	
<u>Young Adult Health Care Survey (YAHCS)</u>	
<ul style="list-style-type: none"> <li>9 quality measures assessed and scored: preventive screening and counseling on: (1) risky behaviors, (2) sexual activity and STDs, (3) weight, healthy diet and</li> </ul>	14 years & up



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A project of the Child and Adolescent Health Measurement Initiative

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exercise and (4) emotional health and relationship issues; (5) private and confidential care; (6) helpfulness of counseling; (7) communication and experience of care; (8) health information; (9) receipt of all 8 components of care measures.

### Promoting Healthy Development Survey (PHDS)

- 8 quality measures assessed and scored: (1) 3 appropriate clinical care measures; (2) patient-centered care; (3) health information; (4) receipt of a minimum threshold of comprehensive care based on other 3 components of care measures. 3-48 months

### Developmental Screening in the First Three Years of Life

- Includes 3 age-specific indicators assessing if a child is screened for risk of developmental, behavioral or social delays using a standardized screening tool at 12, 24 and 36 months of age. 0-3 years

Contact CAHMI or visit the NQF website at [www.qualityforum.org](http://www.qualityforum.org) to learn more about these measures.