Consumer-Centered Data and Strategies to Advance Evidence-Based Advocacy in Child Health



Highlights from the Child and Adolescent Health Measurement Initiative Toolbox

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AAP Chapter Advocacy Summit November 10, 2007 Williamsburg, VA



Presentation Goals

- Link consumer-centered data and data collection and reporting strategies to priority AAP advocacy topics
- Streamline access to these data and strategies
- 3) Share example frameworks and models

Highlights from the CAHMI Toolbox



- 1) About the CAHMI
- 2) Online Data Resource Center for Child and Adolescent Health to access national and state level data
- 3) Consumer-centered quality measurement framework and data collection and reporting tools

About the CAHMI

Who We Are:

The Child and Adolescent Health Measurement Initiative (CAHMI) is a national, not-for-profit initiative based out of Oregon Health and Science University in the Department of Pediatrics in Portland, OR. Originally housed at FACCT -Foundation for Accountability, the CAHMI was established in 1998.

Our Mission:

" To ensure that children, youth and families are at the center of quality measurement and improvement efforts in order to advance high quality consumer-centered health care."



How does the CAHMI achieve this mission?

- The CAHMI keeps the focus on consumer-centered health care.
 - Articulates and advances a consumer-centered quality framework
 - Participates in national committees & advisory boards.
 - Provides assistance in the development of consumercentered strategies.
- The CAHMI <u>builds the supply</u> for consumer-centered measurement strategies.
 - Developing reliable, valid, and consumer-centered measures of health and health care quality.
 - Identifying and facilitating the filling of gaps in current measures.
 - Provides technical assistance and benchmarking databases for quality measures.

How does the CAHMI achieve this mission?

- The CAHMI <u>builds the demand</u> for consumercentered measurement and improvement.
 - Advances strategies for putting data into action.
 - Designs, tests, and demonstrates the impact of consumer-centered tools in practice.
 - Creates and evaluates patient-centered strategies to improve health systems.

Key Topics Addressed by CAHMI Data and Measurement Tools

Coverage and Access

- Insurance coverage, gaps in coverage and impact of uninsurance and type of coverage
- Adequacy of insurance
- Timely access to covered/needed care

Quality and Equity

- Medical home for all children and children and youth with special health care needs
- Mental, emotional and behavioral health
- Health disparities for vulnerable populations (minorities, low income, by health status/CSHCN)

Key Topics Continued...

Prevention and Healthy Development

- Childhood obesity (BMI, Activities, TV watching, etc)
- Early childhood development
- Transition to adulthood

The Data Resource Center for Child and Adolescent Health

www.childhealthdata.org



• • • Why is Data Useful?

1. ADVOCACY: Data strengthens your position that change is needed.

2. REPRESENTATION: Data describes who you are and why your views are important.

3.JUSTIFICATION: Data supports your assertion that specific changes or programs you advocate for are worthwhile.

• • • Why is Data Useful?



Stories give a face and heart to needs.

Data expands your stories to inform policy debates and drive change.



THE STORY:

Many children lack health insurance or have insurance that is inadequate. Let me tell you about Jenny.....

VS.

THE STORY WITH DATA:

- Like Jenny, many CSHCN lack adequate health insurance.
 - Nationally, over 1 in 10 (11.6%) children with special health care needs (CSHCN) in America have no health insurance.
 - There is nearly a **four fold difference** in the rate of uninsured children across states in America.
 - 6.3% (HI) to 22.8 %(TX)

Using data to enhance the human story

- Of CSHCN that are insured:
 - Over **1** in **3** (33.8%) have insurance that does not adequately meet their needs.
 - This ranges from 1 in 4 [26% -MN] to two in five [41.7%-IL] across states.



This translates into nearly 77,825 school buses filled with CSHCN with inadequate health insurance –enough to span the entire length of California.

All of this data was obtained in less than one minute on the CAHMI Data Resource Center –www.childhealthdata.org

• • • What is the DRC?

MCHB Sponsored Interactive Online Data Resource Center providing:

- 1. "Point and Click", User-Friendly Access to Data
 - National Survey of Children with Special Health Care Needs (NS-CSHCN)
 - National Survey of Children's Health (NSCH)
- 2. Resources and Information about Data
- 3. Education
 - Obtain technical assistance for understanding, interpreting and using data, online workshops, and opportunities to partner with other stakeholders to discuss, interpret and act on data findings

 In-depth CSHCN interview collects information nationally and across states for 2001 and 2005/06:

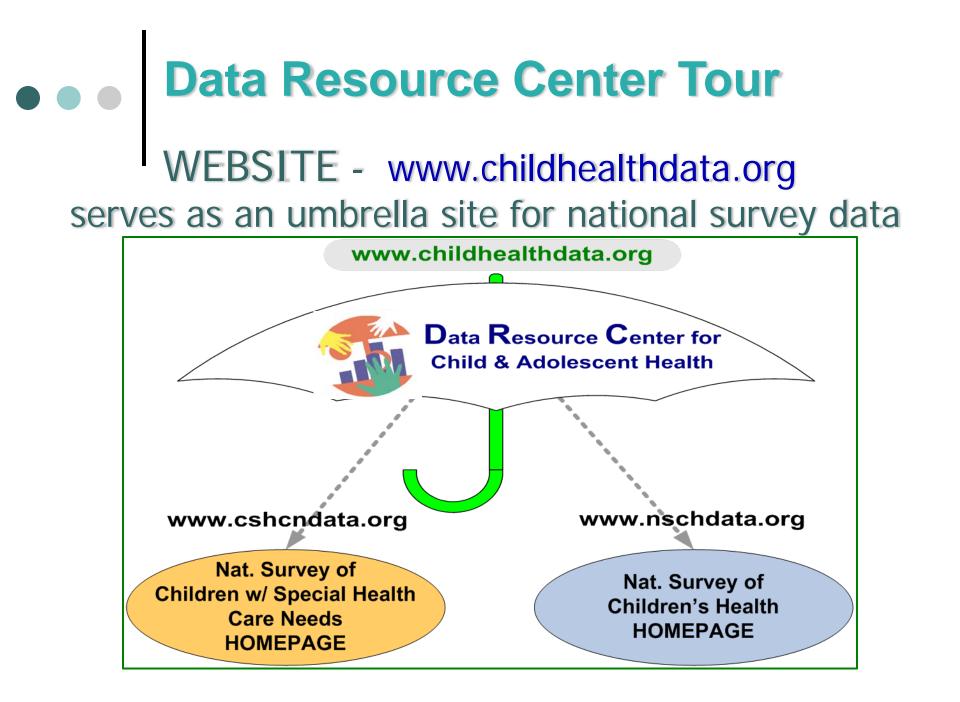


- Child health and functional status
- Child <u>health insurance status</u> and adequacy of coverage
- <u>Access to health care</u> needed services & unmet needs
- <u>Medical Home:</u> comprehensive, coordinated, family centered care
- Impact of child's health on family
- MCHB core outcomes for CYSHCN
- <u>Key indicators</u> of CSHCN health & system performance

NEW DATA RELEASED NOVEMBER 28th 2007!!

 Survey yields over 100 indicators of child health & well-being at the national and state levels for 2003/0 and 2007/8:

- Child's health status: physical, emotional, dental
- Child's <u>health care</u> including medical home
- Child's <u>school & activities</u>
- Child's <u>family</u> & <u>neighborhood</u> -- including maternal health status
- Early childhood (ages 0-5)
- <u>School-age</u> (ages 6-17)



CAHMI's Consumer-Centered Quality Measurement Framework and Tools

•Three primary measurement tools yield over 45 integrated measures for numerous child subgroups. Focus 0n:

Early Childhood Development
Children and Youth with Special Health Care Needs
Adolescent Preventive Care

CAHMI's Consumer Quality Information Framework

- Focus of measurement: Collect data on key aims for quality across consumer relevant quality domains
- Data Collection Strategy: Collect data in ways that create a profile of performance at the child level.
- Scoring and Reporting: Report data in ways that tell a story to engage partners to act on information provided.

CAHMI's Consumer Quality Information Framework*

- Consumer Relevant Quality Domains
 - The Basics (access, customer service, etc.)
 - Healthy Development/Staying Healthy (prevention)
 - Getting Better (acute care)
 - Living with Illness (CSHCN)
 - Changing Needs (e.g. major disability; end of life)
- Key Domains
 - **Results** of Good Care (effective, equitable, safe)
 - Steps to Good Care (effective processes, efficient)
 - Experience of Care (patient-centered, timely, equitable)

*Used in national quality reports and by AHRQ, NCQA and IOM. Developed by CAHMI staff while at FACCT.





Agency for Healthcare Research and Quality

Quality Research for Quality Healthcare

National Healthcare Quality Report Framework

Components of Health Care Quality

Health care needs	Effectiveness	Safety	Timeliness	Patient centeredness
Staying healthy				
Getting better				
Living with illness or disability				
End of life care				

Equity is a component of health care quality that applies to all cells in the matrix

Resource generation is another component discussed in the National Healthcare Report

The first NHQR is due to Congress in 2003.



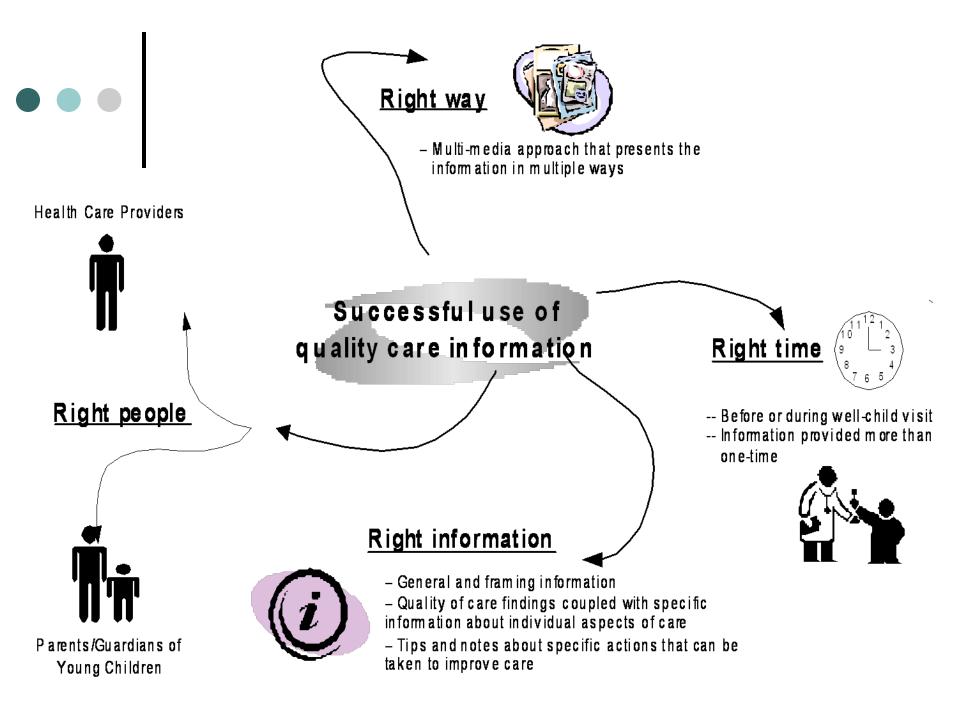










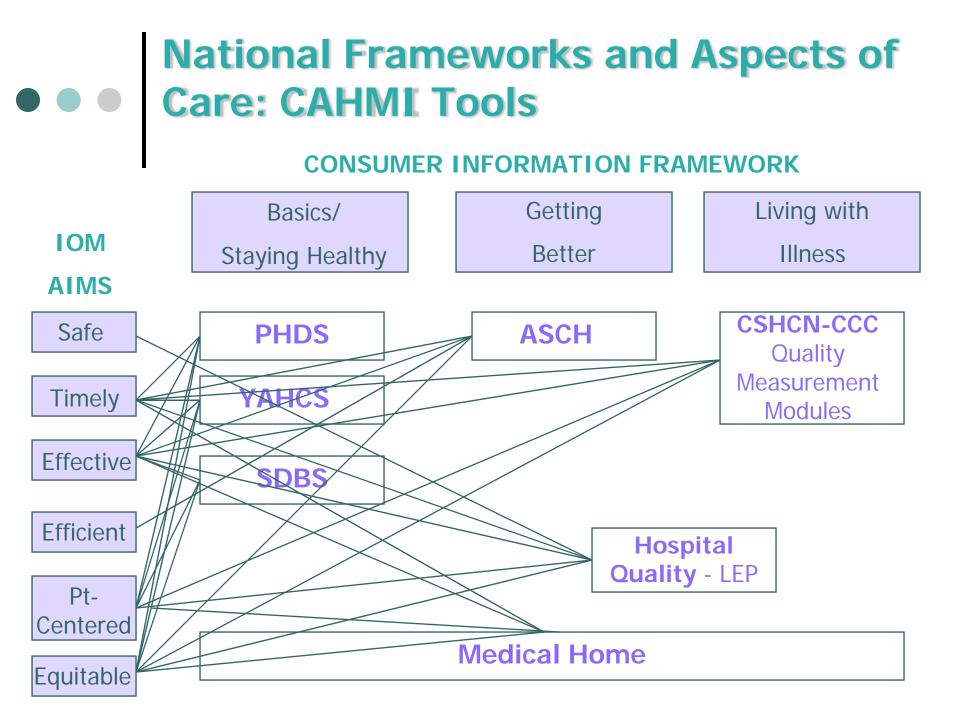


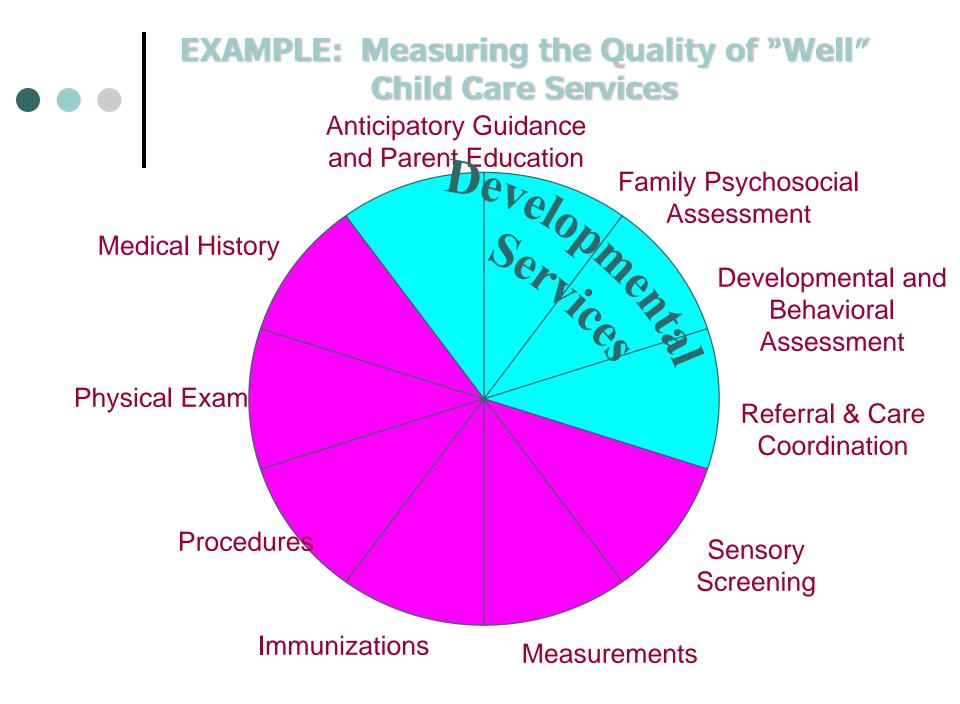
All CAHMI's Consumer-Centered Tools are in the public domain-www.cahml.org

- Promoting Healthy Development Survey (PHDS) * State,
- Health Plan, and Provider/Office Level Applications
- Standardized Developmental and Behavioral Screening Measure (SDBS)
- Young Adult Health Care Survey (YAHCS)*
- CSHCN Screener* (integrated into numerous national surveys). Adolescent & Adult versions also available.
- CSHCN Quality Module/CAHPS CCC*: includes alternative sampling and/or scoring models to obtain information on all measures for CSHCN as well as Medical Home and other measures
- Medical Home Measurement Module
- Standardized Ambulatory Care Sensitive Condition Hospitalization measure (ASCH) (negative indicator of overall primary care access and quality)
- Hospital Quality for LEP Children (toolkit and paper; survey in filed testing phase)

All tools are non-proprietary. Papers, reports, and/or toolkits are available.

* Endorsed by the National Quality Forum for voluntary use.





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Your Child's Health Care



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Thank you for completing the survey.

Please return the survey to us in the postage paid envelope provided.

You have helped make a difference.

You're Done!

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This survey is about discussions you may have had with your child's doctors or other health providers in the last 12 months.

DATA SET #5013

CONFIDENTIAL I.D. CODE

- By completing this survey, you are indicating that you have given your consent to participate.
- This survey is confidential. Do not write your name or your child's name on this survey.
- If you choose to not answer the survey, the decision will have no effect on the health care you or your child receive or on your health care benefits.
- If you begin to answer the questions and then change your mind, you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them. If you choose to skip or not answer any questions it will have no effect on the health care you or your child receive or on your health care benefits.

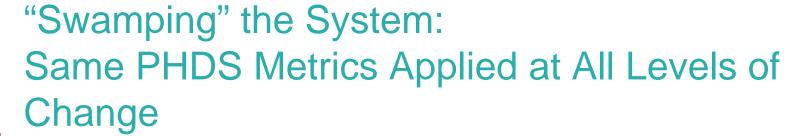
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2.	Answer all the question below your answer—li		
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Example from the Promoting Healthy Development Survey

- Six quality of care measures evaluated
 - Measures 1-3: Anticipatory guidance and parental education measures using a "needs met" scoring approach.
 - Physical care of child
 - Injury Prevention
 - Child development and behavior
 - Measure 4-5: Developmental surveillance and screening; whether provider asked parents about any concerns they may have about their child's development and/or behavior
 - Measure 6-7: Assessment of the Family: Whether provider asked about one of five core topics on family and parent emotional and mental well-being and smoking, alcohol and drug abuse in the home
 - **Measure 8**: Family Centered Care: Whether provider interacts with the parent and child in a respectful manner, engages the parent as a partner in care and listens to and addresses parent concerns.





National, State, geographic region, county



Health plan, type of health care provider (Pediatrician, Family Medicine)



Medical group, office, individual health care provider



Patient:

Parent & Child

Your Child's Health Care

Promoting Healthy Development Survey

Promoting Healthy Development Survey



Welcome!

This site is where parents can fill out the Promoting Healthy Development Survey.

The survey is about health care for young children (0-3 years).

Your child's health care provider may have asked you to fill out this survey or you may have read about this website and want take the survey to learn about the health care your child receives and how it can be improved.

The survey findings are used to help health care providers improve the care they provide to young children.

Parents get something from filling out this survey too! A **personalized report** will be created for you based on your responses. This report will guide you in **partnering** with your child's health care provider to improve your child's health care.

Get Started!

Click Here to Take the Survey

Do you have questions before you want to continue?

- Who developed and maintains this website?
- What is the Promoting Healthy Development Survey?
- Who developed the survey?
- How is the information gathered on this website used? (Privacy Statement)



Are you returning to complete your survey?

Enter your survey ID code here:

Submit

http://www.yourchildshealthcare.org - YCHC, Access And Care Coordination - Microsoft Internet Explorer
Your Child's Health Care Promoting Healthy Development Survey
GENERAL INFORMATION ABOUT YOUR CHILD'S HEALTH CARE
1. In the last 12 months, how many times did your child go to an emergency room?
○ 0 times ○ 1 time ○ 2-3 times ○ 4-5 times ○ 6-10 times ○ 10 or more times
 In the <u>last 12 months</u>, (not counting the times your child went to an emergency room) how many times did your child go to a doctor's office or clinic?
○ 0 times ○ 1 time ○ 2-3 times ○ 4-5 times ○ 6-10 times ○ 10 or more times
3. In the last 12 months, how many times was your child a patient in a hospital overnight or longer?
○ 0 times ○ 1 time ○ 2-3 times ○ 4-5 times ○ 6-10 times ○ 10 or more times
 4. In the <u>last 12 months</u>, has your child needed care right away for an illness or injury? ○ Yes ⇒ Go to Question 4a ○ No ⇒ Go to Question 5
4a. When your child needed care right away for an illness or injury, how often did your child get this care as soon as you wanted?
O Never O Sometimes O Usually O Always
5. In the <u>last 12 months</u> , did your child get care from more than one kind of health care provider or use more than one kind of health service?
○Yes ⇒ Go to Question 5a ○No ⇒ Finished with this section
5a. In the <u>last 12 months</u> , did anyone from your child's doctor's office or clinic help coordinate your child's care among these different providers or services?
○ Yes ○ No ○ My child did not get care from different providers or use more than one service

0% Complete

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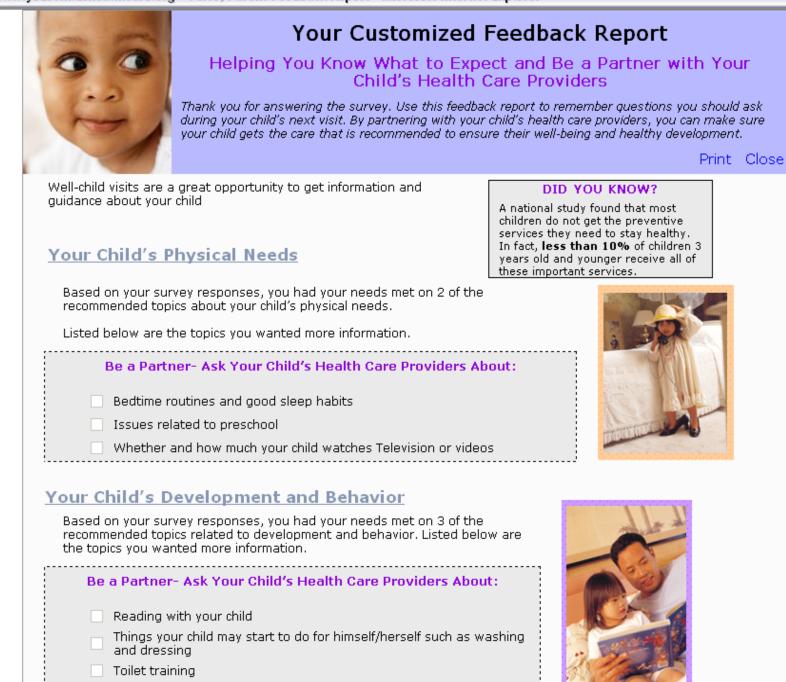
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Ways to guide and discipline your child





Example Parent-Centered Intervention to Improve Quality

Enhanced "Encounter" (informed parents & providers / proactive participants)

Time frame A:

During week prior to well child visit:



- Parents go to website for <u>pre-visit</u> <u>interactive session</u> designed to give individualized, tailored information based on parents' answers to:
 - -- Current concerns about child
 - -- Anticipatory guidance and parental education needs
 - -- Brief assessment of child's development
 - -- Assessment of family risk factors Parents can link to & print out <u>tailored educational materials</u> that respond to priorities and interests identified during session



- 2) After completing pre-visit interactive session, parents print out a customized copy of "<u>What to</u> <u>Discuss at your Child's Visit:</u> <u>a Personalized Guide</u>" – and results of the child and family assessment to review and bring to well child visit.
- 3) Pediatric clinicians use <u>link in the EMR</u> to review interactive session results for developmental screening, family risk assessment, and priority educational needs prior to well child visit.

<u>Time frame B</u>:

During well child visit:



Parent and pediatric clinician use <u>results from pre-visit</u> <u>interactive session</u> to prioritize and individualize content of well child visit



••• Legislative Roles to Support Child Health Care Quality

- 1. Establish and regulate policies and allocate and monitor resources the support quality health care for children and adolescents
- 2. Assure that reimbursement policies support provision of good quality services
- 3. Assure that the provision and quality of services is monitored
- 4. Foster effective referrals and care coordination across health, public health, education, and human services

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DRC Home Link to Us Glossary Search Contact Us

CSHCN Survey Home

- Start Data Query
- State Profiles
- Quick Guides
- Resources for
- Data Users
- Especially for Families
- State Data Sets
- ONLINE TOUR
- ASK A QUESTION
- ANSWER OUR
 BRIEFLISER POLI
- TELL A FRIEND

🗰 YOUR BRIEFCASE



Data in Action

Compelling stories and examples of ways others are using data from the Data Resource Center to make a difference!

Massachusetts Mom Storms the State House

Carrie Howland included data from the Data Resource Center in a presentation at the National Respite Coalition event in Washington DC, in support of the National Lifespan Respite Care Act.

Alaska's Covering Kids Coalition Meeting

Presented by Barbara Hale October 4, 2005

Massachusetts Office of Medicaid: Helping Families of Children with Special Health Care Needs Get Back to Work. A Cost Neutral Approach to Family Empowerment 2006

Save the CDRC

Dr. Brian Rogers used state-by-state comparisons from the National Survey of Children with Special Health Care Needs in is preparation for a legislative hearing on proposed budget cuts to the Child Development and Rehabilitation Center (CDRC).

Family Voices Leader in North Dakota

Donene Feist, a parent activist, understands the power of data to support and strengthen the stories parents and caregivers have to tell about the challenges of caring for children with special needs.

Racial/Ethnic Disparities in Adolescent and Young Adult Health

The Center for Applied Research and Technical Assistance (CARTA) used data from the DRC in a report on racial/ethnic disparities in adolescent and young adult health.

Substance abuse treatment duration for Medicaid versus commercial clients in an HMO

Presented by Frances Lynch February 14th, 2006

Children's Health, The Nation's Wealth: Assessing and Improving Child Health

The National Academies of Science used data from the National Survey of Children's Health in a report that offers a new framework for the health measurement of children.

National Survey of Children with Special Health Care Needs

Chartbooks, Presentations, and Publications related to the National Survey of Children with Special Health Care Needs



General Questions or Inquiries <u>cahmi@ohsu.edu</u> www.cahmi.org

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Welcome...



Please excuse the dust while we improve our website. All features may not be available at this time. For assistance, contact the CAHMI

The Child and Adolescent Health Measurement Initiative

Our mission is to ensure that children, youth and families are at the center of quality measurement and improvement efforts in order to advance a high quality consumercentered health care system.

The CAHMI has developed a number of quality measurement tools and strategies that assess the quality of care provided to children and young adults. To learn more about the CAHMI consumer-centered quality measurement strategies, click on the topic areas below.

CAHMI Quality Measurement Tools: By Topic Area

➡Click the Icon to show/hide Topics & Sub Topics

📚 Preventive Services for Young Children

- 🌸 Standardized Developmental Screening
- 🔶 Preventive Services for Teens
- 🎨 Children with Special Health Care Needs
- 🌭 Data Resource Center

🎑 Done



The NQF Endorses CAHMI Child and Youth Quality Measures

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Links

The steering committee of the National Quality Forum (NQF) endorsed three CAHMI measures as valid, reliable tools to assess the patient experience with recommended care. The PHDS, the YAHCS and the CAHPS-CCC were endorsed as part of the in National Voluntary Consensus Standards for Ambulatory Care: Patient Experience of Care. Click here for more information.

Examples from the Field:

Applications of the CAHMI Tools

Coming soon will be examples of how the CAHMI tools have been used...

- In National Surveys
- By Medicaid
- By Health Plans
- By Providers
- By Consumers



