



Measuring Quality in Value-Based Payment for Children's Health Care

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The United Hospital Fund works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision-makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care.

NY Child Health Quality Measures Today

New York generally performs well on the Child Core Set, compared to other state Medicaid programs

Strengths: access to care and (to a lesser degree) basic preventive care

Areas for improvement: asthma and ADHD Rx management and care, oral health services, ED utilization, prenatal care

Measure	New York Performance (FFY 2014)	New York Quartile Ranking
Six or More Well-Child Visits in the First 15 Months	68.5	Next to Top
One or More Well-Child Visits in Years 3–6	83.1	Top
One or More Well-Care Visits in Years 12–21	63.9	Top
Follow-up After Mental Illness Hospitalization Within 7 Days; Ages 6–20 Years	70.4	Top
Follow-up Care for Children Prescribed ADHD Medication: 6 – 12 Years	56.3	Top
ED Visits per 1,000 Enrollees; Ages 0–19 Years (lower is better)	40.5	Next to top
Asthma Medication Management; Ages 5–20 Years	28.6	Next to bottom

VBP Measure Sets From Other States

Colorado Pediatric Collaborative:

Subset of HEDIS measures, largely focused on cost-containment

Partners for Kids and Nationwide Children's Hospital (Ohio):

Weighted toward asthma, behavioral health and NICU measures – reflecting community needs and institutional programming

Oregon Health Authority: Quality improvement goals with “reach” measures



Reflections From Interviews

Inclusion of quality measures in VBP arrangements **have potential to significantly drive quality improvement** when combined with provider-level support

Medicaid has leadership role in encouraging development and use of child health measures

Consider how to **balance** measure selection for **near-term use with desire for more ambitious measures**

Areas Identified For Further Development

1. Moving from measuring process to outcomes
2. Measuring the provision of high quality well-child care
3. Family experience and satisfaction, especially for children with special health care needs
4. Capturing cross-system (e.g. education, juvenile justice) and long-term impact of improved health
5. Two-generation measures: maternal depression, parental SUD, etc.

Potential Approaches

Leverage existing child health measurement sets, such as Child Core Set

Customize a child-specific VBP measurement set tailored to New York's quality improvement, epidemiological and child development goals

Begin with an initial set of immediately actionable measures, while in parallel establishing a process for monitoring, developing/selecting, and phasing in measures over time



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