COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REPORT TO JOINT HEALTH AND HUMAN SERVICES COMMITTEE

STATUS OF PEDIATRIC HEALTH CARE QUALITY PERFORMANCE MEASURES.

C.R.S. 25.5-5-109.5(9)

DECEMBER 17, 2011

COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John Hickenlooper Governor • Susan E. Birch, MBA, BSN, RN, Executive Director

December 17, 2011

The Honorable Betty Boyd, Chairman
Senate Health and Human Services Committee
200 E. Colfax Avenue, Room 346
Denver, CO 80203

Dear Senator Boyd:

Enclosed please find the Colorado Department of Health Care Policy and Financing's (the Department) report to the House Health and Human Services Committee regarding pediatric clinical standards and quality of care measurements. Section 25.5-1-109.5, C.R.S. (2007) requires the Department to report the clinical standards generated by consultation with external clinical advisors, and make recommendations to the House and Senate Health and Human Services Committees regarding strategies to improve pediatric health outcomes based on the analysis of these measures.

Recently the Centers for Medicare and Medicaid Services (CMS) implemented mandatory reporting to the CMS of identified children's measures. The strategy we recommend to improve pediatric health outcomes is to align improvement efforts with the national and other statewide initiatives whenever possible and to focus our efforts on fewer measures. We have included comments on the specific individual measures we feel could be revised or eliminated in this report.

Questions regarding this report should be addressed to Katie Brookler, Strategic Projects at katie.brookler@state.co.us or 303-866-6173.

Sincerely,

Susan E. Birch MBA, BSN, RN
Executive Director

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December 17, 2011

The Honorable Ken Summers, Chairman
House Health and Environment Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Summers:

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Cc: Representative Ken Summers, Chairman, House Health and Human Services Committee
Representative Cindy Acree, Vice-Chairman, House Health and Environment Committee
Representative Laura Bradford, House Health and Environment Committee
Representative J Paul Brown, House Health and Environment Committee
Representative Rhonda Fields, House Health and Environment Committee
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Report on Access to and Quality of Care for Children on Medicaid and the Children's Basic Health Plan

Senate Bill 07-211 revised Section 25.5-1-113.5, C.R.S. requires the Department of Health Care Policy and Financing (the Department) to report on the access to and quality of care given to children on Medicaid and the Children's Basic health Plan (CHP+).

In May, 2007, Governor Ritter signed into law legislation that mandates the Department of Health Care Policy and Financing (the Department) develop pediatric clinical measures related to immunization rates, medical home standards, clinical care guidelines, care coordination, case management, disease management, and coordination and integration of mental health services (C.R.S. 25.5-1-109.5).

The general assembly finds that:

(a) It is important to collect and analyze objective clinical standards to maximize the scarce dollars available for medical care; and

(b) The development of an ongoing, transparent measurement of health outcomes is essential to ensure quality health care for Coloradans.

(2) (a) The state department, following consultation with external clinical advisors, shall develop clinical standards and methods for collecting, analyzing, and disclosing information regarding clinical performance, including but not limited to immunization rates, medical home standards, clinical care guidelines, care coordination, case management, disease management, and coordination and integration of mental health services. The standards and methods shall be consistent with national guidelines and standards regarding the collection and analysis of health data, where feasible, and shall meet the federal reporting requirements established under Titles XIX and XXI of the federal "Social Security Act", 42 U.S.C. secs. 1396 and 1397.

To that end, the Department contracted with the Colorado Clinical Guidelines Collaborative (CCGC) to facilitate the Performance Measure Advisory Group (PMAG). With research and facilitation provided by CCGC, the group developed performance measures related to the above-mentioned clinical activities that aligned as much as possible with national standards of measurement. Their recommendations were compiled in a report created by CCGC and delivered to the Department in April of 2010. At this time, the Department reviewed these recommended measures and incorporated some of these measures into current Department activities. Future reports to this committee will focus on the analysis of data collected and ways to improve the delivery and quality of care provided to children served by the Medicaid and Children's Basic Health Plan (CHP+).

Ongoing work has occurred to ensure representative measures were included through a series of gauges:

- HEDIS, which is a nationally recognized benchmark for health care performance measures
- CMS EPSDT 416, which is the federal report for child health services
- Balanced Score Card, which is an internal Department tool measuring program and individual efforts to achieve positive health outcomes

The performance measures proposed by the PMAG are noted below. Each measure crosses several of the domains specified in the legislation. Potential data sources include Department claims data, chart reviews,

practice surveys, and/or Colorado Department of Public Health and Environment Child Health Survey or surveillance data. For a limited number of measures, adequate data sources are not yet identified. As mentioned in the cover letter, some of these measures have been mandated by the federal CHIPRA reauthorization bill of 2009. The Department recommends pursuing the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services instead of those developed pursuant to this legislation.

Measure #1
The percentage of children who turned two years old during the measurement year who had 4 DTaP/DT, 3 IPV, 1 MMR, 3 H influenza type B, 3 Hep B, and 1 VZV by the time period specified and by the child's second birthday (4:3:1:3:3:1).

Response:

Percentage of children who turned two years old and had the following immunizations	Colorado 2011 Rate	National Medicaid Managed Care Rate
4 Diptheria, pertussis and tetanus	75%	80%
3 Polio virus	87%	89%
1 Measles, mumps and rubella	86%	91%
3 Haemophilus influenza type B	88%	94%
3 Hepatitis B	89%	89%
1 Chicken pox	87%	91%
Percentage of children who received all of the above	70%	74%

Measure #2
The percentage of eligible adolescents who have received recommended MMR and DTap boosters by the 15th birthday.

Response: Information on the percentage of adolescents who have received recommended MMR boosters by the 15th birthday was collected in 2007. At that time 27% of adolescents with Medicaid had received the booster. DTap boosters were not measured and should not be measures if not collected for the CHIPRA legislation.

Measure #3
The percentage of children with evidence of developmental screening using a standardized, validated instrument at 9, 18, and 24 (or 30) month visits; or three times by age three years (Recommended tools: ASQ, PEDS).

Response: The percentage of children in Fiscal Year 2011 with evidence of at least three developmental screenings by age three using a standard, validated screening tool was 44%.

Measure #4
The percentage of children, two to18 years of age, whose weight is classified based on BMI percentile for age and gender (provisional measure).

Response: In 2011 the HEDIS rate showed that 36% of children ages three to 17 with Medicaid coverage had their weight classified based on BMI percentile. The 2010 national Medicaid managed care average rate was 30%.

Measure #5
The percentage of infants with an oral health evaluation by a dentist or primary health care provider before age one (between ages six and12 months).

Response: Less than 1% of the eligibles received an oral health evaluation before the age of one. There are a couple of reasons for the low rate:
Colorado Medicaid does not encourage treatment before the age of 1 unless a child has already developed a tooth. There are a limited number of Medicaid providers who are willing to see young children. The Department, along with other state agencies and private funders are working together to recruit and train providers across the state.

Measure #6
The percentage of children seen for routine preventive dental care every six months once a dental home is established (beginning at age one year).

Response: At this time the Department does not collect data in this manner but expects to have similar data available in 2012.

Measure #7
The percentage of children who have received protective sealants on the first permanent molars by age six (or when adequately erupted).

Response: A similar measure is tracked as part of the oral health healthy living initiative. The data we have for this measure is that 19.2% of children ages six to nine years old have received sealants. Our goal is to achieve a 2% increase per year.

Measure # 8
The percentage of children who have received protective sealants on the second permanent molars by age 12 (or when adequately erupted).

Response: A similar measure is tracked as part of the oral health healthy living initiative. The data we have for this measure is that 14.3% of children ages 10 to 14 years old have received sealants. Our goal is to achieve a 2% increase per year.

Measure #9

The percentage of clients who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after episode date.

Response: A similar measure is part of the HEDIS measure set and was last collected in 2007, at which time 87% of Colorado Medicaid's children with a diagnosis of upper respiratory infection (URI) were not dispensed an antibiotic prescription. This rate was slightly better than the 2010 national Medicaid managed care average rate of 86%.

This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #10
The percentage of clients who were diagnosed with pharyngitis, prescribed an antibiotic, and who received a group A streptococcus test for the episode.

Response: This measure is part of the HEDIS measure set and was last collected in 2007, at which time 58% of children covered by Colorado Medicaid were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus test. This rate was slightly lower than the 2010 national Medicaid managed care average of 62% indicating that Colorado scored slightly lower than half the states reporting.

Measure #11
Child with asthma has received influenza immunization (done yearly).

Response: While information on the number of children with asthma is readily available we have not been able to match this information with immunization data from the Colorado Immunization Information System. This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #12
Child with persistent asthma is on an inhaled corticosteroid or controller medication (reviewed for compliance yearly).

Response: This measure is part of the HEDIS measure set and was last collected in 2009, at which time 88% of clients with Colorado Medicaid were diagnosed with persistent asthma and are on a inhaled corticosteroid or controller medication. This rate was nearly the same as the 2010 national Medicaid managed care average of 88%.

Measure #13
Child with persistent asthma has an action plan (reviewed yearly).

Response: This is not information that is currently collected by the Department. Collecting this information would require either review of a sample of provider records or submission of this information

by each provider with a sample audited each year. This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #14
Evidence of use of a standardized, validated ADHD screening tool to aid in diagnosis (Vanderbilt, Conners).

Response: This is not information that is currently collected by the Department. Collecting this information would require either review of a sample of provider records or submission of this information by each provider with a sample audited each year. This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #15
Initiation Phase: Percentage of children six to 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for an ADHD and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.

Response: This measure is part of the HEDIS measure set and has not been examined to date. This is a measure similar to one of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services. We plan collection of this measure by 2013, if required.

Measure #16
Of the children who remained on an ambulatory prescribed ADHD medication for at least 210 days, the percentage of children six to 12 years of age as of the Index Prescription Episode Start Date who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase Ends.

Response: This measure is part of the HEDIS measure set and has not been collected for children covered by Colorado Medicaid. This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #17
Percentage of recipients who receive age-appropriate well-child checks, including: vision, hearing, developmental, behavioral/mental health, oral health, newborn screening, immunizations (based on EPSDT or HEDIS well child schedule).

Response: Using the EPSDT well-child schedule and the CMS 416 reporting guidelines, 72% of the children covered by Colorado Medicaid in 2011 received age-appropriate well-child checks.

Measure #18
The rates at which children with specified chronic, disabling, or ambulatory care sensitive conditions are hospitalized.

Response: Comparative rates for pediatric inpatient hospitalizations exist for ambulatory care sensitive conditions and are as follows:

Condition	CO Medicaid FY 11*	National 2008*
Asthma admission rate	339	123
Diabetes short-term complications admission rate	49	28
Gastroenteritis admission rate	86	105
Perforated appendix	**55	**29
Urinary tract infection admission rate	48	43

*Admissions per 100,000 clients ages 1-17 except for perforated appendix with a per 100 clients rate

Measure #19
Length of time on Medicaid.

Response: Children covered by Colorado Medicaid are covered for an average of 10 months out of the year.

Measure #20
Identify the subgroup of children with Severe Emotional Disturbance (SED) and assess care quality in that group using the Department performance measures.

Response: The Department does not currently use the category of severe emotional disturbance and therefore does not track all performance measures by this client category. This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #21
The percentage of children with a diagnosed mental health condition based on the DSM IV or the ICD 9 who received mental/behavioral health services in the past six months.

Response: This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #22
Evidence of psychosocial screening in all ages using a standardized, validated tool (e.g., PSC, GAPS).

Response: This is not currently tracked through the MMIS and would require a change to the codes assigned by providers in order to obtain accurate information. This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #23
Depression management (effective acute phase treatment): Of adolescents started on medication, length of treatment with medication and percentage that were referred to a mental health provider.

Response: A similar measure is part of the HEDIS measure set for persons 18 years of age and older. For those persons, the data was last collected in 2009, at which time 88% of clients with Colorado Medicaid who were diagnosed with a new episode of major depression and treated with antidepressant medication remained on antidepressant medication. This rate was nearly the same as the 2010 national Medicaid managed care average of 88%.

Measure #24
Adolescent suicide attempt and completion rates [Track this measure if suicide attempt data is available (e.g., through Medicaid claims)].

This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

Measure #25
Assess specific injury rates (specify ICD-9/10 and E-codes).

Response: This is not a measure the Department recommends pursuing at this time, in favor of the CHIPRA child measures that will be mandated by the Centers for Medicare and Medicaid Services.

CHIPRA Measures (Initial Core Set for Voluntary Reporting)

Prevention and Health Promotion

Measure	Measure Steward
Frequency of Ongoing Prenatal Care	NC National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) QA/HEDIS
Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA/HEDIS
Percent of live births weighing less than 2,500 grams	Centers for Disease Control and Prevention
Cesarean rate for nulliparous singleton vertex	California Maternal Quality Care Collaborative
Childhood Immunization Status	NCQA/HEDIS
Immunizations for Adolescents	NCQA/HEDIS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS
Developmental Screening in the First Three Years of Life	Child and Adolescent Health Measurement Initiative and NCQA
Chlamydia Screening	NCQA/HEDIS
Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA/HEDIS
Adolescent Well-Care Visit	NCQA/HEDIS
Total Eligibles Who Received Preventive Dental Services	CMS

Management of Acute Conditions

Measure	Measure Steward
Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS
Otitis media with effusion (OME) – avoidance of inappropriate use of systemic antimicrobials in children – ages 2 through 12	American Medical Association /PCPI1
Total Eligibles who Received Dental Treatment Services	CMS
Ambulatory Care: Emergency Department Visits	NCQA/HEDIS
Pediatric central-line associated blood stream infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	Centers for Disease Control and Prevention
Annual number of asthma patients ages 2 through 20 years old with 1 or more asthma-related emergency room visits	Alabama Medicaid
Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS
Follow-up after hospitalization for mental illness	NCQA/HEDIS
Annual Pediatric hemoglobin A1C testing	NCQA

Family Experiences of Care

Measure	Measure Steward
CAHPS® 4.0 (child version including Medicaid and Children with chronic conditions supplemental items)	NCQA/HEDIS

Availability

Measure	Measure Steward
Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS