



# A framework for developing healthcare quality measures for children and youth in foster care

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## ABSTRACT

**Purpose:** To develop a temporal framework that can be utilized to develop quality measures for children and youth in foster care.

**Methods:** A targeted assessment of published scientific articles, guidelines, evidence reviews, reports, and relevant websites with health recommendations for children in foster care was reviewed to provide supporting documentation for the framework.

**Results:** Numerous recommendations for quality measures in children are relevant for children in foster care and additional measures have been proposed. From the moment a child enters foster care, through changes in foster home and eventual exit from foster care, the evidence suggests high variability and low adherence to recommended healthcare services.

**Conclusions:** A set of nationally standardized measures are needed to inform child welfare agencies and policy makers about the gaps in care that need to be addressed to improve the quality of care for this population. The framework and domains presented in this manuscript offer a basis by which to develop a comprehensive set of quality measures for foster care children.

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## 1. Introduction

According to the U.S. Department of Health and Human Services Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 397,122 children in foster care during fiscal year 2012 (U.S. Department of Health and Human Services, 2013). Due to the circumstances that lead to a child's placement in foster care and problems in coordination of care, these children are at increased risk for unmet medical, developmental and behavioral conditions (Pecora, 2005). Compared with children from the same socioeconomic background, children entering foster care have higher rates of chronic physical disabilities, emotional and behavioral problems, and developmental delay (Committee on Early Childhood, Adoption, and Dependent Care, 2002). Nearly half of the children in foster care have chronic medical conditions and 40–80% have behavioral or mental health problems (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Garland, Landsverk, & Lau, 2003; Glisson, 1994; Halfon, Mendonca, & Berkowitz, 1995; Simms, 1989; Takayama, Wolfe, & Coulter, 1998; Trupin, Tarico,

Low, Jemelka, & McClellan, 1993; U.S. Government Accountability Office, 1995; Urquiza, Wirtz, Peterson, & Singer, 1994).

Despite clear evidence about these needs, accountability for healthcare access and quality is often divided among various agencies, and the measures for monitoring the quality of care are limited. Although, state and county child welfare programs are responsible for the care of youth in foster care, the state Medicaid programs administer insurance coverage for the healthcare of these children. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires state welfare agencies to work with pediatricians and other experts in child care to develop a coordinated strategy to respond to the healthcare needs of children in foster care placement; however, a recent Government Accountability Office (GAO) report noted the limitations in the implementation of this Act (H.R. 6893–110th Congress, 2008; U.S. Government Accountability Office, 2014). In particular, metrics for monitoring the provision of ongoing preventive care and early identification and treatment of medical disabilities appear underdeveloped. The purpose of this paper is to propose a practical framework to conceptualize healthcare needs of the foster care population and to identify opportunities for quality measure development.

Previous reports recommended a broad framework for comprehensive health and social services management but not measurement for

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children and youth in foster care (Halfon et al., 1995; Halfon & Hochstein, 2002). To identify possible quality measures for foster child healthcare, we used a similar approach of considering the three time periods of child welfare engagement during which recommendations for particular healthcare services are more likely to exist: (1) entry into foster care, (2) ongoing foster care, and (3) foster home change or exit. Conceptualizing foster care as a series of time periods may help to determine the needs of children at each stage, and identify standardized measures that can be used to gauge quality of healthcare during each of these stages. Within each of these time periods are proposed domains of care including comprehensive well-child assessments and targeted screening for trauma-informed services. This paper provides key literature in support of our framework and these specific domains.

## 2. Methods

Our framework and its content domains were conceived from literature aimed at attending to the healthcare needs of children in foster care (Fig. 1). We conducted a targeted assessment of published scientific articles, guidelines, evidence reviews, reports, and relevant websites with attention to general foster care health recommendations. Of note, identifying specific behavioral treatments for foster care children with specific mental disorders was not the focus of this effort. Three independent staff members and a research librarian performed searches of the medical literature published between 2000 and 2014 in the English language. However, if no relevant article was found during these years, the search was expanded to include earlier years. Citations from the primary articles and related citations were also searched to ensure that no

relevant citations were missed. Additional specific searches included the following:

- Search for Existing Measures: Existing measures were searched using databases from the Agency for Healthcare Research & Quality's National Quality Measures Clearinghouse, the Center for Quality Assessment and Improvement in Mental Health, and the National Quality Forum.
- Search for Guidelines: Guidelines were searched using the National Guidelines Clearinghouse, the Guidelines International Network, the American Academy of Pediatrics (AAP), the American Academy of Child & Adolescent Psychiatry, and PubMed. Out of scope and duplicate guidelines (e.g., guidelines that were published in multiple journals or found in multiple databases) were excluded. Where multiple editions of the guidelines were available, the most recently published edition was used. Guidelines published outside of the United States (US) were also included if it was believed that insufficient evidence from the US existed.
- Search for Evidence Reviews: Literature was searched using PsychInfo, the Cumulative Index to Nursing and Allied Health Literature, the Cochrane Database of Systematic Reviews, PubMed and Google Scholar. Out of scope and duplicate articles were excluded. The Annie E Casey Foundations, Center for Health Care Strategies and US Government websites were also searched for relevant publications. Medical textbooks were also used as evidence support when no relevant articles were found.

All types of studies (meta-analyses, reviews, randomized controlled trials, prospective/retrospective studies and chart reviews) were

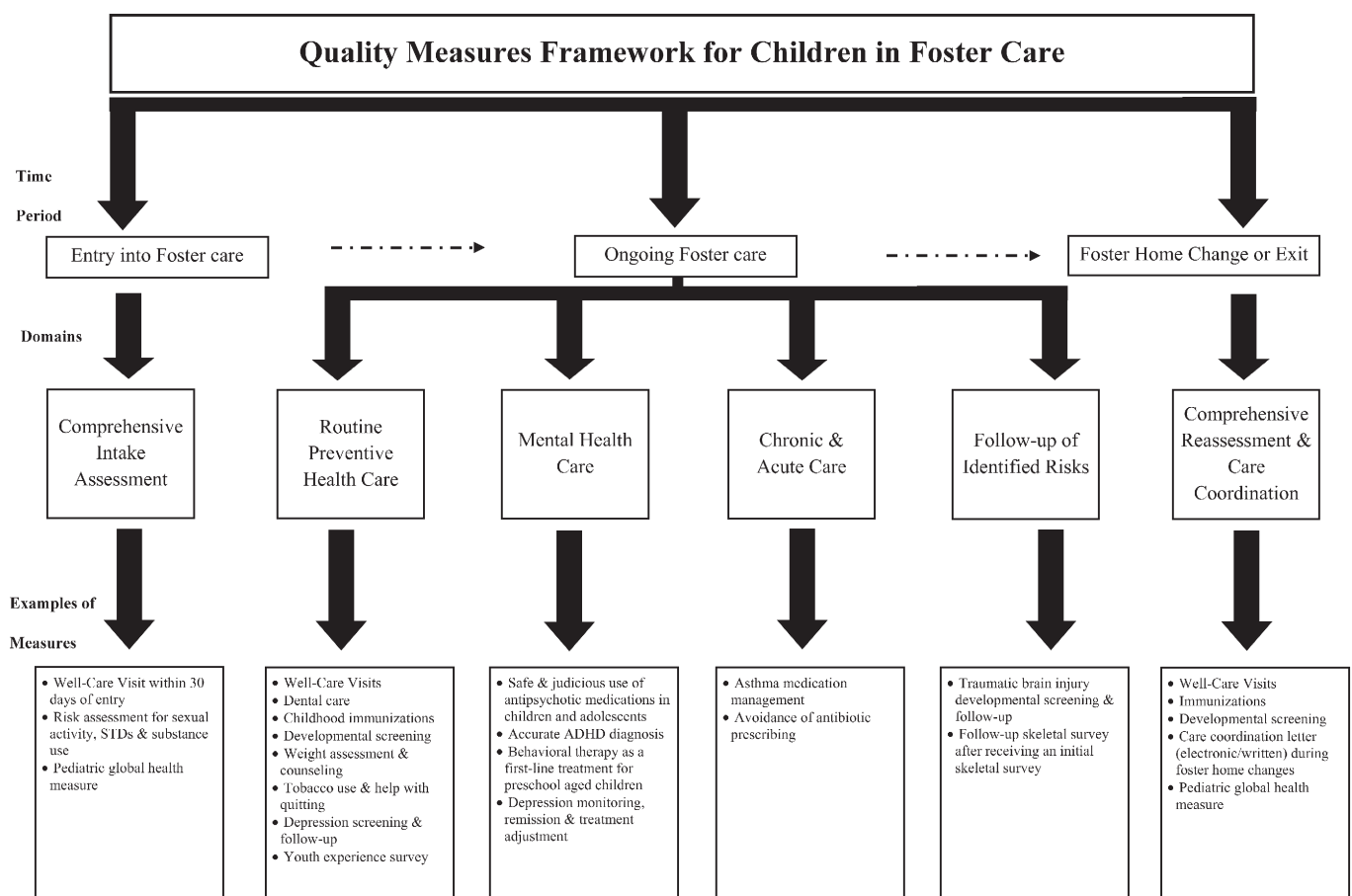


Fig. 1. Foster care quality measure framework.

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