



Advancing Children's Health Care and Outcomes Through the Pediatric Quality Measures Program

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ABSTRACT

In 2009 Congress passed the Children's Health Insurance Program Reauthorization Act (CHIPRA), which presented an unprecedented opportunity to measure and improve health care quality and outcomes for children. The Agency for Healthcare Research and Quality, in partnership with the Centers for Medicare & Medicaid Services, has worked to fulfill a number of quality measurement provisions under CHIPRA, including establishing the Pediatric Quality Measures Program (PQMP). The PQMP was charged with establishing a publicly available portfolio of new and enhanced evidence-based pediatric quality

measures for use by Medicaid/Children's Health Insurance Program and other public and private programs and to also provide opportunities to improve and strengthen the Child Core Set of quality measures. This article focuses on the PQMP and provides an overview of the program's goals and related activities, lessons learned, and future opportunities.

KEYWORDS: children; quality

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IN THIS ARTICLE, we provide an overview of the Pediatric Quality Measures Program (PQMP), its goals and related activities, lessons learned, and future opportunities.

HISTORY AND BACKGROUND

THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT: FOCUS ON HEALTH CARE QUALITY

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 provided a unique opportunity to direct resources and national attention to pediatric quality measurement and standardized reporting as important steps toward improving care and health outcomes for children.¹ Until passage of CHIPRA, measurement of the quality of health care for children had lagged substantially with most health care quality and payment reform efforts focused on adults, in particular the elderly and Medicare.^{2–5} Currently more than 1 of 3 children in the US are enrolled in the country's major public programs, Medicaid/Children's Health Insurance Program (CHIP), and approximately \$120 billion was spent on health care for children, in 2011.^{6,7} Therefore, ensuring a high-quality system of care for children has garnered national attention and aligns with The National Quality Strategy, which is the first

overarching national policy aimed at providing better, more affordable care for individuals and their communities.⁸

Title IV of CHIPRA focused on “strengthening quality of care and health outcomes” for children with a number of provisions relating specifically to the development and use of quality measures.¹ These included an Institute of Medicine report on child health and health care measurement, demonstration programs consisting of awards to states to improve health care quality and delivery systems for children in Medicaid/CHIP, development of an Electronic Health Record format for children's health care, the identification of an Initial Child Core Set of quality measures for voluntary use by state Medicaid/CHIP programs with required annual updates, and the establishment of the PQMP by January 2011.^{1,9,10}

PQMP

As outlined in the Title IV legislation, the broad goals of the PQMP are 1) to establish a publicly available portfolio of new and enhanced evidence-based pediatric quality measures for use by Medicaid/CHIP and other public and private programs, and 2) to provide opportunities to improve and strengthen the Child Core Set.¹ Since 2011,

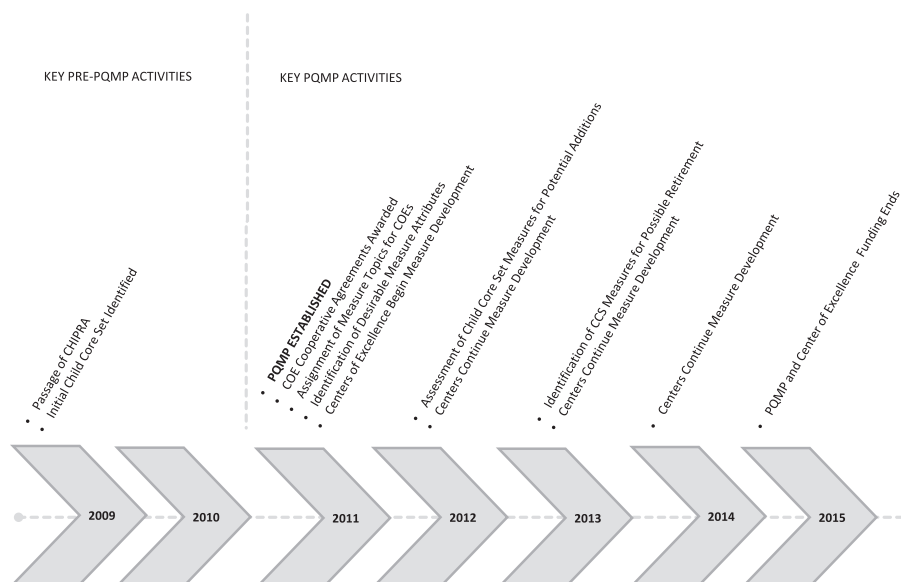


Figure. Timeline and overview of key activities. PQMP indicates Pediatric Quality Measures Program; CHIPRA, Children's Health Insurance Program Reauthorization Act; COE, Centers of Excellence; and CCS, Child Core Set.

the Agency for Healthcare Research and Quality (AHRQ), in partnership with Centers for Medicare & Medicaid Services (CMS) has worked to fulfill the PQMP provisions (Figure).

PQMP GOALS AND RELATED ACTIVITIES

ESTABLISH A PUBLICLY AVAILABLE PORTFOLIO OF NEW AND ENHANCED EVIDENCE-BASED PEDIATRIC QUALITY MEASURES

In February 2011, 7 PQMP Centers of Excellence (Centers) were established to develop new pediatric quality measures and methods. Six of the 7 PQMP Centers are located in academic medical centers and one in a not-for-profit organization (Table 1). In accordance with the Title IV CHIPRA provisions, each of the Centers operates as a consortium involving multiple stakeholders, including state-level Medicaid/CHIP program officials, health care providers, patient and family advocates, and clinical experts.¹

Funding for each Center was provided through a cooperative agreement grant that allowed for greater flexibility than a contract and therefore greater recipient autonomy. However, it also permitted federal program staff to be more actively involved in advising Centers on measure development approaches, particularly with regard to providing insights on the quality measurement needs of both state and federal programs.

In meeting the PQMP goal of establishing a publicly available portfolio of pediatric quality measures, measure topics were selected, measure assessment criteria were identified, and new and enhanced measures and methods were developed.

SELECTION AND ASSIGNMENT OF MEASURE TOPICS

To identify high-priority measure topics for the Centers, AHRQ and CMS started with the domains included in the CHIPRA Title IV legislation and then sought additional

guidance from a panel of experts who provided recommendations for the Initial Child Core Set, the public, and the Centers themselves.^{1,13} Because of the dearth of children's measures, more than 40 topics were assigned across the 7 Centers. Most topics were initially broad (eg, content of prenatal care, sickle cell treatment); therefore, the Centers worked to refine the topics into specific measure or method concepts based on evidence reviews and stakeholder input. Some concepts were identified by Centers or AHRQ as overlapping and a few measures did not hold up through the entire development process.¹⁴ Table 1 lists the topic assignments and completed measures and methods, according to Center.

IDENTIFICATION OF CRITERIA FOR MEASURE ASSESSMENT

A set of criteria (termed "desirable measure attributes") for assessing measures (Supplementary Appendix A) were identified by a panel consisting of subject matter experts, Medicaid/CHIP officials, the Centers, and AHRQ.¹ In large part, the PQMP desirable measure attributes were modeled on requirements set by leading measure development entities, including the National Quality Measures Clearinghouse, National Quality Forum, and National Committee for Quality Assurance, for assessing nominated measures. However, specific criteria corresponding to requirements outlined in the CHIPRA Title IV legislation for PQMP-developed measures were also included as desirable measure attributes: relevance to Medicaid/CHIP, attributes specifically related to children, ability of measures to assess disparities, be risk-adjusted (where appropriate), and be reportable at different levels of care (eg, state, health system, health plan, and provider).¹ Additionally, to encourage innovation, the Centers were given an opportunity to explain why a submitted measure was suitable for measuring children's health care quality, even if all criteria were not met. The desirable measure attributes were codified in the CHIPRA PQMP Candidate Measure

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