Quality and Outcomes for Children

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Outline

• Learning Phase
• Why focus on quality & outcomes for children’s healthcare?
• What determines quality?
• Current projects
• Future direction
Learning Phase

• Understand the local and state context for quality
• Network with existing research infrastructure in the State
• Build partnerships where involvement provides “value added”
What is Quality Health Care?

"the degree to which health services for individuals and populations increase the likelihood of desired health care outcomes and are consistent with current professional knowledge"

Institute of Medicine, 1990
Why Care About Quality?

• National consensus has emerged that between the health care we have and the health care we could have lies not a gap but a chasm (IOM, 2001)

• Over 70 publications in leading peer reviewed literature documenting serious quality shortcomings over last 10 years

• This is true for all types of care - preventive, acute, and chronic [...] for different types of health insurance [...] for all age groups, from children to the elderly [...]" (Schuster et al, Milbank Quarterly, 1998)
The Challenge: Technical Quality

- Underuse:
  - immunizations (75 - 85% appropriately immunized)
  - well child care (30-65% receiving recommended visits)
  - palliative care (29% effective pain management)

- Overuse:
  - antibiotics (44% common colds)
  - tympanostomy tubes (ear tubes)

- Misuse:
  - adverse drug events
The Challenge: Interpersonal Quality

% Listen Carefully
- 2001: 71.1%
- 2000: 65.5%

% Explained Clearly
- 2001: 74.2%
- 2000: 68.4%

% Always Treated With Respect
- 2001: 73.6%
- 2000: 67.3%

Simpson et al, in preparation, 2003
What Determines Quality?

1. Insurance Available
2. Enrolled in Insurance
3. Providers and Services Covered and Affordable
4. Informed Choice Available
5. Consistent Source of Primary Care Available
6. Referral Services Accessible
7. High Quality Care Delivered

Quality of Received Care

Modified from Eisenberg et al, JAMA, Vol.284, No.16:2100-2107
Chart 1a. Percent of children by all-year insurance status

Source: Medical Expenditure Panel Survey (MEPS)
Fig. 3: Trends in Hospital Outpatient Use for Children 17 Years and Younger, 1987-1999


Simpson et al, in preparation, 2003
Trends in Hospital Inpatient Use for Children 17 Years and Under, 1987-1999


Simpson et al, in preparation, 2003
Trends in Emergency Room Use for Children 17 Years and Younger, 1987-1999


Simpson et al, in preparation, 2003
Percent Distribution by Extent of Problem in Getting a Referral to a Specialist, 2000-2001

Percent Distribution by Extent of Problem in Receiving Necessary Care, 2000-2001


Simpson et al, in preparation, 2003
Fig. 8: Health Care Quality for Children 17 Years and Under, 2000-2001


Percent Distribution of How Often Health Providers Listened Carefully to Parents, 2000-2001

Percent Distribution of How Often Health Providers Explained Things Clearly to Parents, 2000-2001


Simpson et al, in preparation, 2003
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The Research Cycle

User Input & Feedback
Advisory Committees
You!

Translation into Policy & Practice
Improved quality
Better child outcomes

Knowledge
Child Health Outcomes Research

Tools
Pediatric Quality Measures
Pediatric Data Standards

Improved quality
Better child outcomes
Current Projects

• AHRQ Annual Report
• National Quality Initiatives
  – Making the Case
  – National Quality Forum
• Pedi-QS Collaborative
• International activities
State of the Science
State of Practice

• 19 measurement sets identified
• 396 measures / indicators catalogued using Institute of Medicine framework:
  - 14.4% safety
  - 59.1% effectiveness
  - 32.1% patient centeredness
  - 33.3% timeliness
• Few measures address children with chronic illness (18.9%), none for end-of-life care
• Risk adjustment robust enough to support NICU & PICU comparative outcomes studies
• Underuse of existing measure sets

Beal et al & Kulthau et al, Forthcoming, Pediatrics, 2003;
Recommendations

- Create the information infrastructure
- Build public support for measurement and improvement
- Improve reliability, feasibility & utility of existing measures
- Build the evidence base for measurement

Dougherty & Simpson, Forthcoming, Pediatrics, 2003
Tools: Pedi-QS National Collaborative

• National leaders in pediatric care
• Pediatric measures development
  - Conditions that are costly, common, and can be improved
  - Asthma, pain management, etc.
• Data standards development
  - Build on a local initiative: CardioAccess
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Future Directions

• Establish a robust Pediatric Clinical Research Center
• Develop multidisciplinary partnerships across the USF and other campuses
• Explore linkages with the FCAAP and others for translational activities
It takes 17 years to turn 14 per cent of original research to the benefit of patient care.
Thank You

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