



# Quality and Outcomes for Children

Lisa Simpson, MB, BCh, MPH  
Professor & Endowed Chair, Child Health Policy  
AHCA Research Meeting  
May 9, 2003

# Outline

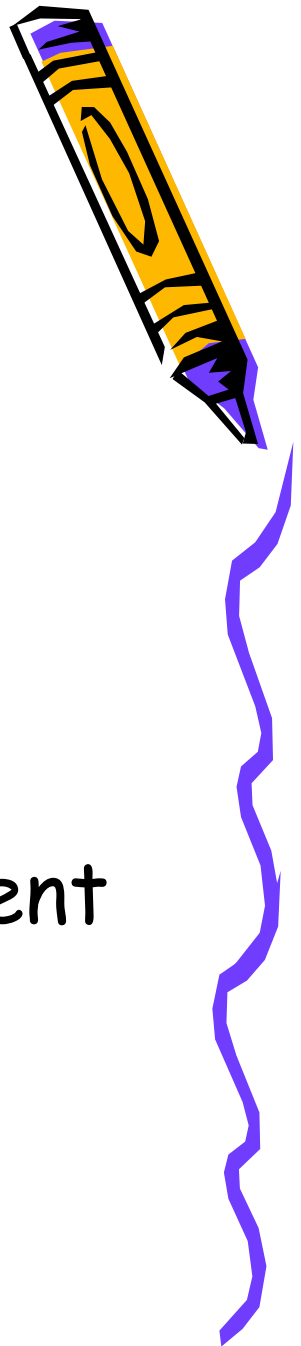


- Learning Phase
- Why focus on quality & outcomes for children's healthcare?
- What determines quality?
- Current projects
- Future direction



# 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?



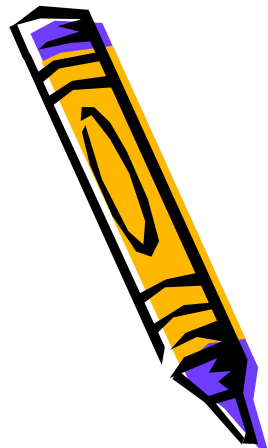
*"the degree to which health services for individuals and populations increase the likelihood of desired health care outcomes and are consistent with current professional knowledge"*

*Institute of Medicine, 1990*



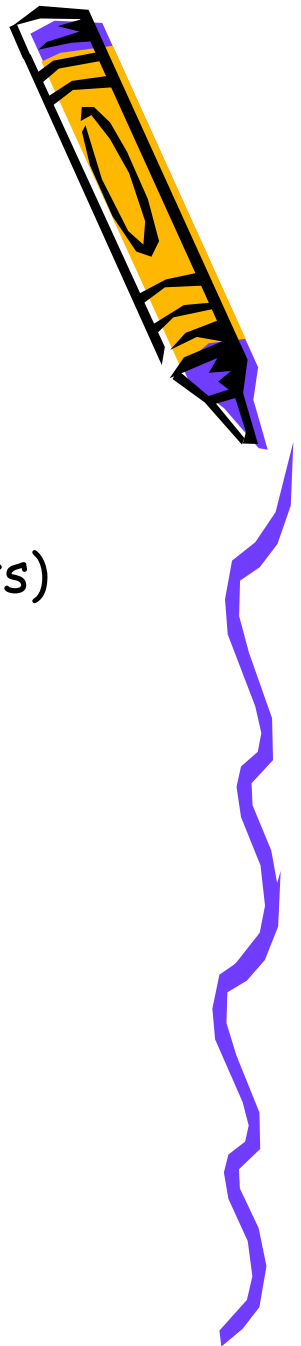
# Why Care About Quality?

- 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*)

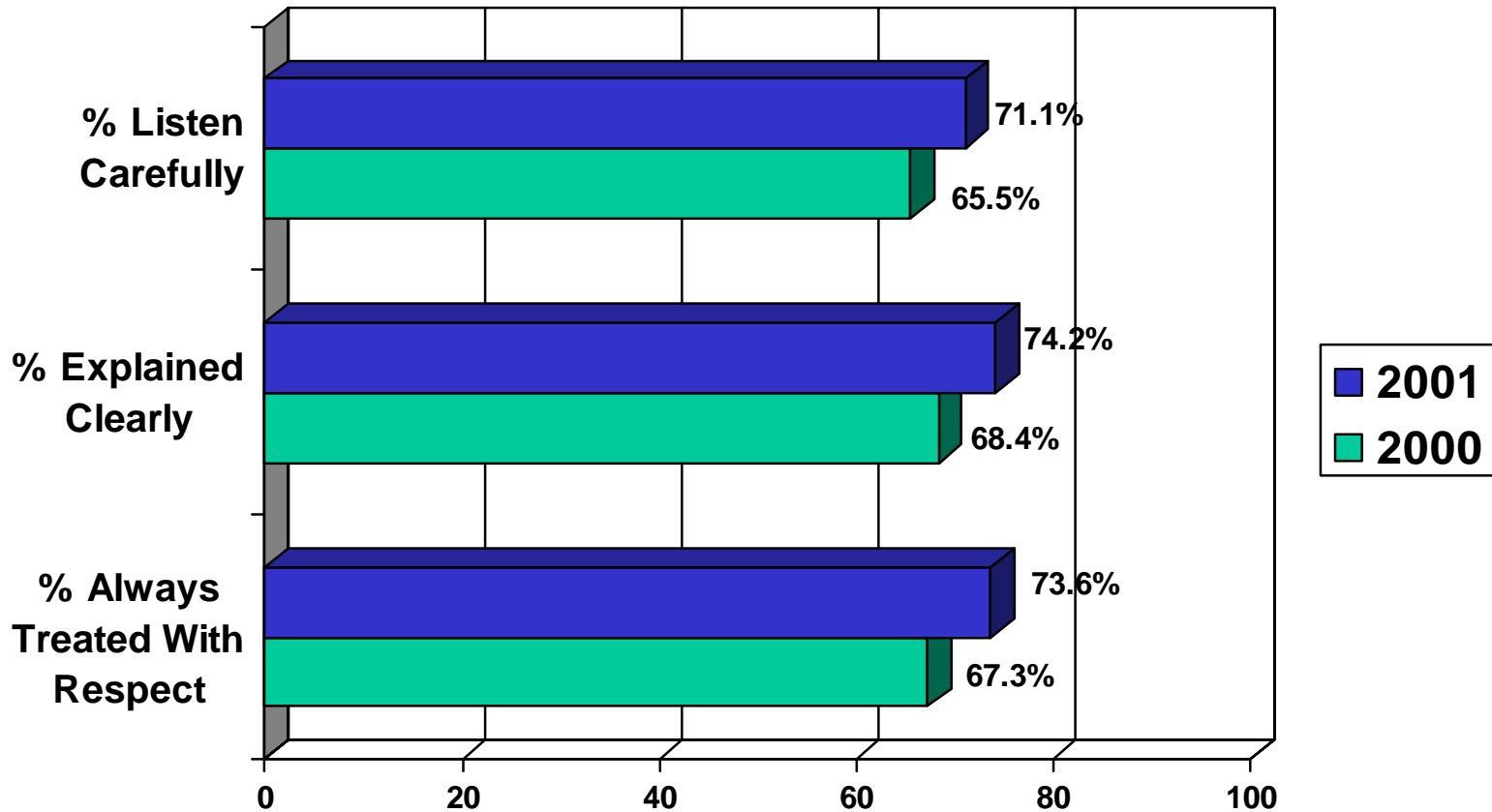


# The Challenge: Technical Quality

- 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

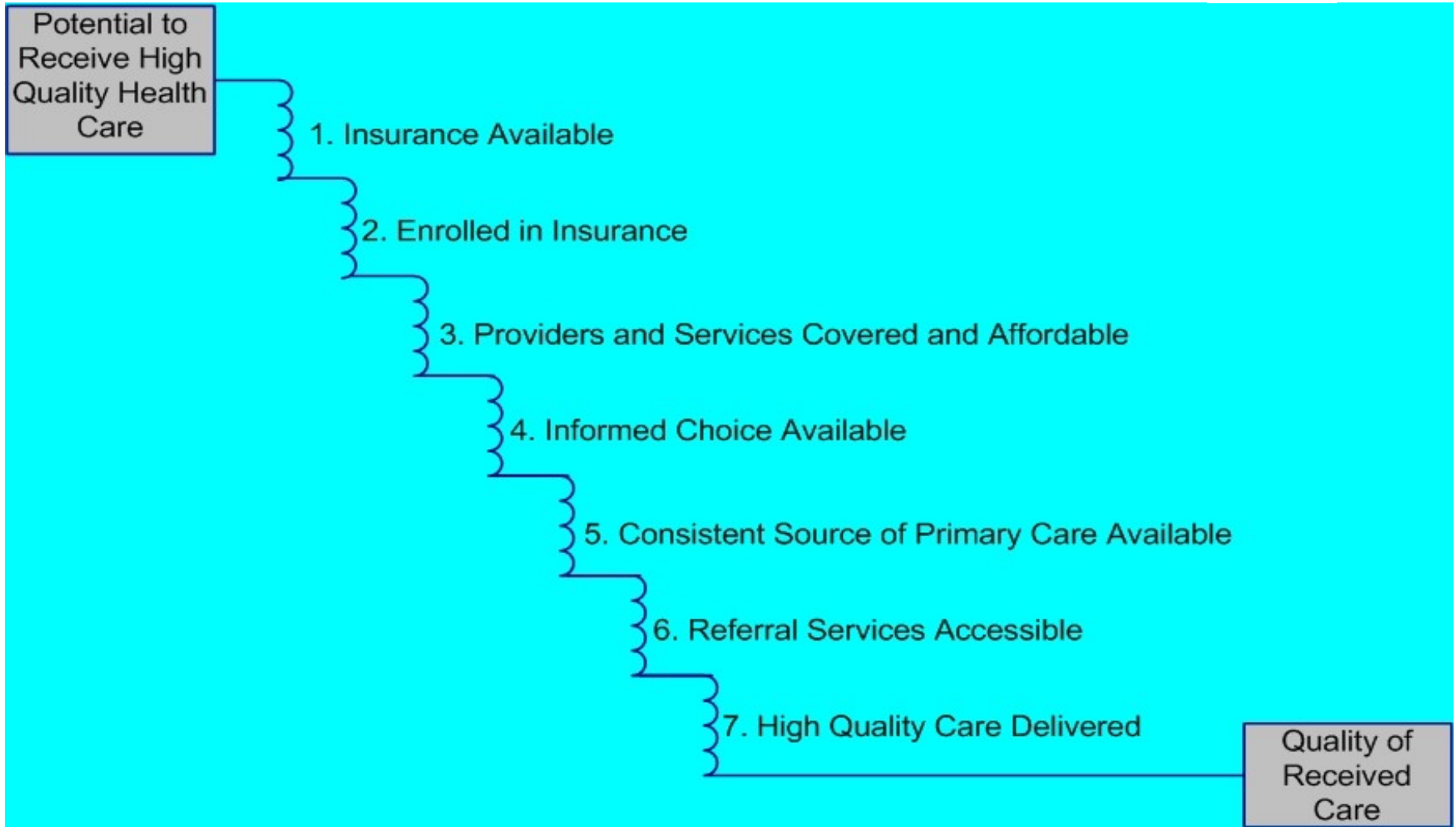


# The Challenge: Interpersonal Quality



*Simpson et al, in  
preparation, 2003*

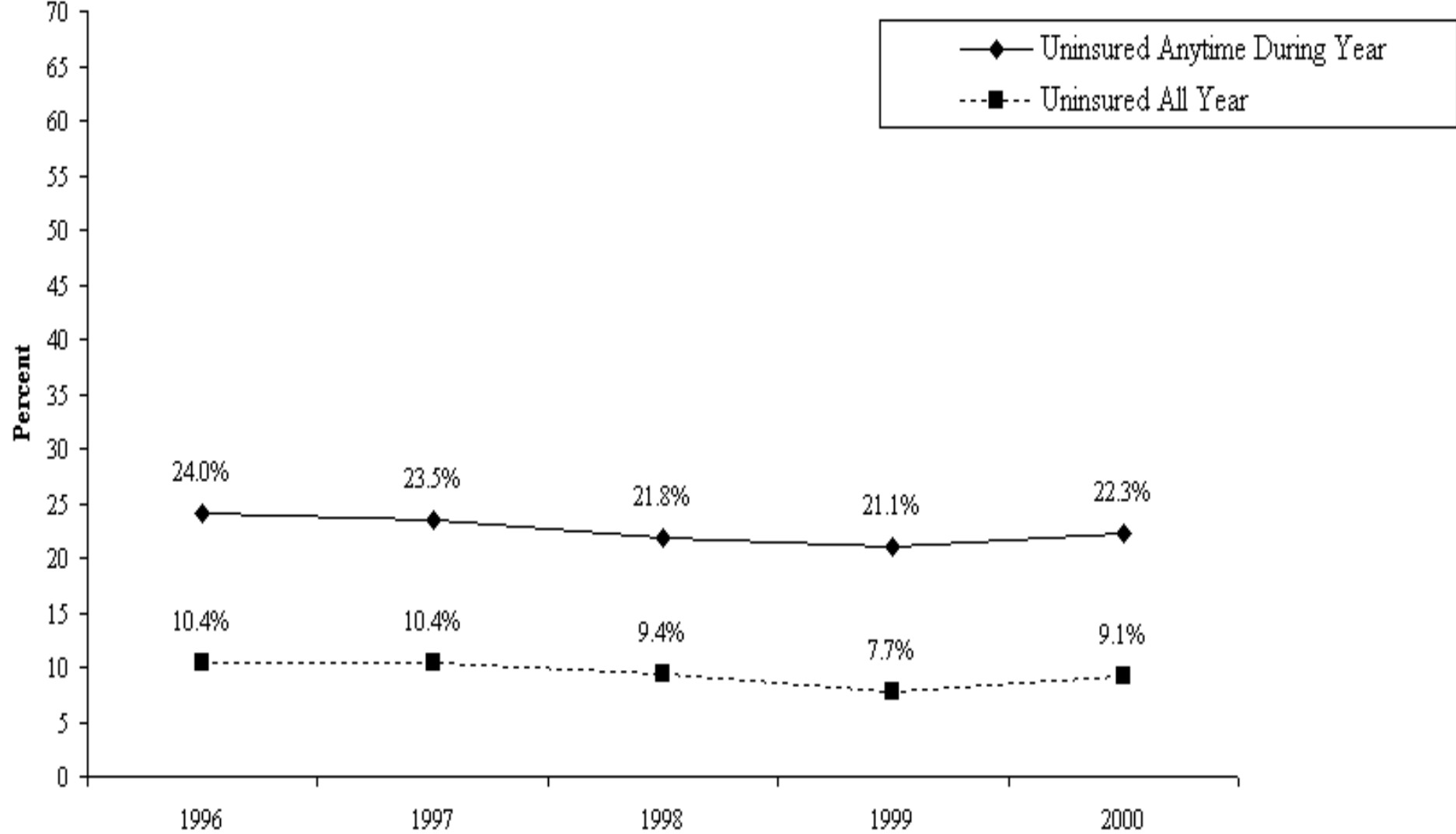
# What Determines Quality?



*Modified from Eisenberg et al, JAMA, Vol.284, No.16:2100-2107*

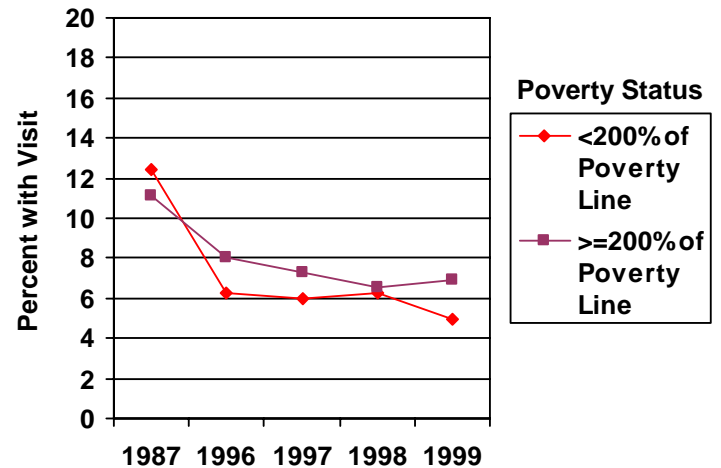
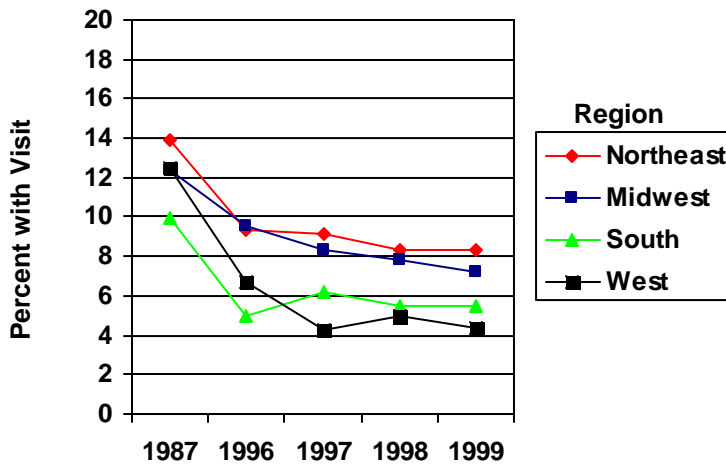
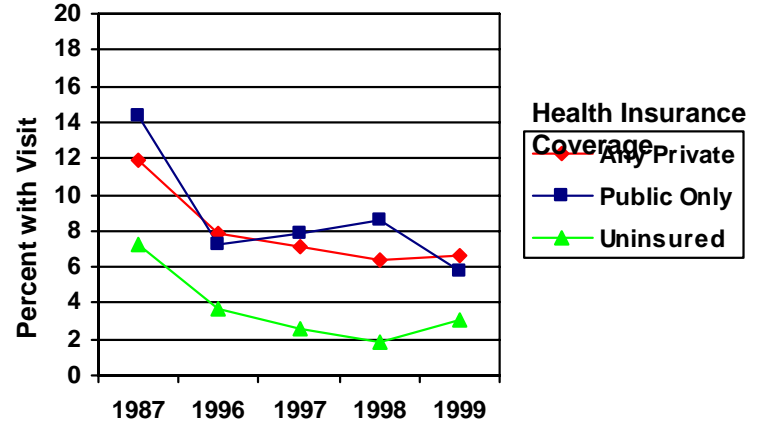
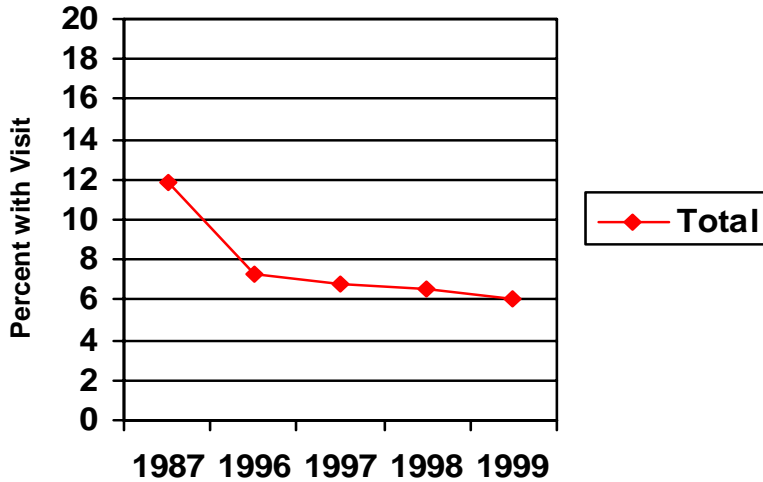


Chart 1a. Percent of children by all-year insurance status



Source: Medical Expenditure Panel Survey (MEPS)

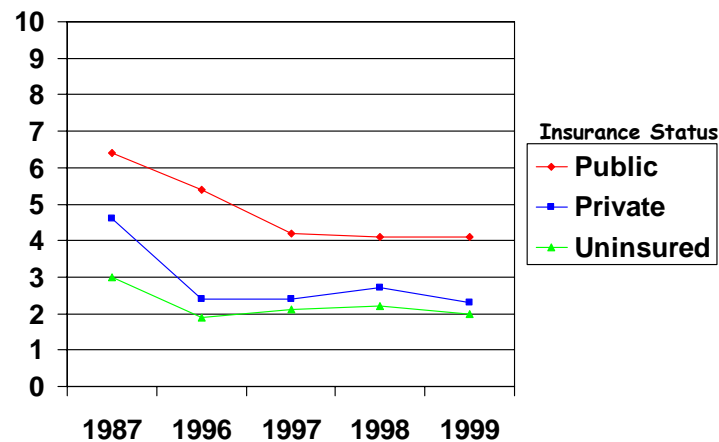
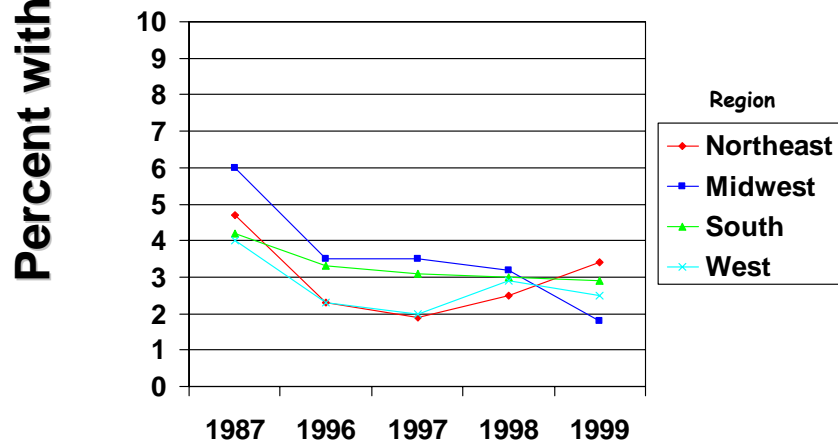
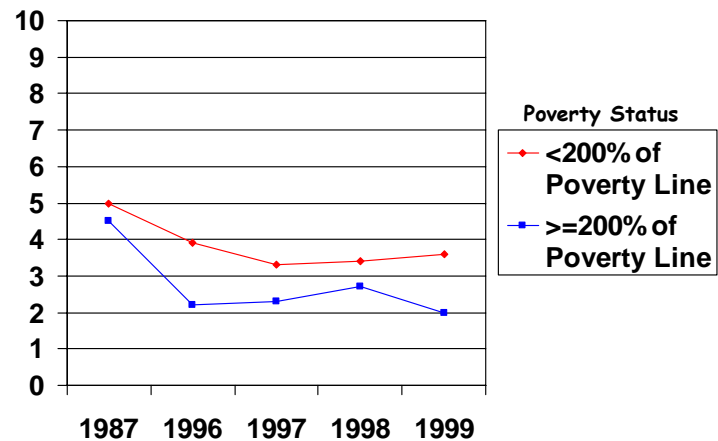
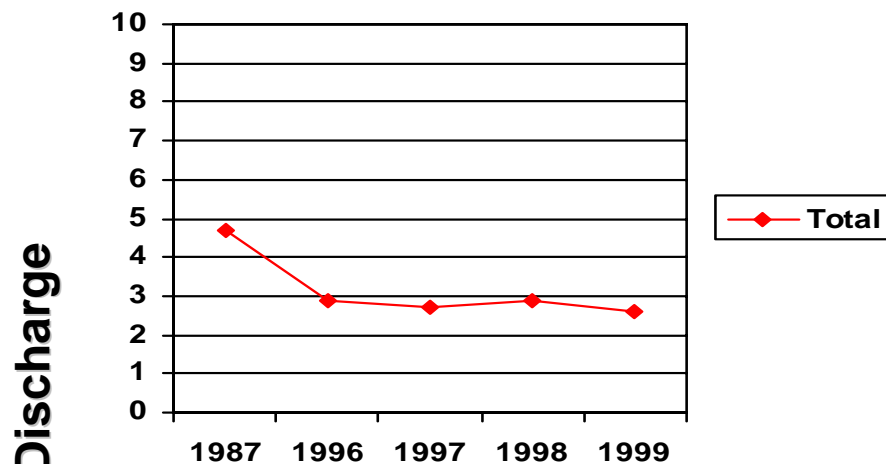
**Fig. 3: Trends in Hospital Outpatient Use for Children 17 Years and Younger, 1987-1999**



Source: MEPS 1996-1999, NMES 1987

Simpson et al, in preparation, 2003

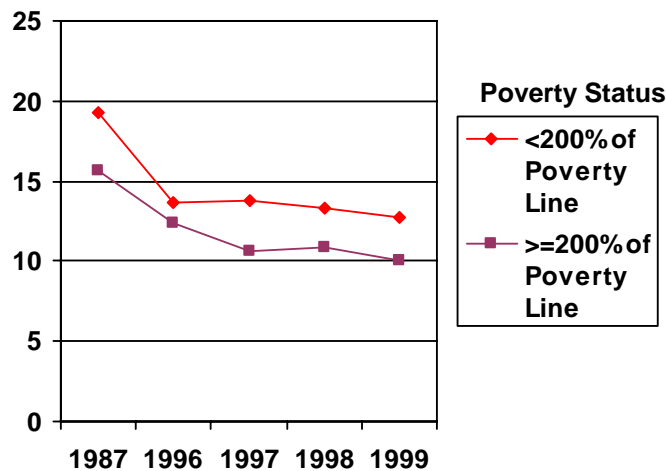
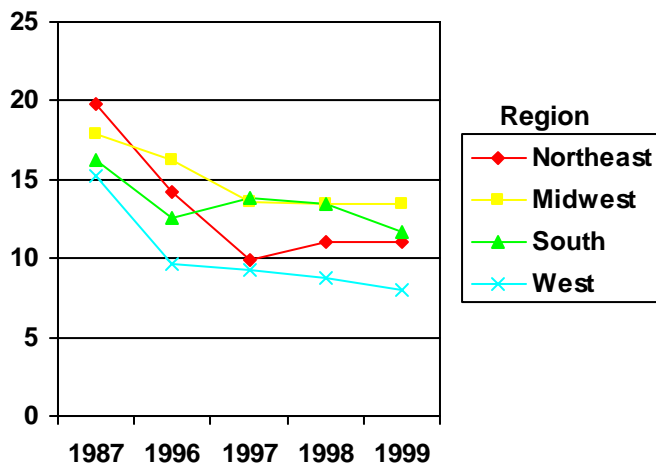
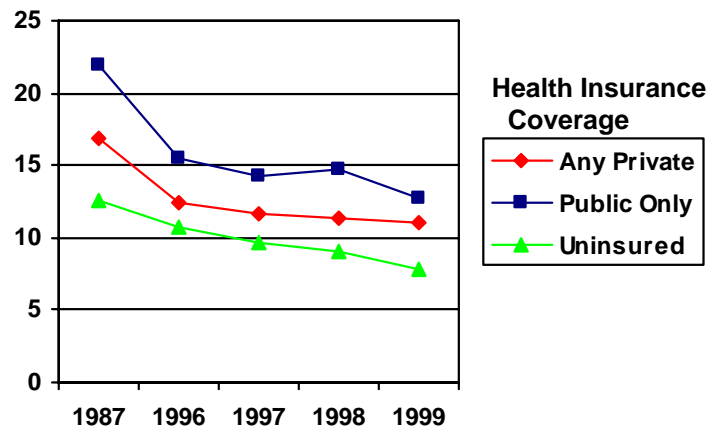
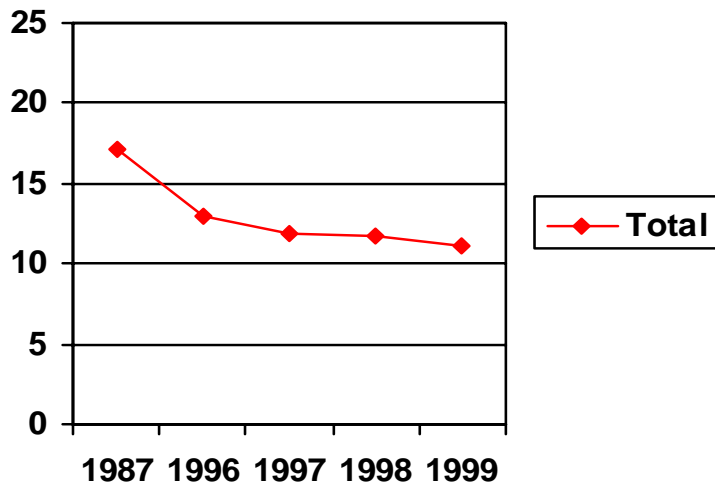
# Trends in Hospital Inpatient Use for Children 17 Years and Under, 1987-1999



Source: MEPS 1996-1999,  
NMES 1987

Simpson et al, in  
preparation, 2003

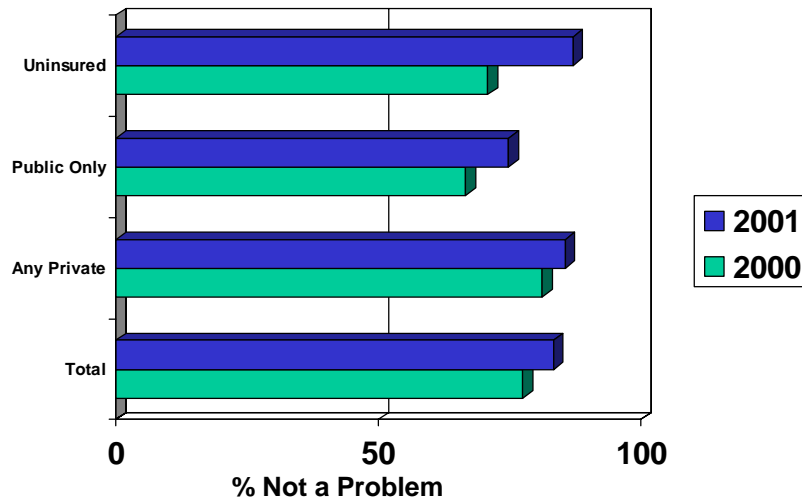
# Trends in Emergency Room Use for Children 17 Years and Younger, 1987-1999



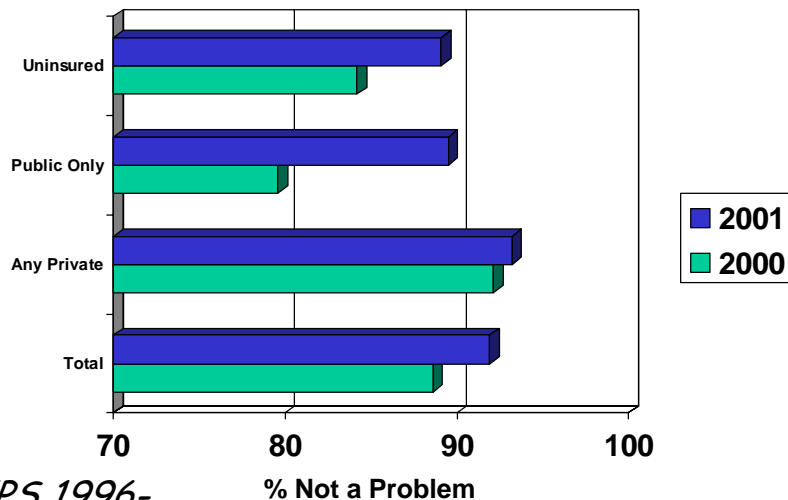
Source: MEPS 1996-1999, NMES 1987

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

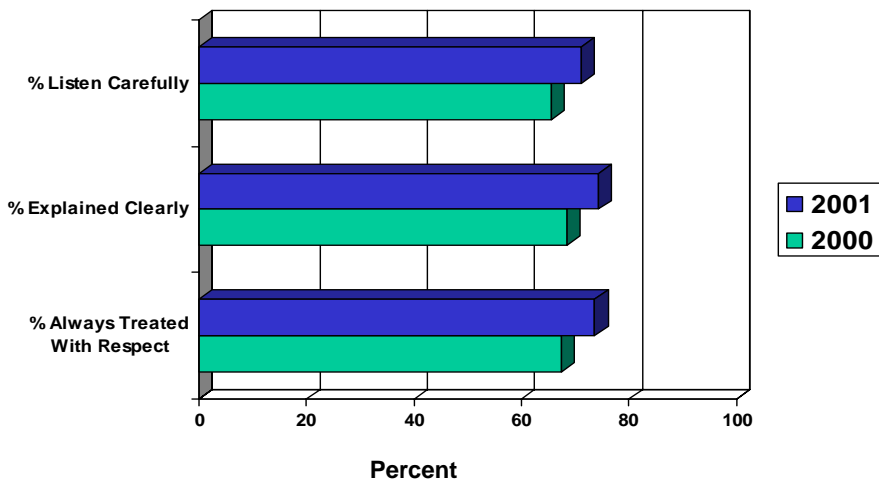


Source: MEPS 1996-1999, NMES 1987

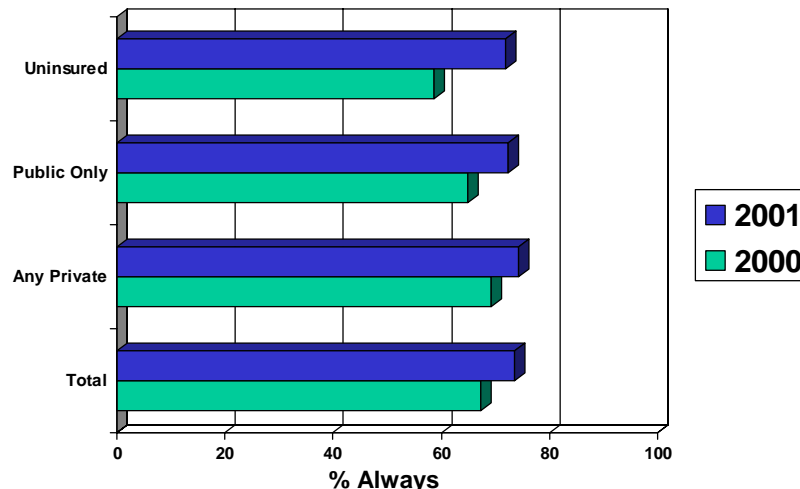
Simpson et al, in preparation, 2003

# Fig. 8: Health Care Quality for Children 17 Years and Under, 2000-2001

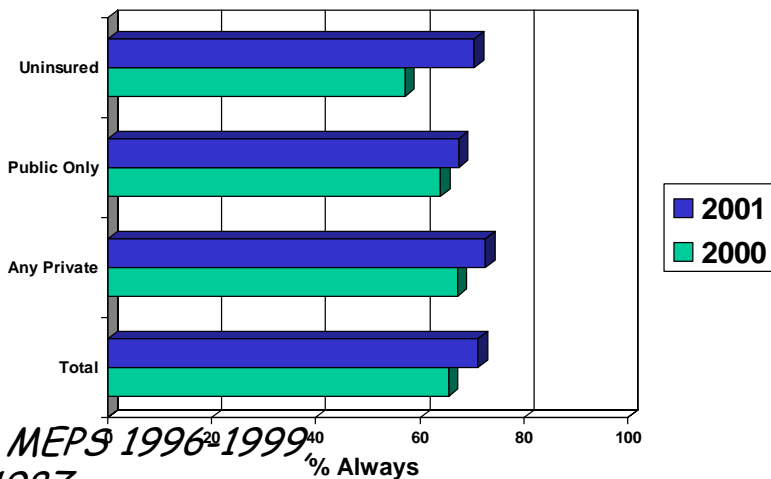
Total



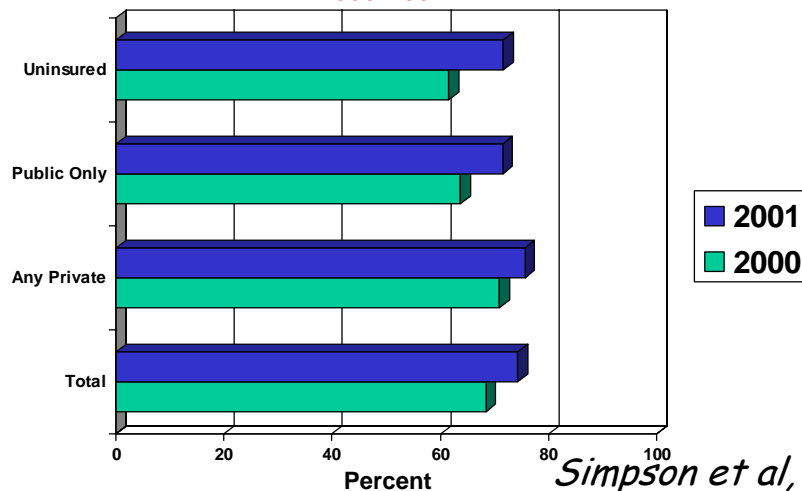
Percent Distribution of How Often Health Providers Showed Respect for What Parent Said, 2000-2001



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



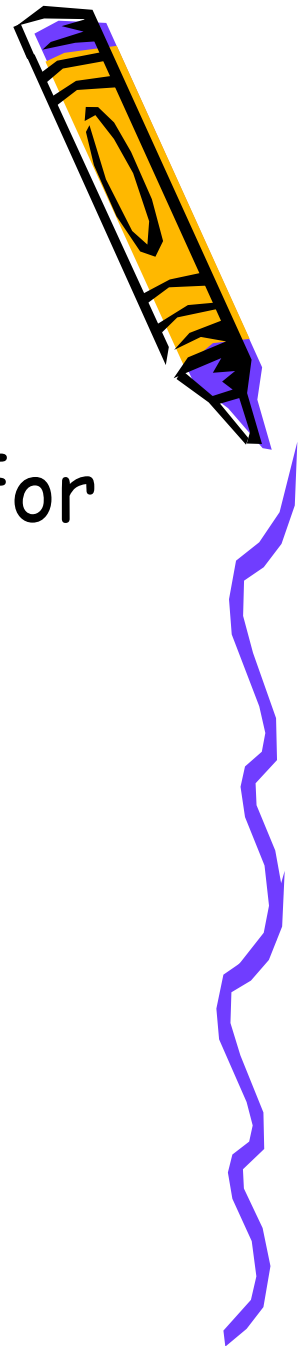
Percent Distribution of How Often Health Providers Explained Things Clearly to Parents, 2000-2001



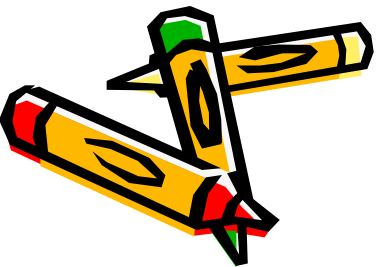
Source: MEPS 1996-1999, NMES 1987

Simpson et al, in preparation, 2003

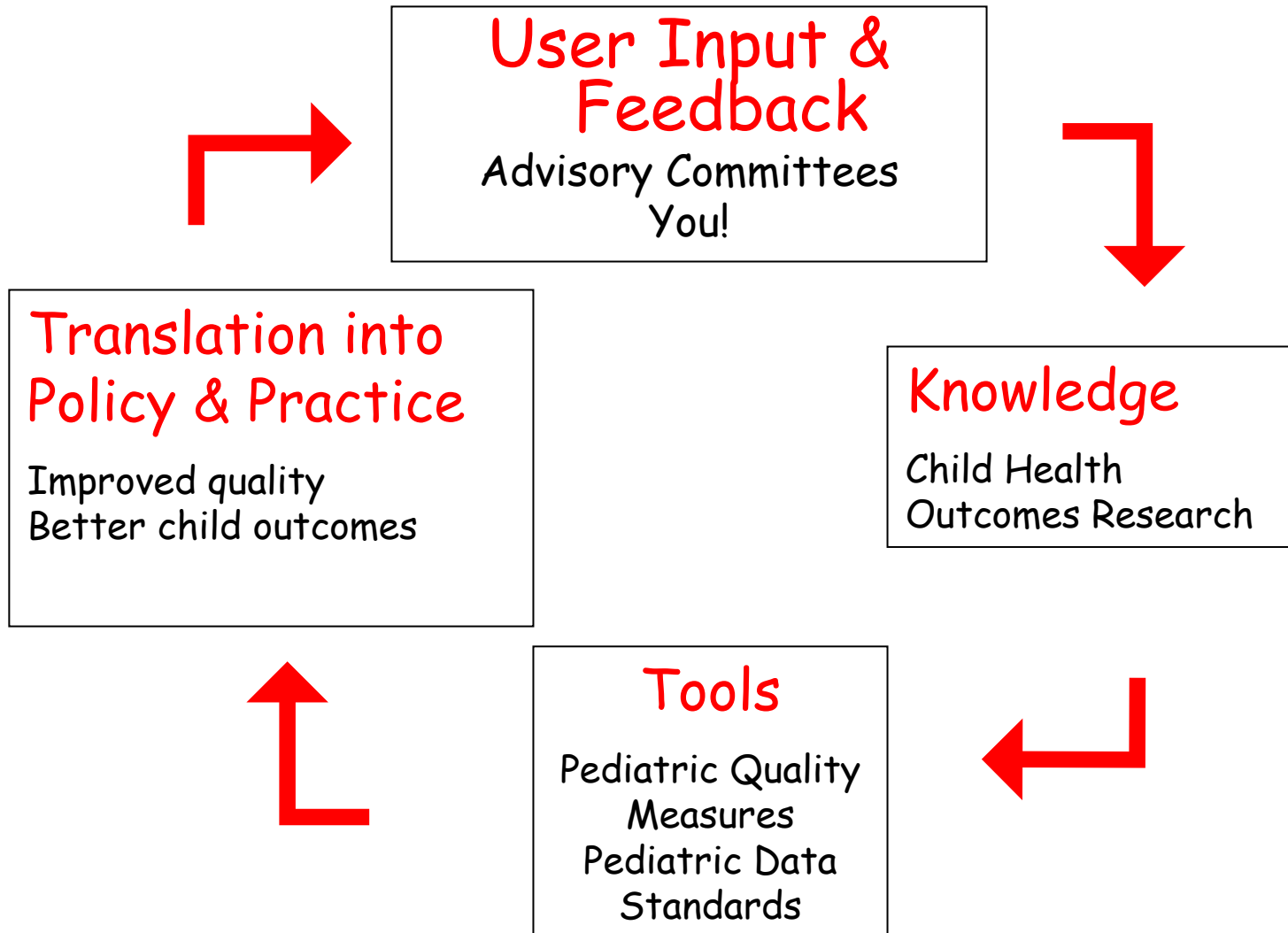
# Outline



- Why focus on quality & outcomes for children's healthcare?
- What determines quality?
- **Current projects**
- Future direction



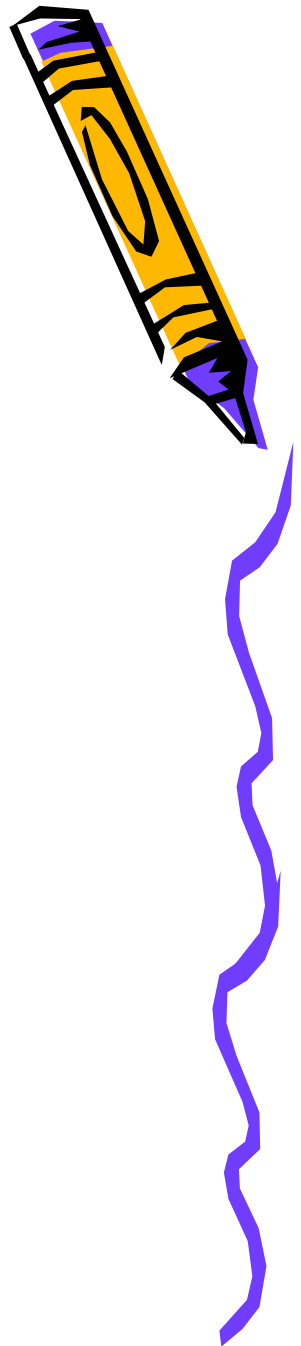
# The Research Cycle





# Current Projects

- AHRQ Annual Report
- National Quality Initiatives
  - Making the Case
  - National Quality Forum
- Pedi-QS Collaborative
- International activities



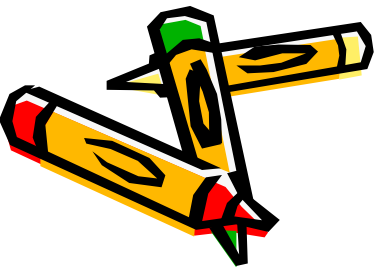
# State of the Science

## State of Practice

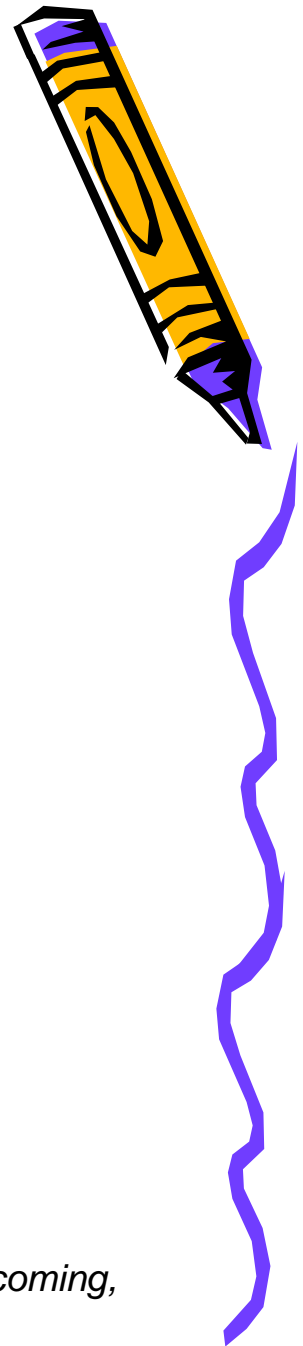
- 19 measurement sets identified
- 396 measures / indicators catalogued using Institute of Medicine framework:
  - 14.4% safety
  - 59.1% effectiveness
  - 32.1% patient centeredness
  - 33.3% timeliness
- Few measures address children with chronic illness (18.9%), none for end-of-life care
- Risk adjustment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

# 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*

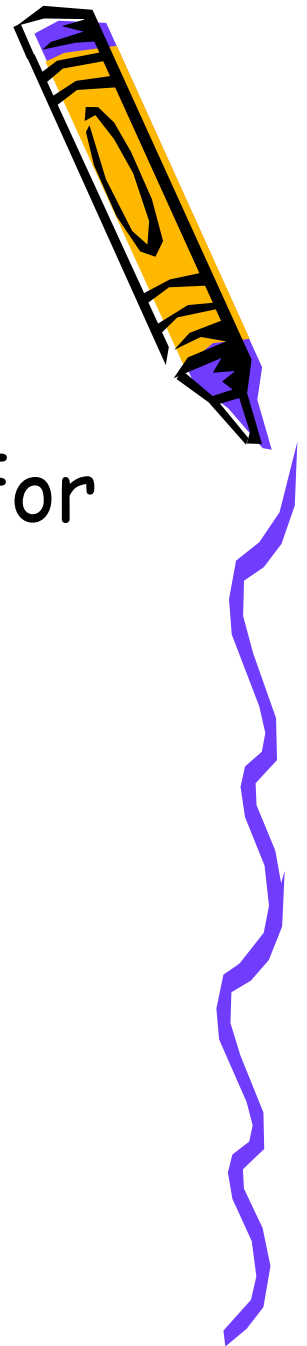


# Tools: Pedi-QS National Collaborative

- 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



# Outline



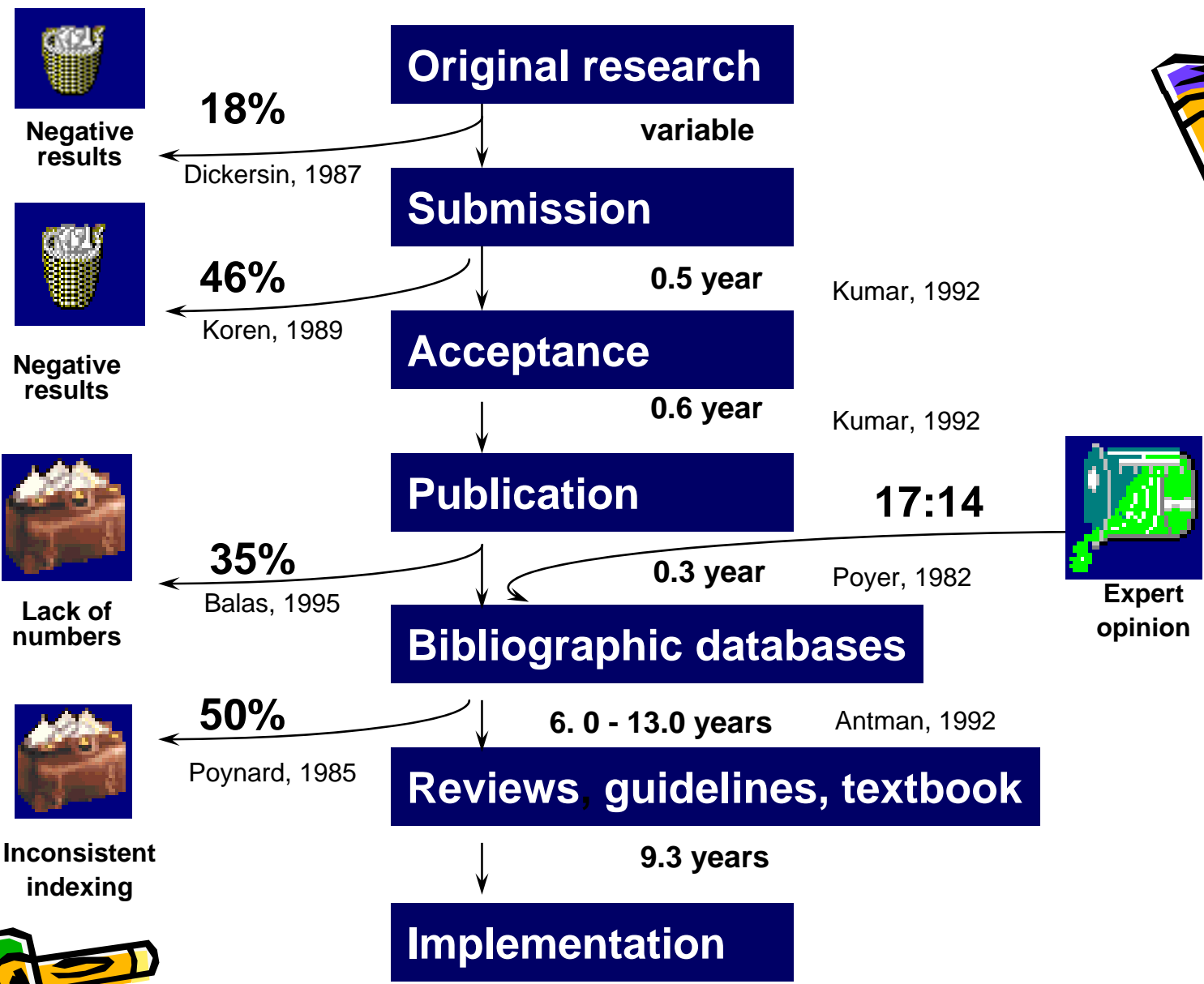
- Why focus on quality & outcomes for children's healthcare?
- What determines quality?
- Current projects
- Future direction



# 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

[Lsimpso1@hsc.usf.edu](mailto:Lsimpso1@hsc.usf.edu)

[las@ichp.edu](mailto:las@ichp.edu)