

Developing and Analyzing Performance Measures



A Guide for Assessing Quality of Care for
Children with Special Health Care Needs

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Preface

Quality Assurance and CSHCN

Quality assurance, the collection of relevant data for monitoring health outcomes and access to care and for identifying vulnerable populations and gaps in services, has become more critical to the survival of programs that serve children with special health care needs (CSHCN). State CSHCN programs are in transition from providing direct services to promoting and monitoring comprehensive systems of care. Recent changes in health care financing have led to an increase in the number of CSHCN entering managed care plans, placing them at risk if treatment is not appropriate or specialty care is not provided.

Ideally, managed care health systems improve access to health care for all persons, assure the quality of care provided, and produce cost savings. Effective and ongoing mechanisms for quality assurance are key to assuring that managed care systems reach, appropriately serve, and improve the health of CSHCN. Measures of service delivery for CSHCN under managed care must be integrated with appropriate population-based health status and health outcome indicators, resulting in a uniform set of data that allows both public officials and consumers to evaluate and compare system performance.

Although managed care plans are embracing quality assurance and are making some data available to consumers, existing standards of quality do not address the complex medical, educational, and psychosocial needs of CSHCN and their families. Issues such as continuity of care, comprehensive services, coordination across programs, and access to all levels of care are critical to the delivery of care for CSHCN at the community level.

About This Project

Quality Community Managed Care (QCMC) was a project funded by a grant from the Maternal and Child Health Bureau (MCHB). This project, which was funded from October 1, 1994 through September 30, 1998, addressed the need for effective, ongoing mechanisms for quality assurance to assure that managed care systems reach, appropriately serve, and improve the health of CSHCN. The goal of this project was to develop and field test a model for systematic evaluation of service delivery and outcomes at the community and family levels for CSHCN, including children eligible for publicly funded programs, under managed care. A model method to collect and assess selected indicator data; a process for evaluating cost effectiveness and efficiency of the model, and the modification and retesting of model elements was addressed by QCMC staff.

The QCMC Model

While state CSHCN program have long had a role in developing and monitoring standards of care, including credentialing providers, most of these programs have not implemented data systems capable of generating indicators of quality. Traditionally, these programs have collected client-specific information on utilization of services paid for by the agency.

The QCMC project developed and tested a quality assurance model that: addresses the consumers and programs, and collects the appropriate data, and provides a process for joint review by all parties. The model was tested in the state of Connecticut CSHCN agency.

The QCMC model captures both qualitative and quantitative data from a number of sources, including local contracted managed care entities, local providers, and families with CSHCN. Data collected include client expenditures, demographics, diagnoses, functional status, and sources and types of health care financing (commercial, public, managed care, etc.) referrals and services provided, the status of other vulnerable child populations, barriers to care, needs for additional training, evidence of relevant written policies and family satisfaction.

The QCMC project evaluated the usefulness, collectibility, validity and costs of implementing the model. As part of the evaluation, each data item, data collection tools (e.g., client enrollment forms, claims data, family survey, provider survey, and functional status tool), and methods of data collection were examined. For more information on testing the model in Connecticut, refer to the publication, *Developing a Monitoring and Quality Assurance System for Connecticut's Children with Special Health Care Needs Program* available as an Adobe .PDF format on the following Web page:

http://www.uic.edu/sph/cade/mch_managed_care/publications

The QCMC project also published *Quality Community Managed Care: A Guide for Quality Assurance Measures for Children with Special Health Care Needs*. This *Guide* provided a set of performance measures that can be used to monitor CSHCN in managed care plans or to monitor services funded through state CSHCN programs. Each measure pertinent to the CSHCN population is described, along with necessary data items, and data source(s) for collecting the data items. A copy of this publication may be downloaded in Adobe .PDF format at URL noted in the preceding paragraph.

Developing and Analyzing Performance Measures: A Guide for Assessing Quality Care for CSHCN includes a ten-step analysis plan for the ongoing and dynamic process of generating all required indicators of quality, a method for interpretation of the indicators, and the subsequent review process that includes the state program and local contracted managed care agency staff. The guide is intended to assist all of these stakeholders in developing goals and objectives, including corrective measures to improve effectiveness, efficiency, accessibility, provider competence, and program management.

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