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Public Comment, CHIPRA Core Measures
Agency for Healthcare Research and Quality
540 Gaither Road
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Re: Request for Comments Priority Setting for the Children's Health Insurance Program Reauthorization Act (CHIPRA) Pediatric Quality Measures Program (December 3rd, 2010)

The Children's Health Fund (CHF) is submitting the following comments in response to the Request for Comments issued on December 3rd pertaining to Priority Setting for the Children's Health Insurance Program Reauthorization Act (CHIPRA) Pediatric Quality Measures Program.

CHF is a non-profit organization and designated as a 501(c)(3) by the Internal Revenue Service. For more than two decades CHF has supported the delivery of comprehensive health care to medically underserved children and families in rural and urban areas. Our national network of programs seek to provide care under the medical home model, which means care is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective, serving the overall needs of the child.

We are pleased to see that measure topics include health insurance coverage duration, availability and effectiveness of a full range of preventive services and treatments, as well as availability of care. Beyond this set, we feel strongly that future pediatric quality measures also include at least these general themes: 1) access to sub-specialty care; 2) developmental, behavioral and mental health problems; 3) chronic pediatric illness; and 4) oral health care.

1) Access to sub-specialty care includes not only traditional medical fields, such as cardiology and dermatology, but also mental and oral health providers. Consistent with the patient-centered medical home, measures are needed which will allow for evaluation of effectiveness of coordination between primary care providers and sub-specialists. Completed referral rates (i.e., percent of patients who kept an appointment with the specialist to whom they were referred), timeliness of completion (i.e., interval between referral and appointment dates) and degree of

communication between primary and sub-specialty care providers are of particular interest as they can have a substantial impact on clinical outcomes.

2) Approximately 80% of children in need of care go unserved each year because of the continuing shortage of pediatric mental health professionals (according to former Surgeon General Satcher's report). We therefore suggest tracking the percent of children referred by pediatric primary care providers (PCPs) for mental health evaluation who keep a first appointment. Another indicator of access to mental health care is the percent of children identified with mental health needs who are managed in primary care because no referral source was available. Evidenced-based measures which will help pediatric PCPs in the identification and management of developmental, behavioral and mental health problems are needed now more than ever due to their increasing role in providing first line treatment in these areas. We further recommend contextual measures that begin prenatally and involve parenting practices that facilitate optimal development which could impact the lifespan.

3) Currently in pediatrics a frequent measure of chronic disease management is the percent of patients with persistent asthma who are prescribed an asthma control medication. We recommend a similar indicator be added to record the percent of pediatric comprehensive physical examination visits that include recording body mass index (BMI) percentile, and the percent of such visits with BMIs above the 85th percentile that include nutrition counseling. With the recent data indicating an alarming rate of childhood obesity, the need to address nutritional health is vital in the context of a national pediatric quality measure agenda.

4) Oral health care should not be considered separate from medical care, but integral to the pediatric medical home. In spite of the ever increasing involvement of pediatric PCPs in helping meet oral health needs of children – through preventive counseling and services, such as application of fluoride varnish, as well as by assuring access to a pediatric dental home – measures to help determine efficiency and effectiveness of these services are almost non-existent. Identifying the availability, opportunity for, and subsequent delivery of oral health care services would materially enhance the medical home model's integration of this vital set of health care services, raise awareness of the core significance of oral health, and support a goal of improved oral health for children and their families.

CHF commends you and the Agency for Healthcare Research and Quality for seeking general public comment on efforts to advance and improve pediatric quality measures. We hope that our comments are considered as the agency moves forward with this effort. Again, thank you for this opportunity. For more information please contact:

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