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STATE HEALTH ACCESS REFORM EVALUATION

Medical Homes Measures in Household Survey Data

September 29, 2014

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Introduction & Overview

About SHARE

State Health Access Reform Evaluation (SHARE)

- National Program of the Robert Wood Johnson Foundation

- Part of the Foundation's Coverage Team
- Operates out of the State Health Access Data Assistance Center (SHADAC)

- 33 research grants awarded since 2008
- 2014 grants to launch October 1st

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SHARE Webinar: Concerns about the Standard Medical Home Measure for Children in Household Survey Data

September 29, 2014

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Definition: Patient Centered Medical Home (PCMH)

- *A model for evaluating health care quality*
  - Accessible
  - Family-centered
  - Continuous
  - Comprehensive
  - Coordinated
  - Compassionate
  - Culturally effective

History: Collaboration of health care providers and policymakers

- Concept developed over several decades
- Survey-based measure developed more recently
- In this presentation, we describe the survey-based measures for children, demonstrate our concerns about them, and offer recommendations

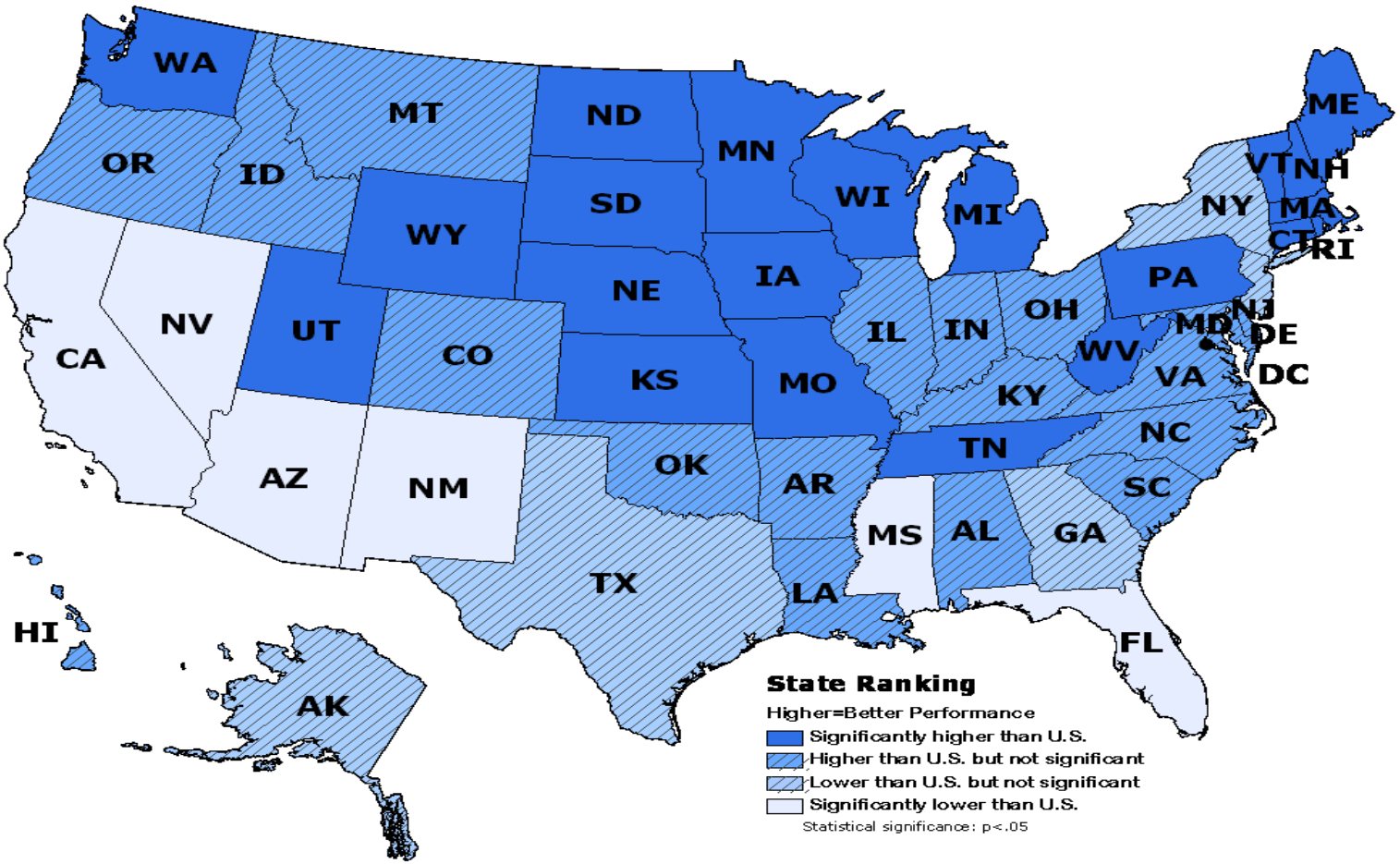
Current policy focus: The national goal of all children having a medical home

- Emphasis on using medical homes to evaluate health care quality is increasing
  - Healthy People 2020 objectives – "Increase the proportion of children, including those with special health care needs, who have access to a medical home"
  - Affordable Care Act (ACA)
  - Title V programs
  - Children's Health Insurance Program Reauthorization Act (CHIPRA)

Current measurement tools: Two surveys collect data for official estimates

- Surveys
  - National Survey of Children's Health (NSCH)
  - National Survey of Children with Special Health Care Needs (NS-CSHCN)
- Endorsed by National Quality Forum (NQF)
- Used in federal statistics
- State rankings (AAP/CAHMI)

Current measurement focus: State estimates of the percent of children with a medical home



Source Note: Map from the Data Resource Center for Child & Adolescent Health using 2011/12 data from the National Survey of Children's Health

Current policy challenge: Many children do not have a medical home, disparities by group

- 42.5 percent of children nationally do not have a medical home
- CSHCN are less likely to be identified as having a medical home compared to children without such needs.
- Six states have below average levels

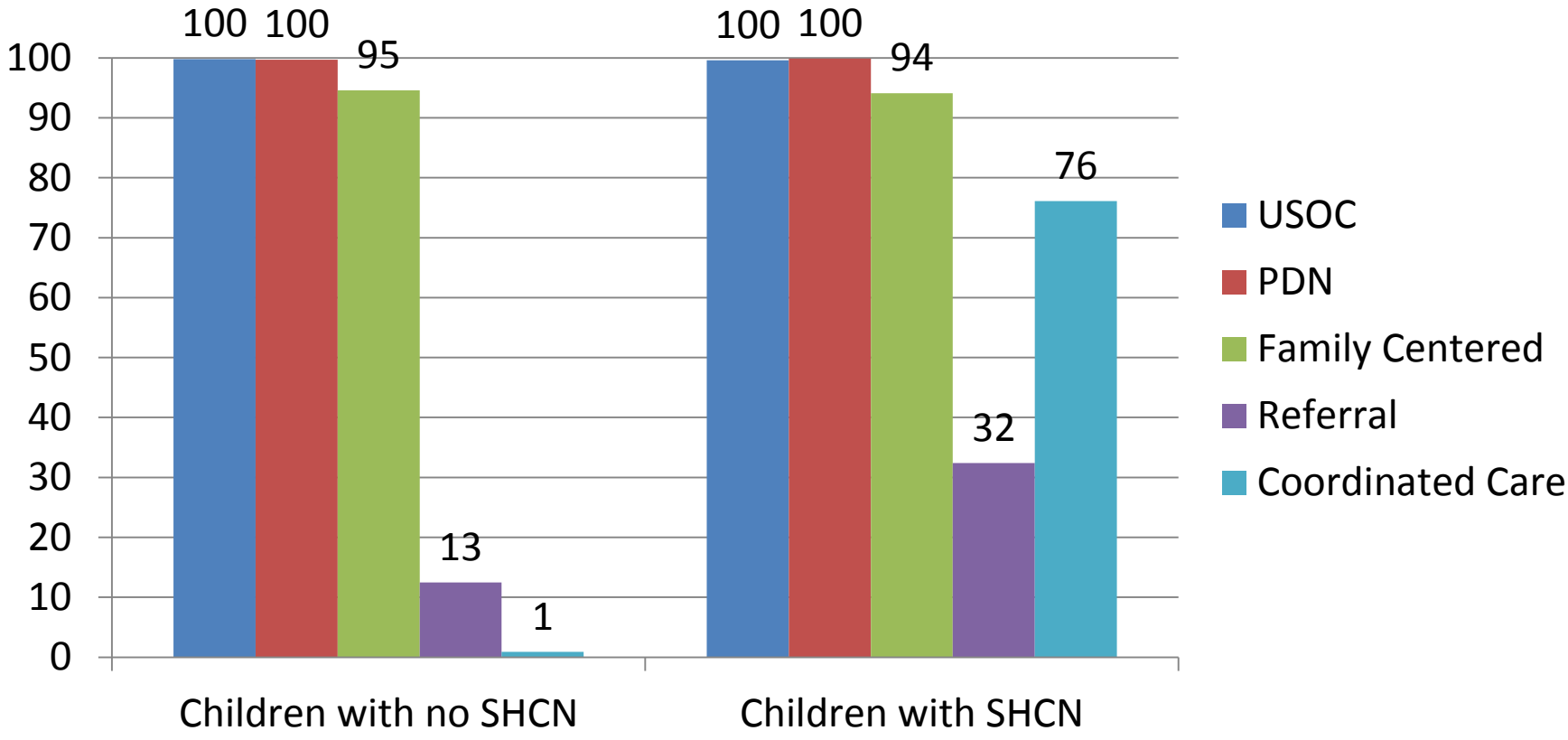
Survey-based measure for PCMH: Five domain composite

- Child as personal doctor or nurse?
- Child has a usual source of care?
- Child had no problem getting referrals when needed?
- Child's parent/guardian gets help with care coordination when needed?
- Child has family-centered, culturally effective care?

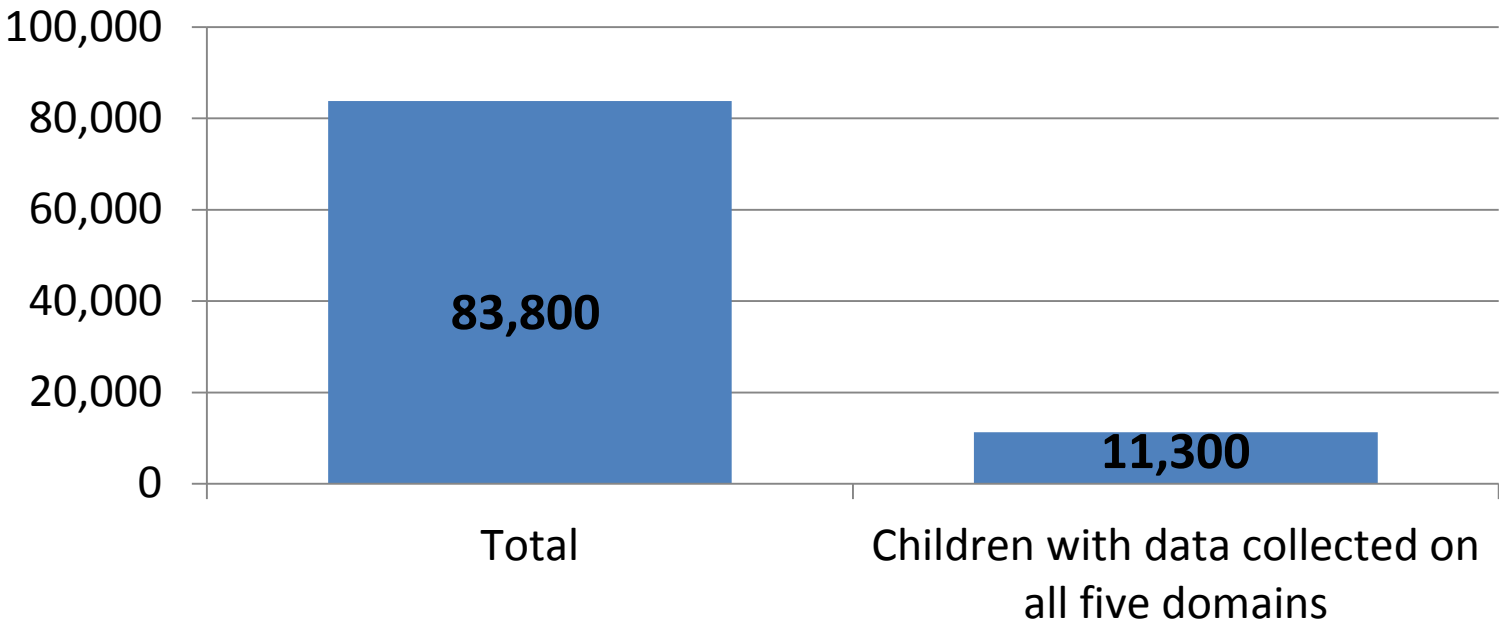
Overview: Concerns about the standard measure

- Missing data
  - Some questions used to derive medical home status may not be applicable to children in good health
- Treatment of missing data
  - Cases that have no response on questions used to derive medical home status are skipped
    - *Effectively treated as though the parent/guardian reported care that satisfied the criteria of a medical home.*

Missing data: Proportion of sample children with data collected on the composite domains



Missing data: Proportion of sample children with information collected on all domains, 2007 NSCH



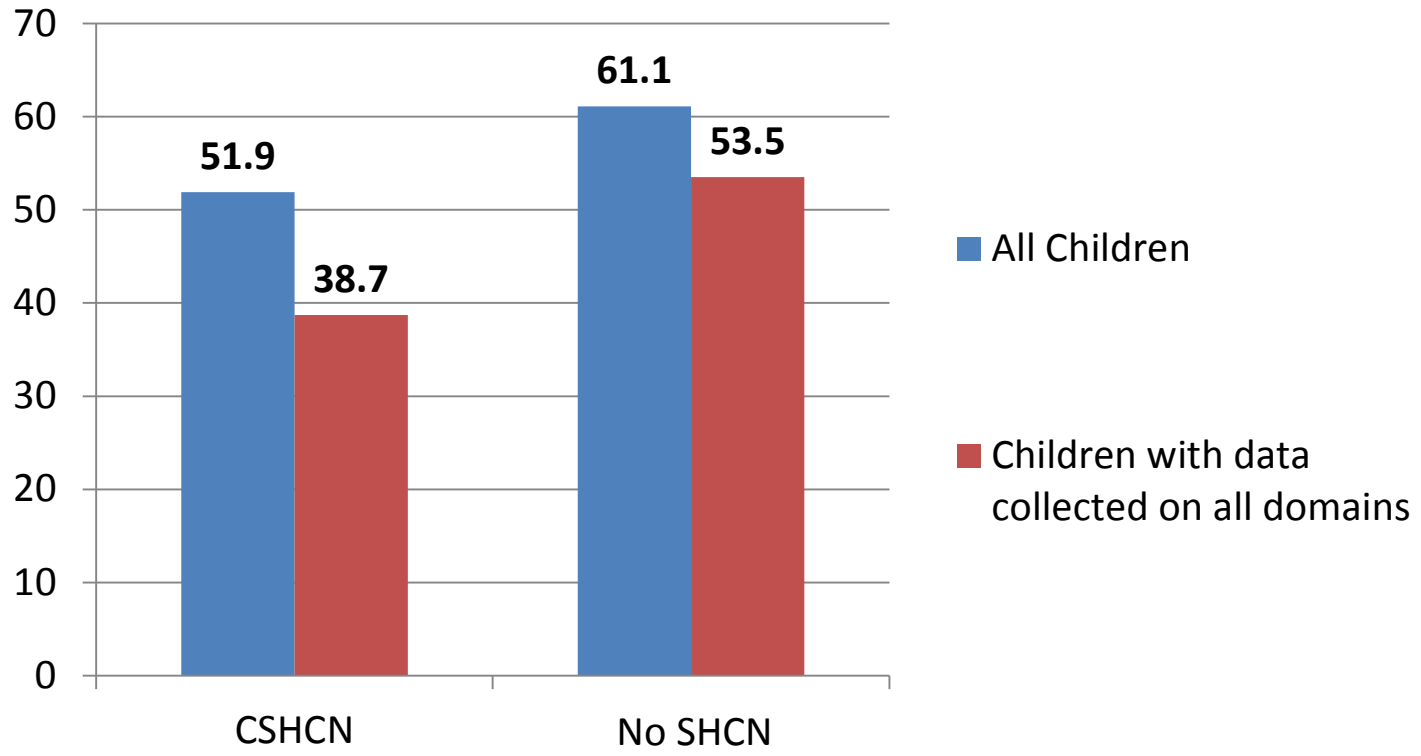
Treatment of missing data: How does Child 1 get coded as having a medical home?

	Child 1	Child 2
Personal doctor or nurse	Yes	Yes
Has usual source of care	Yes	Yes
No problem getting needed referrals	**Legitimate skip**	Yes
Providers help coordinate care when needed	**Legitimate skip**	No
Family centered care	Yes	Yes
Coded as having a medical home?	Yes	No

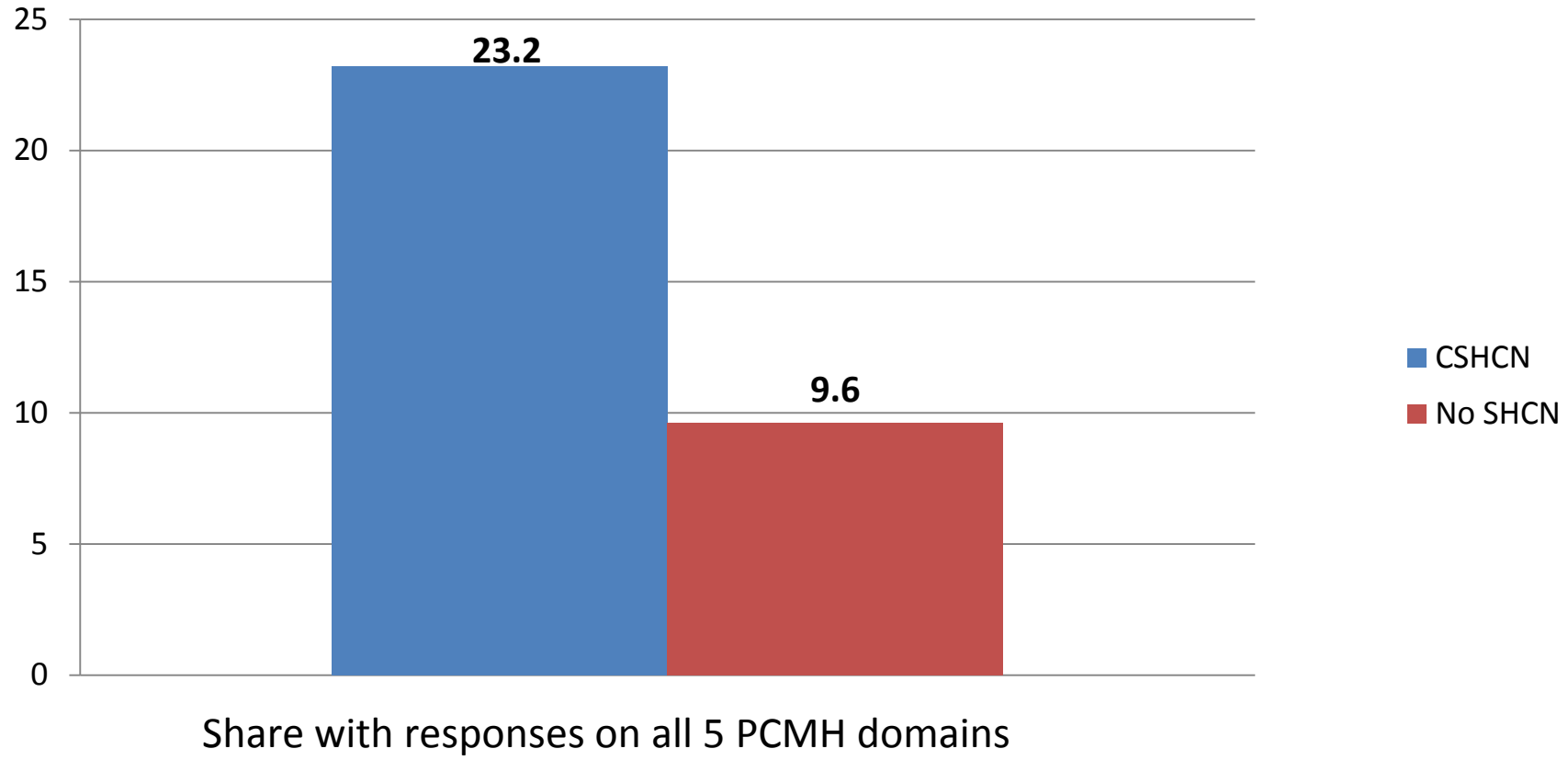
Treatment of missing data: Legitimate skips are treated the same as a "Yes"

	Child 1	Child 2
Personal doctor or nurse	Yes	Yes
Has usual source of care	Yes	Yes
No problem getting needed referrals	**Legitimate skip →** ***Yes***	Yes
Providers help coordinate care when needed	**Legitimate skip →** ***Yes***	No
Family centered care	Yes	Yes
Coded as having a medical home?	Yes	No

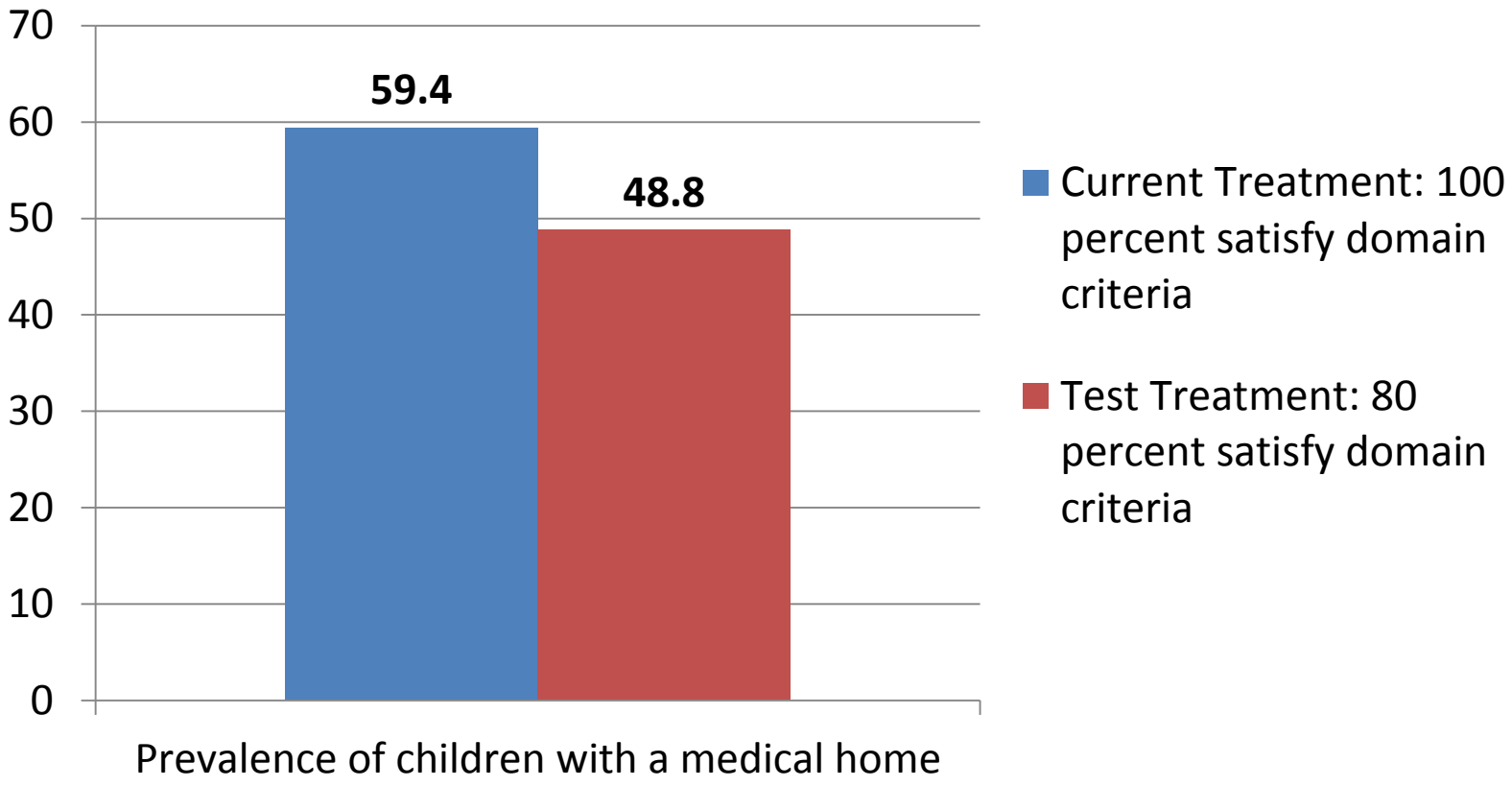
Possible overstated estimates: Children with data on all the domains less likely to be identified as having a medical home



Possible bias: CSHCN have more data collected, thus more opportunity to be identified as not having a medical home



Test alternative treatment: Assume some with missing data would not get care that satisfies the domain criteria



Test: Impact on prevalence of children with medical home of simulating different rates of domain data collection

States with Relatively High Rates of Response	Unadjusted	Adjusted
Virginia	68.8	75.4
Maine	67.8	73.6
Massachusetts	66.2	72.1
Delaware	50.2	56.3
New Jersey	69.7	76.6
States with Relatively Low Rates of Response	**Unadjusted**	**Adjusted**
Utah	65.3	62.7
Montana	64.1	60.4
Nevada	65.2	63
Illinois	57.2	53.2
Wyoming	61.1	58.5

Conclusions

- There is often not enough information available to actually know whether a sample child has a medical home.
- Children who need less care are more likely to get coded as having a medical home.
- Subgroup estimates depend on the rate of needing domain services which could distort comparisons across groups.

Recommendations

1. Recognize possible overstated estimates of the prevalence of children with medical homes
2. Recognize possible bias due to differences in the need for services
3. Reinterpret as measuring whether the medical care that children received conformed to the PCMH model as far as it could be measured given the range of care received
4. Innovate on the measure

Research underway

We seek to develop a more valid medical home measure that comports with the following qualities:

- Minimizes assumptions about values for domains when no data are collected.
- Avoids the built-in dependency on rate of needing domain services.
- Covers the same domains as the current measure at the same time it can be used to evaluate the experience of most types of children, including those who do not receive many services.
- Prevents domains measured on relatively few children from being obscured in the construction of a composite due to sample size limitations.
- Prevents the experience of the children who need the full range of services covered by the domains from being obscured due to sample size limitations.
- Is intuitive

Contact Us

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Opening comments

- Importance of careful exploration of data
- Transparency in data documentation is critical
- Access to data is essential to evaluate validity and improved measurement

State Reform Survey Workgroup

- June 2011 Report (13 States)
  - Two states include multi-dimensional medical home series in their population health surveys
  - Five states indicated medical home is a priority area and likely to be included in their surveys to evaluate health reform
    - Hampered by lack of measurement items at the time
    - Concerns about ability to dedicate survey space
  - http://www.shadac.org/files/shadac/publications/Workgroup_Report_Jun2011.pdf

State Example: Iowa

- 2010 Iowa Household Health Survey (IHHS)
  - Used 17 survey questions from the 2005-2006 NS-CSHCN and the 2007 NSCH
  - 71% of CSHCN had medical home; 82% of those without special health care need (contrary to national survey results)

"Medical Homes for Children in Iowa: Results from the 2010 Iowa Child and Family Household Health Survey"

http://ir.uiowa.edu/cgi/viewcontent.cgi?article=1084&context=ppc_health

State Example: California

- 2011-2012 California Health Interview Survey (CHIS)
  - Included five medical home constructs:
    - Continuous care – usual source of care, personal doctor
    - Patient/family-centeredness – communication, shared decision-making
    - Accessibility – telephone/e-mail contact, timely appt
    - Care coordination – by someone at doctor's office
    - Cultural effectiveness – language
  - Analysis of results not yet complete

"Measuring Medical Home in CHIS 2011-2012"
http://healthpolicy.ucla.edu/chis/2013-14wk/Documents/Health%20Home/CHIS2011_MeasureMedHome_PP.pdf

CAHPS – Patient Centered Medical Home Item Set (AHRQ)

- Released in October 2011
- Expanded version of the Clinician & Group 12-Month Survey includes the CAHPS PCMH Item Set
  - Lit review; technical expert panel input; stakeholder input; focus group input; cognitive testing; field testing; psychometric analysis
  - Part of the NCQA's updated specs for its PCMH recognition program

Question & Answer

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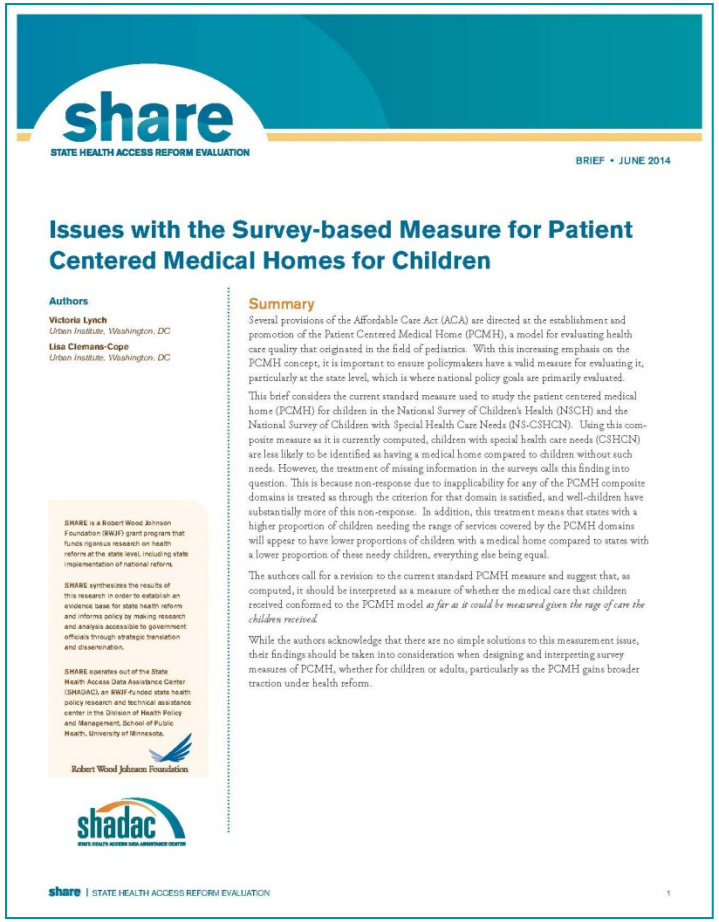
SHARE Issue Brief



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STATE HEALTH ACCESS REFORM EVALUATION

BRIEF • JUNE 2014

Issues with the Survey-based Measure for Patient Centered Medical Homes for Children

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Summary

Several provisions of the Affordable Care Act (ACA) are directed at the establishment and promotion of the Patient Centered Medical Home (PCMH), a model for evaluating health care quality that originated in the field of pediatrics. With this increasing emphasis on the PCMH concept, it is important to ensure policymakers have a valid measure for evaluating it, particularly at the state level, which is where national policy goals are primarily evaluated.

This brief considers the current standard measure used to study the patient centered medical home (PCMH) for children in the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Using this composite measure as it is currently computed, children with special health care needs (CSHCN) are less likely to be identified as having a medical home compared to children without such needs. However, the treatment of missing information in the surveys calls this finding into question. This is because non-response due to inapplicability for any of the PCMH composite domains is treated as through the criterion for that domain is satisfied, and well-children have substantially more of this non-response. In addition, this treatment means that states with a higher proportion of children needing the range of services covered by the PCMH domains will appear to have lower proportions of children with a medical home compared to states with a lower proportion of these needy children, everything else being equal.

The authors call for a revision to the current standard PCMH measure and suggest that, as computed, it should be interpreted as a measure of whether the medical care that children received conformed to the PCMH model *as far as it could be measured given the rage of care the children received.*

While the authors acknowledge that there are no simple solutions to this measurement issue, their findings should be taken into consideration when designing and interpreting survey measures of PCMH, whether for children or adults, particularly as the PCMH gains broader traction under health reform.

SHARE is a Robert Wood Johnson Foundation (RWJF) grant program that funds rigorous research on health reform at the state level, including state implementation of national reform.

SHARE synthesizes the results of this research in order to establish an evidence base for state health reform and informs policy by making research and analysis accessible to government officials through strategic translation and dissemination.

SHARE operates out of the State Health Access Data Assistance Center (SHADAC), an RWJF-funded state health policy research and technical assistance center in the Division of Health Policy and Management, School of Public Health, University of Minnesota.

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"Issues with the Survey-based Measure for Patient Centered Medical Homes for Children"
-Victoria Lynch & Lisa Clemans-Cope

http://www.shadac.org/files/shadac/publications/PCMH_Brief_ClemansCope.pdf

Medical Homes Measures in Household Survey Data

- Direct inquiries to Carrie Au-Yeung at butle180@umn.edu
- Webinar slides and recording available at www.shadac.org/MedicalHomesWebinar
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