

## **MCHB/EPI Atlanta GA Conference**

December 10 - 14, 2005

### **State and National Initiatives to Improve the Quality of Healthcare for Children**

WANDA BARFIELD: Good afternoon, everyone. This morning we learned about the legacy of Greg Alexander in improving the outcomes of women, infants, and families through the use of data and through collaboration.

Today we're going to talk about state and national initiatives to improve the quality of healthcare for children, but before we begin I wanted to know how many of you are currently involved in quality improvement activities in your institution. Please raise your hand. Okay. Good. And how many of you are involved in the measurement of the quality of health and healthcare in your state? Great. This afternoon we're going to learn about more ways to become involved in these activities.

So as far as what is healthcare quality, the Institute of Medicine has defined it as "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." The Agency for Healthcare and Quality's corollary definition is, "Doing the right thing at the right time for the right person and having

the best possible result.” IOM further defines the elements of quality healthcare to include being safe, effective, patient-centered, timely, efficient, and equitable. Yet problems in the quality of healthcare remain a subject of national headlines and children are not exempt from these issues.

We can set up a system in terms of quality with support, with proper identification of particular issues; however, we can still have errors. And although to err is human, to err systematically is inhumane. This cartoon is a simple illustration that poor quality can occur even within an organized system but quality improvement is not simply about doctors operating on the correct leg, although that is important, or getting the correct medication; quality improvement in healthcare, and particularly for children, is about a process of improving a system of healthcare delivery from a multidisciplinary approach tested by data and evidence and translated for action. And the quality of care to a child is affected by multiple system levels, from the individual child and family to the national level.

So how do children in the U.S. do in terms of relative health and safety? This is report from the U.N.: “Compared to children of other developed countries,” and you can see that in the upper bars, “children in the U.S. fare poorly, as indicated by this ranking based on infant mortality, low birthrate weights, and immunization rates as well as deaths due to injury.” So is the quality of healthcare for children different than adults? U.S. children in general do have overall good physical health but they are experiencing increasing chronic illness. Also, they’re

experiencing disproportionate rates of poverty and limited health services resources. And also, they're dependent on their caregivers. For these children the major focus is on preventive health and on development surveillance through immunizations, through newborn screening, and anticipatory guidance.

However, it appears that they are really no different than adults. And in this particular study, this recent study, researchers at Rand and UCLA examined hundreds of indicators of quality within ambulatory services, including overall care, preventative care, and care for acute medical conditions and chronic medical conditions for children of all ages. They found, as illustrated here by the white bars, that the right services were carried out less than half the time.

Specifically, they found that services were not delivered when they should be or they were delivered when they should not be. These findings were similar to the findings of McGlenn et al, in a study four years earlier, shown here in the yellow bars, on adults. And it may be that poor quality healthcare for adults are a reflection of the care within families and children, but it's also important for us to note that if children are receiving poor health care, that they do become adults with subsequent problems in health throughout the life course.

And what about the issue of disparities? There are glaring racial and socioeconomic disparities within the quality of healthcare. African-Americans, Latino, and poor children in numerous studies received less care and inadequate care. This work--this is just an illustration by Lauren Smith and her colleagues

showing an example of the lack of support for basic science research despite the need for effective therapy for children with sickle cell disease in the U.S. In order for us to improve quality of care, we need effective prevention and effective interventions. This is a comparison that shows the funding for sickle cell disease is much lower the population base prevalence being higher as compared to cystic fibrosis.

So what is needed to change the quality of care for children? Well, we need leadership. We need engagement of patients, families, and communities. We need technical expertise and we also need data and tools. And why is this important to you? Well, many of you are involved in children's healthcare and it's mostly preventative. It's predominantly outpatient. It's locally delivered and organized and state regulated. It's also substantially funded through state programs and incorporated into the state's public health role. And it's also part of state federal programs.

So for this session we're really going to go on an overview of quality within the healthcare system. We're going to learn about strategies needed in order to promote, enable, and sustain improved quality of care. We're also going to demonstrate the usefulness of collaborating organizations and quality improvement and understand the use of data to measure quality improvement for change.

I would like to give a brief introduction of each of our speakers, but further details are in your handout. Our first speaker is Dr. Judith Shaw, who is the Executive Director of the Vermont Child Health Improvement Program and the Associate Professor of Pediatrics at the University of Vermont College of Medicine. She is involved in VCHIP which is a statewide program that works with pediatric and family physicians, state regulatory agencies, managed care organizations and hospitals to initiate and support measurement-based efforts to enhance public and private child health practice. She will focus on an overview of quality within the levels of the healthcare system and teach us about strategies needed to promote, enable, and sustain improved quality of care.

Secondly is Dr. Doris Hanna who is the Director of the National Initiative for Children's Healthcare Quality, Pediatric Affinity Group. She is also the Project Executive of the Childhood Obesity Action Network. I want to especially thank Dr. Hanna who was kind enough to fill in for Dr. Charlie Homer, CEO of NICHQ who had a last minute cancellation. Dr. Doris Hanna, using examples from NICHQ, will demonstrate the usefulness of collaborating organizations in quality improvement.

Lastly is Dr. Christina Bethell who is the Associate Professor at the Oregon Health and Sciences University and the Founding Director of Child and Adolescent Health Measurement Initiative, or CAMI. Dr. Bethell has experience in developing methods to measure the quality of healthcare for a variety of topics,

including early childhood development, adolescent preventative care, and children with special healthcare needs. She will also provide examples of the usefulness of collaborating organizations in quality improvement and she will also help us to understand the use of data to measure quality improvement.

Each speaker will present for 15 minutes and then we'll open the floor up for questions and discussions. Now let's begin with Dr. Shaw.