

Example Child Health Quality Measure Sets

Excerpted from UHF report, “You Get What You Pay For: Measuring Quality in Value-Based Payment for Children’s Health Care”, published June 2016

Table 2. Oregon: Oregon Health Authority’s Incentive Measures for Children, 2016

Adolescent well-care visits (NCQA)	Prenatal and postpartum care: timeliness of prenatal care (NQF 1517)
Childhood immunization status	Alcohol or other substance misuse (for ages 12 and up)
Dental sealants on permanent molars for children	Emergency department utilization
Developmental screening in the first 36 months of life	Enrollment in a patient-centered primary care medical home
Effective contraceptive use among women at risk of unintended pregnancy	Depression screening and follow-up plan (for ages 12 and up)
Mental, physical, and dental health assessments within 60 days for children in DHS custody	Tobacco prevalence (for ages 13 and up)

[Additionally, Oregon Health Authority is pursuing the development of new children’s health measures, including a Kindergarten Readiness “bundled measure”]

Table 3. Ohio: PFK and Nationwide Children’s Hospital Outcome Measures for Children, 2015

<p>Asthma</p> <ul style="list-style-type: none"> Asthma emergency department visits (excluding disabled population) Asthma inpatient admissions (excluding disabled population) % Practices per month with mean asthma control test score >=20 # Asthma pts enrolled in asthma control programs / month Students receiving medications from school nurse Schools with students receiving medications Asthma patients seen for asthma visit within previous 6 mos % Pts with persistent asthma using controller medications 90-day asthma ED return rate for asthma express patients referred during a hospitalization % Hospitalized asthma patients who have a PCP appointment scheduled at time of discharge <p>Behavioral Health (BH)</p> <ul style="list-style-type: none"> Follow-up with BH provider within 7 days of discharge from BH inpatient stay (HEDIS FUH)* # Classrooms receiving BH prevention interventions (Good Behavior Game and Signs of Suicide) % New BH intake assessments that are scheduled within 30 days from time of first contact <p>Complex Care</p> <ul style="list-style-type: none"> # Patients in high-risk care coordination Inpatient admissions /100 patients in feeding tube cohort % Medicaid pts in feeding tube cohort with acceptable weight 	<p>Healthy Neighborhoods, Healthy Families</p> <ul style="list-style-type: none"> Housing: number of vacant/abandoned lots cleaned Workforce: number of community residents employed by NCH Property crimes per 1,000 residents of census tract 5610 Number of houses refurbished <p>Health Supervision</p> <ul style="list-style-type: none"> Well-child visits: at least 6 in the first 15 months Well-child visits: annual, ages 3–6 yrs Well-child visits: annual, ages 12–18 yrs * Appropriate treatment of upper respiratory infection* Child and adolescent access to primary care, 12–24 mos Child and adolescent access to primary care, 25 mos–6 yrs Child and adolescent access to primary care, 7–11 yrs Child and adolescent access to primary care, 12–19 yrs <p>Perinatal/Newborn Care</p> <ul style="list-style-type: none"> Infant mortality rate Preterm (<37 weeks) birth rate % Babies born with weight <2,500 grams NICU days / 1,000 # LARC insertions in Franklin Co. patients seen at any NCH clinic % Pregnant teens who receive a prenatal care visit in the first trimester* % Women who receive at least 81% of recommended prenatal care % Women who receive post-partum visit between 21 and 56 days post-delivery* NICU days for Neonatal Abstinence Syndrome babies
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* Drawn from Ohio’s pay-for-performance incentive system for managed care plans in 2015.

Table 4: Colorado: Colorado Pediatric Collaborative's Outcome Measures for Children

Chronic and Acute Care Appropriate testing for pharyngitis* Appropriate treatment of upper respiratory infection Diabetes care: HbA1c score*	Preventive Care Childhood immunization status: measles, mumps, and rubella (MMR) Childhood immunization status: varicella (VZV) Well-child visits, ages 0–15 months Well-child visits, ages 3–6 years* Well-child visits, ages 12–21 years
Utilization Potentially avoidable emergency department rates Pediatric ambulatory sensitive care hospital admissions Generic dispensing rate	

* Measures scored on a quality improvement basis.