

ICSI Basket of Care Measurement Responses

Organization Name:	Minnesota Hospital Association	Date:	Sept. 7, 2009
Name of person submitting:	Matt Anderson		
Basket Topic:	Preventive Children		

Responses:

General Comments:

Because of the short timeframe for submitting responses, especially given the Labor Day holiday, the Minnesota Hospital Association will continue to submit responses we receive from our members after the Sept. 7 deadline.

1. Clinical Outcome Measures:

See process measures

Comments:

2. Process Measures:

When clinical outcomes measures do not cover key components of the basket.

For sure measure these 6 items that are evidence based:

- Up to date immunizations (or document refusal). MIIC registry would be tracking the immunizations
- Breast feeding promotion (3x)
- Newborn blood spot screen and documentation of follow up
- Vision assessment (each encounter)
- Hearing screening and documentation of follow up
- Infant sleeping position and SIDS counseling (each encounter)

Include the remaining 14 items if data burden not too great.

Comments: Breast feeding promotion measure should include exceptions for those unable to breast feed, adoptive parents, or other patients for whom breast feeding is not a viable option.

The recommended measures reference “remaining 14 items” without defining those items. Accordingly, MHA cannot assess whether the potential data burden will be too great or whether such items are appropriate measures for this basket.

3. Education/Coaching/Counseling Measures: Documentation of education, coaching, counseling related to pertinent aspects of basket:

See process measure – the evidence based counseling is included

Comments:

4. Functional Status Measures:

See process measure – developmental screening via a checklist

Comments:

If the state intends to mandate reporting of a checklist, the components of that checklist need to be disclosed and subject to review and comment. Merely referencing a checklist is insufficient for MHA and others to adequately assess.

In addition, the proposed measures document refers to a paper-based “voucher system/punch card system” that patients would sign upon delivery of services. MHA opposes reliance upon such a system for quality measurement or documentation purposes. Maintaining such a system would be costly and burdensome for the state and basket of care providers. In addition, maintaining such a system would undermine other efforts underway to accelerate adoption and implementation of electronic health records, and would make quality reporting and auditing cumbersome and labor-intensive.

5. Patient Experience Measures: CG- CAHPS or H-CAHPS Survey

CG-CAHPS – peds version plus

- Survey on the satisfaction with the process
- Survey on satisfaction with the BOC – would you recommend the basket? The basket provider?
- Did the BOC recipient stay with it for 2 years?
- Did you get comprehensive care beyond the basket when you needed it?

Comments:

It is difficult to determine the difference between what is measured by the question in the first bullet (satisfaction with the “process”) from the question in the second bullet (satisfaction with the “basket of care”).

Including patient satisfaction questions that explore “care beyond the basket” is an inappropriate measure of the quality of care within the basket. Providers offering the basket are agreeing to a standardized, limited set of services and should be evaluated on their delivery of those services. Questions that explore care beyond the scope of the basket are irrelevant to the quality of care within the scope of the basket and create potential confusion of what patients should expect for the price of a basket of care. Therefore, MHA suggests that the question in the last bullet be eliminated.

6. Economic Measures:**Comments:**