## **Attachment B. Sample Expert Commentary**



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In many ways, outcome measurement is more straightforward in adult patients. As people age, they are more likely to acquire one or more chronic conditions, such as diabetes, depression, congestive heart failure or hypertension. Each of these conditions has a set of well-defined outcome measures used in assessing primary care practice performance. Even in large primary care pediatric practices, however, there are generally insufficient numbers of children with a single diagnosis to allow the use of disease-specific metrics. A non-disease-specific, or "non-categorical," approach to creating outcome measures and payment models will need to be taken to see the impact of improved coordination of care. Even so, children and youth with special health care needs only comprise 10% to 30% of most pediatric practices. Improvements in these sub-populations may not reflect broad improvements in the health of the general population of children.

Impact on family is also important to measure: when children are sick, the burden of that illness often falls as much on the family as it does on the child. (10) To fully capture the effects of chronic illness on society, family outcomes such as loss of income, marital stress and impact on siblings are essential. (11) Child health services should affect the trajectory of the life course of the child in multiple functional domains in the context of family and community. Outside of research studies, outcome measures seldom take this into account.

Finally, methods of case-mix adjustment in child health populations are inadequate, which makes it difficult to compare outcomes between practices or practice groups. Most rely on diagnoses generated through claims analysis to determine risk status, with no way to incorporate the "Five Ds" into the calculation. Current methods of measuring the outcome of pediatric care are not feasible or sufficiently accurate to reflect the benefit of the pediatric PCMH in the health care marketplace. (12)

Since ACA-driven transformation of child health practice will require the use of new measures, providers will need analytic support to understand how to most effectively implement those measures to improve child health and child health practice. As providers become more data driven, it is critical that they not lose focus on children and families who have traditionally been the hallmark of pediatric practice. Parent engagement, the center of the PCMH model, will help assure that the metrics and the PCMH practice still meet the needs of patients and families. Pediatric health care providers and health services researchers need to partner with families as we engage with the payers, in order to assure that the measures integrated with new models of payment do not create perverse incentives which damage the relationship at the center of the PCMH.

In summary, policy makers can ensure that we address the needs of children in concrete ways, taking into account the current state of the art in the measurement of child health processes and outcomes:

- Measures of outcomes of pediatric practices should focus on prevention and maximization of life-course potential,
  rather than short-term cost savings. Pediatric health care currently accounts for less than 15% of total health care spending.
  (13) While some short-term savings may be achieved through efforts targeted at high-risk populations (e.g., neonatal intensive care
  unit [NICU] graduates, medically fragile children, socially vulnerable children), it is unrealistic to expect a substantial short-term ROI
  from changes in pediatric practice. (14) Changes in the payment system to incentivize PCMH transformation need to reflect societal
  commitment to the health of the population over the long term.
- 2. Families should be part of the design and implementation of PCMH initiatives, to assure that the needs of children and families are being addressed. Given the challenge in measuring child health outcomes, policy makers should incorporate a wide variety of perspectives when creating innovative programs to address the three-part aim. (15) Families consistently supported early efforts at practice redesign in the pediatric world, participating as partners in the Medical Home transformation projects funded through the Maternal and Child Health Bureau in the 1990s. (16) They will help to assure that the measures we design and use to drive change remain grounded in the reality of the lives of children.
- 3. Measure-based payment reform efforts designed to encourage PCMH transformation should remember the "Five Ds" when evaluating the impact on pediatric practice and child health. (4) The current model of payment for medical services drives the structure of medical practice in the United States. Transformation therefore requires changes in the mechanism of payment. As payment reform unfolds and evolves, every effort needs to be made to ensure that the care of children is not adversely affected. To do this, measures should reflect the development, dependence, differential epidemiology, demographics and dollars of children.

The changes envisioned by Congress in writing the ACA can improve the lives of children if policy makers assure that our current push to integrate measurement into the transformation of medical practice includes measures that account for the unique characteristics of children in a manner that benefits both our patients and their families.

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#### Disclaimer

The views and opinions expressed are those of the author and do not necessarily state or reflect those of the National Quality Measures Clearinghouse™ (NQMC), the Agency for Healthcare Research and Quality (AHRQ), or its contractor ECRI Institute.

### Potential Conflicts of Interest

Drs. Raphael and Toomey state no personal financial, business or professional conflicts of interest nor any family conflict of interest with respect to this expert commentary.

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- Dr. Sadof: American Academy of Pediatrics (AAP)/American Academy of Pediatrics (AAP) Medical Home Work Group; American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) Complex Care Work Group
- Dr. Stille: served on the Board of the Academic Pediatric Association until May 2013
- Dr. Keller: President (and Chair of the Board) of the Academic Pediatric Association unpaid position

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