

Embargoed Press Release

Oct. 4, 2011, 4pm EST

Norida Torriente
ntorriente@nachri.org
703-797-6059

Angela Leondedis
angie.leondedis@chca.com
913-981-4473

**Study Finds that Children's Asthma Care Measure Compliance is
Not Associated with Reductions in Readmissions or Emergency Room Visits**
Researchers see an opportunity to improve pediatric quality measures

(Alexandria, VA) — One of three Children's Asthma Care (CAC) core measures adopted by the Joint Commission shows no significant link between measure compliance and a decrease in asthma-related readmission or emergency care following an initial admission for treatment of asthma, according to a study in the *Journal of the American Medical Association (JAMA)*. The study, conducted by the Child Health Corporation of America (CHCA) Research Group, is included in the Oct. 5, 2011 issue of JAMA.

The research focused on the relationship between increased compliance with the provision of an individualized home management plan of care (CAC-3) and hospital readmission rates and post-discharge emergency department utilization rates at 7, 30 and 90 days. Over the course of the time period studied (Jan. 2008 through Dec. 2010), compliance with the measure increased in aggregate from 40.6 to 72.9 percent. However, the researchers found no statistically significant correlation between increased compliance with this measure and readmissions or emergency department visits. Although post-discharge education and follow up is an important construct to measure, the lack of an association between this specific measure and the outcomes studied highlights an opportunity for further refinement of the major pediatric core quality measure set included in the Joint Commission ORYX® initiative.

The research did not study the relationship between the other two measures in the set (use of relievers and systemic corticosteroids) because of the overall high level of performance and lack of variability in compliance among the hospitals studied. This also suggests an opportunity for further refinement and development in order to determine differences in the quality of care provided to children. The Joint Commission developed the CAC measure set in collaboration

with CHCA, the National Association of Children's Hospitals and Related Institutions (NACHRI) and Medical Management Planning, Inc.

“The Joint Commission should be applauded for its work in developing and implementing the first pediatric quality measures to evaluate care provided to hospitalized children,” said Mark Wietecha, president and CEO of CHCA and NACHRI. “Quality measures, like other medical processes, require constant review and evaluation to ensure patients are receiving the best care possible. Together, with the Joint Commission, we look forward to leading efforts to further refine the CAC measure set and to introduce new measure sets to enhance the care that children receive at children's hospitals.”

The research team, lead by Rustin B. Morse, MD, medical director for quality at Phoenix Children's Hospital, and Samir S. Shah, MD, MSCE, associate professor of pediatrics, Cincinnati Children's Hospital Medical Center, concluded that findings from the study suggest the CAC-3 measure may not meet all of the criteria outlined by the Joint Commission for accountability measures. As defined by the Joint Commission, accountability measures are seen as the measures that are most suitable for external and public use, such as public reporting or pay for performance. The Joint Commission defines accountability measures as “evidence-based care processes closely linked to positive patient outcomes.” The research team recommends that the home management plan for asthma care be re-evaluated to ensure that evidence-based practices are part of the plan families follow at home and that the plan is communicated effectively to enhance compliance.

“Part of the challenge is that we're not able to measure care after hospital discharge,” says Shah. “Once a child feels better, taking extra steps, such as making a follow-up doctor's appointment, seems less urgent from the parent's perspective. What is under appreciated for these chronic conditions is that care doesn't stop when you leave the hospital or when you feel better.” There may be additional processes that can be put in place to ensure more effective care from the hospital to the home setting.

“Given the likely future impact performance on quality measures is going to have at all levels, it is imperative that CHCA and NACHRI continue to work with the Joint Commission to develop, refine and evaluate future pediatric quality measures,” said Morse. “We view our findings as a great opportunity to highlight the importance of the work that has been done with the Joint Commission to develop pediatric measures that ensure children are consistently receiving high-quality care in all health care settings.”

A meeting with leaders at the Joint Commission is being sought in order to discuss the findings at length and explore ways to improve the CAC measures.

The study, “Hospital-Level Compliance with Asthma Care Quality Measures at Children’s Hospitals and Subsequent Asthma-Related Outcomes,” can be read in its entirety at <http://jama.ama-assn.org/>. To speak to Rustin B. Morse, MD or Samir S. Shah, MD, MSCE, please contact [Angela Leoneddis](#) at 913-981-4473.

#30

About CHCA

Child Health Corporation of America (CHCA) is an exclusive alliance of 43 children’s hospitals in North America. Established in 1985 and headquartered in Shawnee Mission, KS, CHCA is owned and operated by the nation’s non-competing, freestanding children’s hospitals, which together represent more than 20,000 physicians, 135,000 employees, \$25 billion in revenue and \$2.1 billion in overall medical, surgical and pharmaceutical products. CHCA Owner executive and clinical leaders share data, knowledge and buying power to reduce costs and improve clinical and operational performance in children’s hospitals. CHCA Owner Hospitals perform better together, ultimately advancing the quality of care available to America’s children.

About NACHRI

The National Association of Children’s Hospitals and Related Institutions promotes the health and well-being of all children and their families through support of children’s hospitals and health systems committed to excellence in providing health care to children. NACHRI works to ensure all children’s access to health care and the continuing ability of children’s hospitals to provide services needed by children. NACHRI fulfills its mission through advocacy, education, health promotion and research. Learn more about NACHRI.

About N.A.C.H.

The National Association of Children’s Hospitals — N.A.C.H — is the public policy affiliate of NACHRI. N.A.C.H. is a trade organization with 221 members in the United States, Australia, Canada, China, Italy and Spain. N.A.C.H. supports children’s hospitals in addressing public policy issues that affect their ability to fulfill their missions to serve children and their families. N.A.C.H. fulfills its mission and vision through federal advocacy, collaboration, and communication designed to strengthen the ability of children’s hospitals and health systems to influence public policymakers, understand federal and state policy issues, advance access and quality of health care for all children, and sustain financially their missions of clinical care, education, research and advocacy. Learn more about N.A.C.H.

In April, CHCA merged with NACHRI and its public policy arm, the National Association of Children's Hospitals (N.A.C.H.) to serve as a stronger voice for children’s hospitals and be a catalyst to improve child health and children’s health care through assessment, advocacy and action.