Key Measures of Performance

A Performance Measure describes a specific maternal and child health need that, when successfully addressed, can lead to a better health outcome within a specific time frame. Since 1989, the goal of state programs for children with special health care needs (CSHCN) has been to provide and promote family-centered, community-based, coordinated care for CSHCN and to facilitate the development of community-based systems of services for children and their families. A long-term national goal was included in the 2020 Healthy People objectives to increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

The Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) has identified six core outcomes to promote the community-based system of services. These are mandated for all children with special health care needs under Title V, Healthy People 2020, and the President’s New Freedom Initiative (NFI). They are designed to break down barriers to community living for people with disabilities. These outcomes give us a concrete way to measure our progress in making family-centered care a reality and in putting in place the kind of systems all children with special health care needs deserve. Progress toward the overall goal can be measured using these six critical indicators:

- **Family/Professional Partnerships**
  Families of children and youth with special health care needs partner in decision making at all levels. Family-centered care is based on the recognition that children live within the context of families.

- **Medical Home**
  Children and youth with special health care needs receive coordinated ongoing comprehensive care within a medical home.
  Medical homes provide important and unique benefits to CSHCN.

- **Adequate Insurance**
  Families of CSHCN have adequate private and/or public insurance to pay for the services they need. Gaps in health care financing may mean that health care is delayed or that services are not delivered.

- **Early and Continuous Screening**
  Children are screened early and continuously for special health care needs.
  For CSHCN screening is much more comprehensive and includes ongoing monitoring and assessment of children and youth to promote health and well-being.

- **Community-Based Services**
  Services for children with special health care needs are organized so families can use them easily and are satisfied with the services they receive.
  This includes an infrastructure that operates across service sectors. It facilitates the integration of service organization, delivery, and financing.

- **Transition to Adult Life**
  Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. One of the greatest challenges in planning is how to make a successful transition from the pediatric to adult health care system.
Measuring Success: How is Washington State Doing?

National Performance Measures, NS-CSHCN, 2009-10
Washington and United States

<table>
<thead>
<tr>
<th>Measure</th>
<th>Washington</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Professional Partnership</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td>Medical Home</td>
<td>46%</td>
<td>43%</td>
</tr>
<tr>
<td>Adequate Health Insurance</td>
<td>65%</td>
<td>61%</td>
</tr>
<tr>
<td>Early &amp; Continuous Screening</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>Community-Based Services</td>
<td>63%</td>
<td>65%</td>
</tr>
<tr>
<td>Transition to Adult Care</td>
<td>42%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Data from the 2009-2010 National Survey of Children with Special Health Needs, listed in the charts above, give us information about how Washington State is meeting the six National Performance Measures. Together, these six Core Outcomes can be used to measure progress toward the Healthy People 2020 objective to increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions. Each of these performance measures is further detailed and clarified in a separate paper. These also explain how each was measured and what the unmet needs are.

The graphs below show how well the goals are being met overall. In this analysis, a child was considered to be served by a “service system,” as described in the Healthy People objective, if his or her care met all relevant criteria for his or her age.

Data Sources

Other Resources
Maternal and Child Health Bureau (MCHB) www.mchb.hrsa.gov
Federal Health Resources and Services Administration (HRSA) www.hrsa.gov
Association of Maternal and Child Health Programs (AMCHP) www.amchp.org

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

DOH Publication Number: 970-136