# Identifying Children & Youth with Special Health Care Needs for the National Survey of CSHCN

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### Part 1:

**Identifying Children &** Youth with Special Health Care Needs for the **National Survey of CSHCN** 

# KEY questions:

- How are special health care needs defined?
- What method is used to identify children who meet this definition?

• Who is identified by the screening method used?

## The "Challenges"

- CYSHCN vary widely:
  - Types & level of functional limitations
  - Type, intensity & scope of service use needs
  - Types of diagnoses (physical, emotional, developmental, behavioral, etc.)
- No perfect method for identifying CYSHCN
  - Diagnostic check lists, parent-report & administrative data records all have inherent limitations
- No "gold standard" for determining what constitutes a special health care need

### **Implications**

### CYSHCN vary widely

Have to be very specific about whom you want to identify and WHY......

### No perfect method

- All methods miss some children and mis-identify others (false negatives vs. false positives)
- Always tradeoffs! (finding a robust group vs. not missing anyone)

### No "gold standard"

- 'Gray area' group will always be a factor

# KEY questions:

How are special health care needs defined?



# Defining Special Health Needs — WHO do we want to identify?

#### NARROWER DEFINITIONS

include only those with very severe conditions or highly complex needs

(C only)

#### **BROADER DEFINITIONS**

include those with wider array of conditions, levels of severity and service use needs

(B + C)

#### **MOST INCLUSIVE DEFINITIONS**

include "at risk" groups

(A + B + C)

No special health care needs

#### **GROUP A**

At risk for developing a special health care need

#### **GROUP B**

On going health conditions; above average service use needs; few to moderate functional limitations

#### **GROUP C**

On going health conditions; high or complex service use needs; moderate to severe functional limitations

#### Special Health Needs Continuum

# Nat. Survey of CSHCN uses the MCHB definition as starting point for identification:

"Children with special health care needs . . . a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

— Maternal and Child Health Bureau, July 1998

# KEY questions:

 What method is used to identify children/youth who meet the MCHB definition?

# Finding children/youth who meet the MCHB definition - HOW?

- Ask parents if child has "special health care needs"?
  - Not as simple or reliable as it sounds!
  - Misses or mis-identifies many children b/c too vague
  - Parents reluctant to "label" their children
- Ask parents to name children's diagnoses / conditions?
  - Not as simple or reliable as it sounds!
  - Diagnostic checklists are too limited to cover vast numbers & types of childhood chronic conditions
  - Misses children are not yet diagnosed or whose parents do not know or recall specific dx's

# Finding children/youth who meet the MCH definition - HOW?

#### **CSHCN Screener**

- A set of well-tested, standardized questions used in the National Survey of CSHCN to identify children who meet the MCH definition
- Non-categorical approach uses health consequences currently experienced by child to identify special needs; not specific diagnoses or disabilities
- Focuses on the health consequences research shows are MOST likely to indicate special health care needs

- 5 multi-part questions, each asking about a different health consequence
- All parts of at least one question must be answered "YES" for a child to qualify as having a special health care needs
- Parents/caregivers can answer by paper/pencil or telephone interview
- Takes about 1 minute to complete

#### Sample question:

Q3) Is (child's name) limited or prevented in any way in his/her ability to the things that most children of the same age can do?

#### IF YES:

Q3a) Is (child's name) limitation in abilities because of ANY medical, behavioral or other health condition?

#### IF YES:

Q3b) Is this a condition that has lasted or is expected to last for at least 12 months?

All three parts of question 3 must be answered YES for a child to qualify on the functional limitations consequences criteria

#### Asks about 5 different health consequences:

- 1) Limited or prevented in ability to function
- 2) Prescription medication need/use
- 3) Specialized therapies (OT, PT, Speech)
- 4) Above routine use of medical care, mental health or other health services
- 5) Counseling or treatment for on-going emotional, behavioral or developmental problem
  - a) Due to medical, behavioral or other health condition

    AND
- b) Condition has lasted or is expected to last for at least 12 months

- Developed through a national process involving state leaders, families, experts, and policymakers
- Over 36,000 children / youth screened during development & testing phases
- Several versions tested, leading to final screener

# KEY questions:

Who is identified by the CSHCN
 Screener ..... (how do we know we found the group we want to identify?)



# NO GOLD STANDARD? "Triangulate" to Validate

#### **SURVEY PARENTS**

- Ask about specific health services children need or use
- Ask about child health status & impact of any health problems

#### **MEDICAL RECORDS**

Examine encounter & claims data for diagnoses listed in children's records



#### **SURVEY PARENTS**

 Ask to name any specific diagnoses or health conditions children have

### Group id'd by CSHCN Screener

#### **COMPARE** to:

- CYSHCN identified by other methods or definitions such as program eligibility
- Children not identified

#### **CLINICAL EVALUATION**

 Review of children's medical charts by pediatric clinicians

# Agreement with Other Definitions & Methods

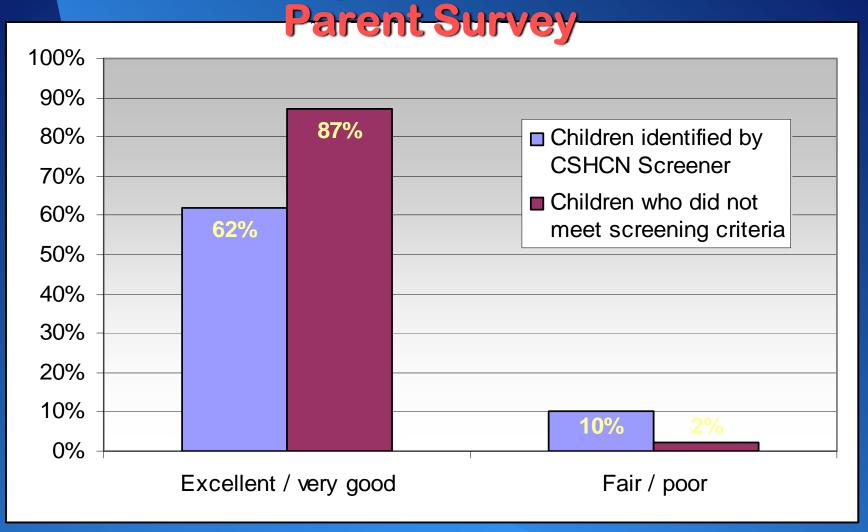
Parent survey of children 0- 12 yrs old receiving SSI benefits (n = 1583)

95% identified by CSHCN Screener\*

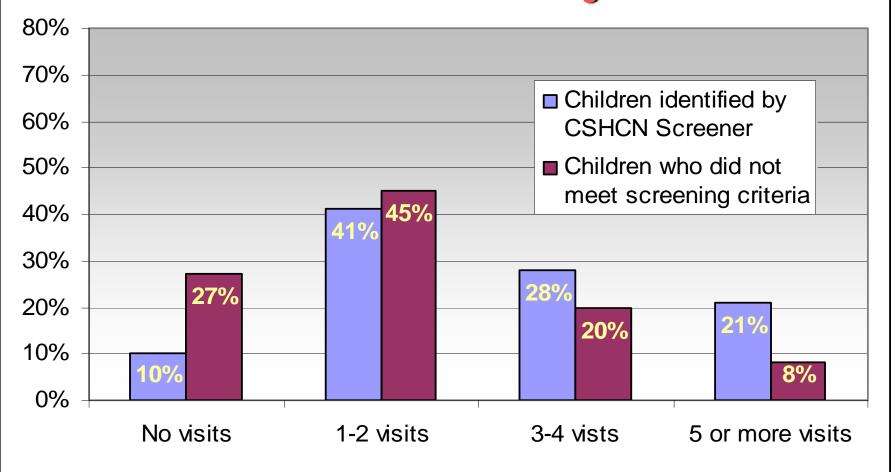
Other non-categorical or consequences-based methods:

Agree with CSHCN Screener 9 out of 10 times\*/\*\*

# Comparison with Group NOT Identified by CSHCN Screener –

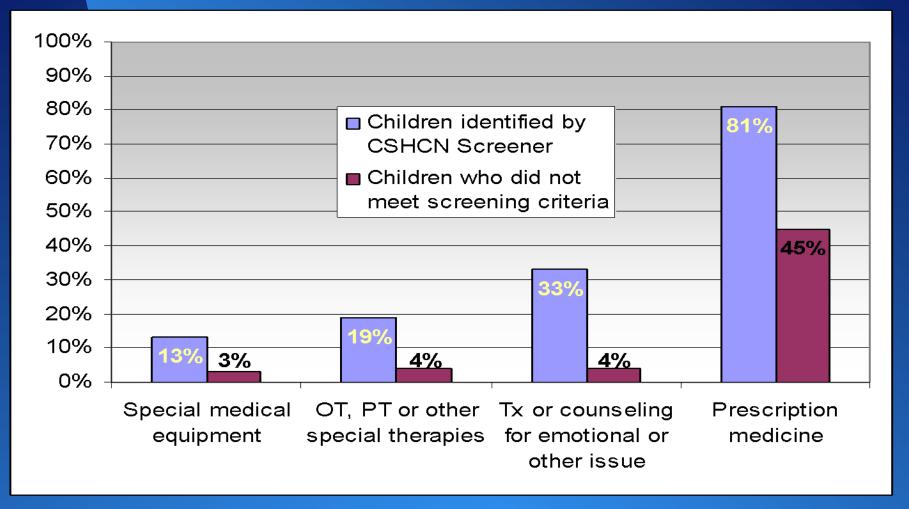


# Comparison with Group NOT Identified by CSHCN Screener – Parent Survey



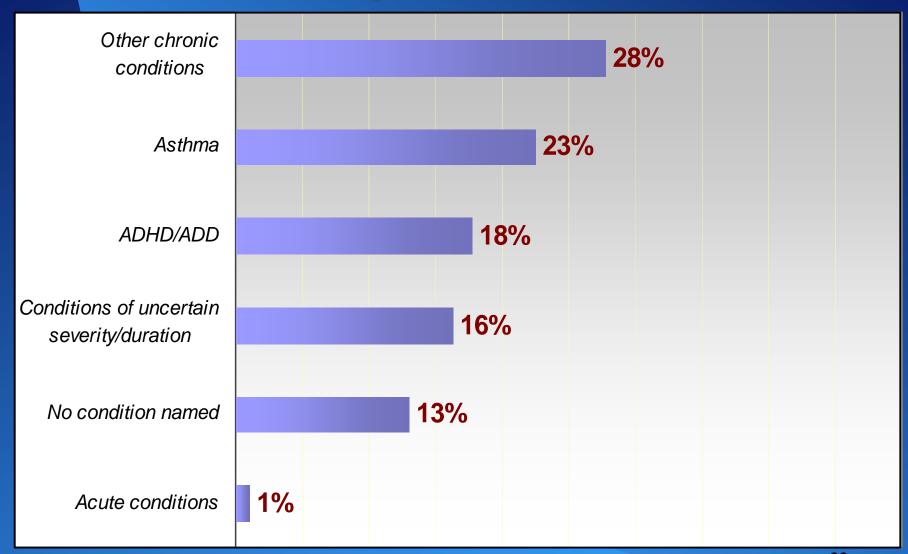
Number of times children went to doctor's office or clinic during past 6 months

# Comparison with Group <u>NOT</u> Identified by CSHCN Screener – Parent Survey



Parent-report of health services needed or used by children during past 6 months

# Parent-named conditions for group identified by CSHCN Screener



# **Examples of Health Conditions**Named by Parents

#### "Other chronic conditions"

 Spina bifida, autism, depression, seizure disorders, Down syndrome, limited hearing, eating disorder, PTSD, cerebral palsy, leukemia, diabetes, muscular dystrophy .....

#### "Conditions of uncertain severity/duration"

 Migraines, mental health issues, dyslexia, anger/behavioral problems, acne, allergies, "lazy eye", ear infections, emotional problems, "unable to spell or pronounce problem" .....

### **SUMMARY**

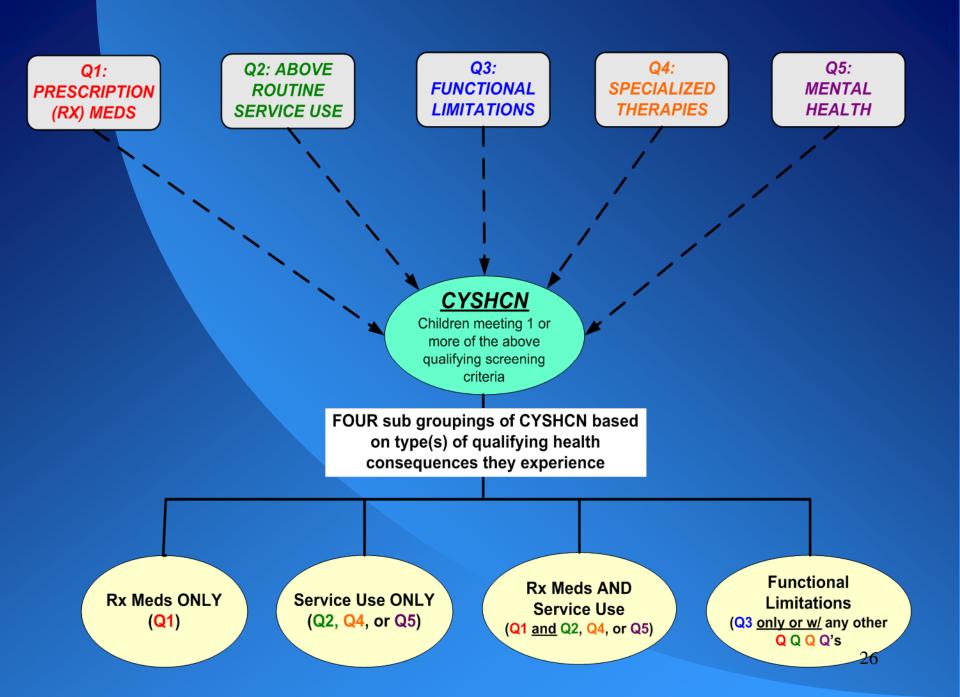
# Based on parent survey data, children/youth identified by the CSHCN Screener are DIFFERENT in important ways from those not identified:

- Poorer overall health status
- Much more likely to <u>both</u> have gone to a doctor and to have visited more frequently
- Need/use dramatically more health-related services and/or prescription medicines
- Parents name one or more childhood conditions of the type, complexity and duration likely to produce the health consequences used as non-categorical screening criteria

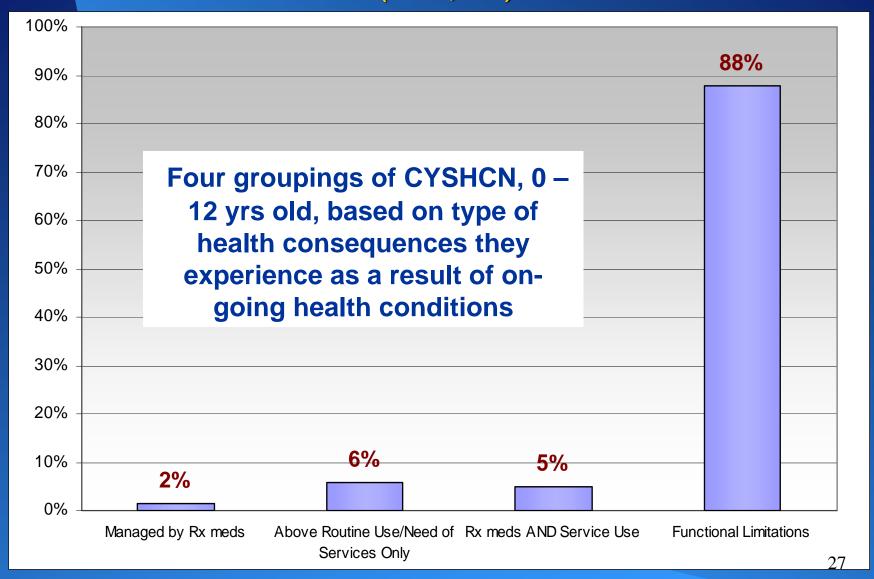
## "Wait a MINUTE"! question



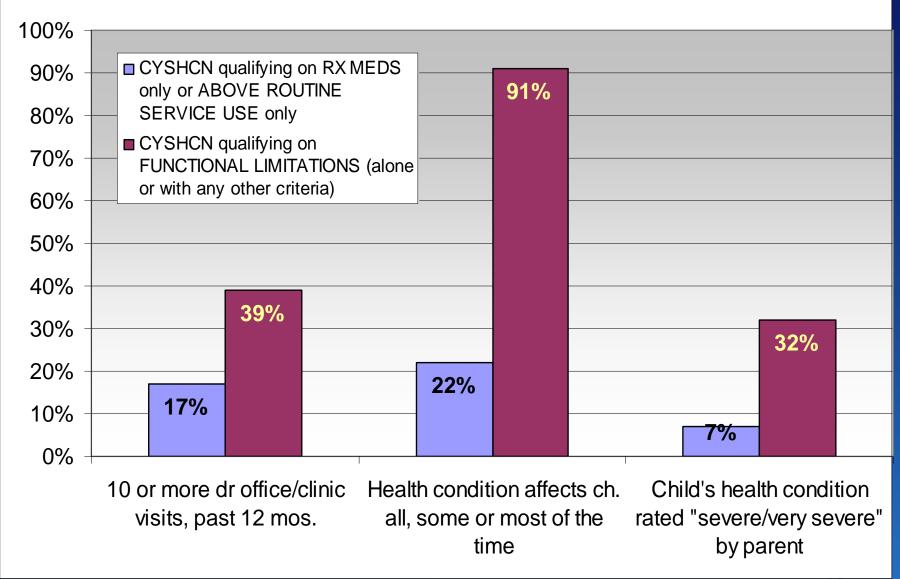
- Remember the special needs continuum CYSHCN are a varied group
- Can the CSHCN Screener results be used to identify subgroups of CYSHCN's whose needs are more complex or extensive?



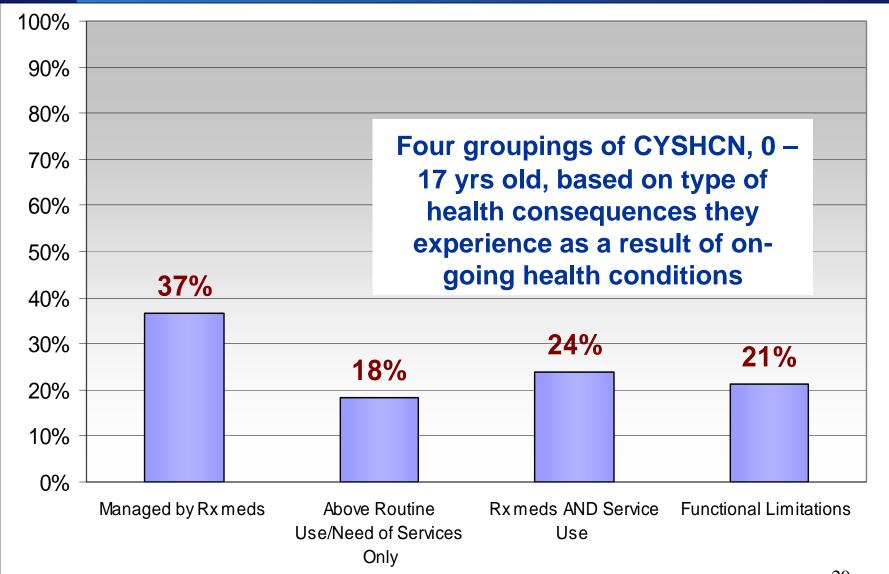
# CYSHCN Subgroups – Children (0-12yrs) receiving SSI disability benefits – Parent Survey (n = 1,493)



#### CYSHCN Subgroups – Parent Survey



# CYSHCN Subgroups – National Survey of CSHCN (n = 48,690)



# Part 2: Describing CYSHCN identified by the CSHCN Screener Using Clinical Data

# Data Available for Clinical Review

- Health plan enrollment & encounter data, CY 1996, 1997, 1999
- Pharmacy claims for CY 1999
- Chart Reviews on child's PCP clinic charts for 391 children, conducted in 2000
- All available data for 897 sampled children merged into an Access database for easy review by physicians

# Physician Evaluation-1

Summa Categor	y: 2 Attention Deficit Disord	ler
Child al	so on an inhaler for asthma and has	eczema
Specif	ic conditions identified:	Chronic?
2	ADD, ADHD	V
1	Asthma & related	~
16N	Other	V

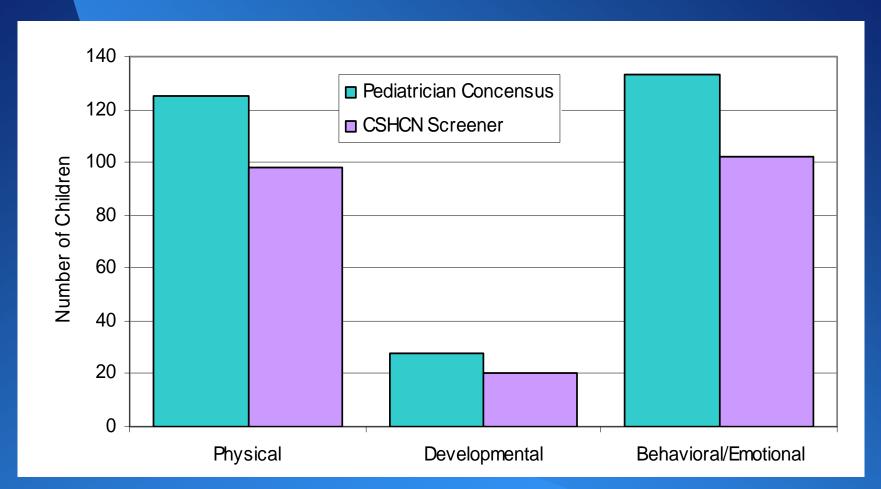
# Physician Evaluation-2

MCHB Definition Evaluation: last 12+ requires							
Dimension	present	at risk?	months	services			
Physical:	~		<b>V</b>				
Developmental:							
Behavioral:	V		<b>V</b>	<b>V</b>			
Emotional:							
Does child meet MCHB definition, including "at risk"?							

### Resultant Clinical Evaluations

- MCHB Definition
  - Definitely/Possibly CYSHCN vs. At Risk vs. Not CYSHCN
  - Physical &/or Developmental &/or Behavioral/Emotional [combined]
- Condition-specific
  - Have only included PRIMARY condition identified

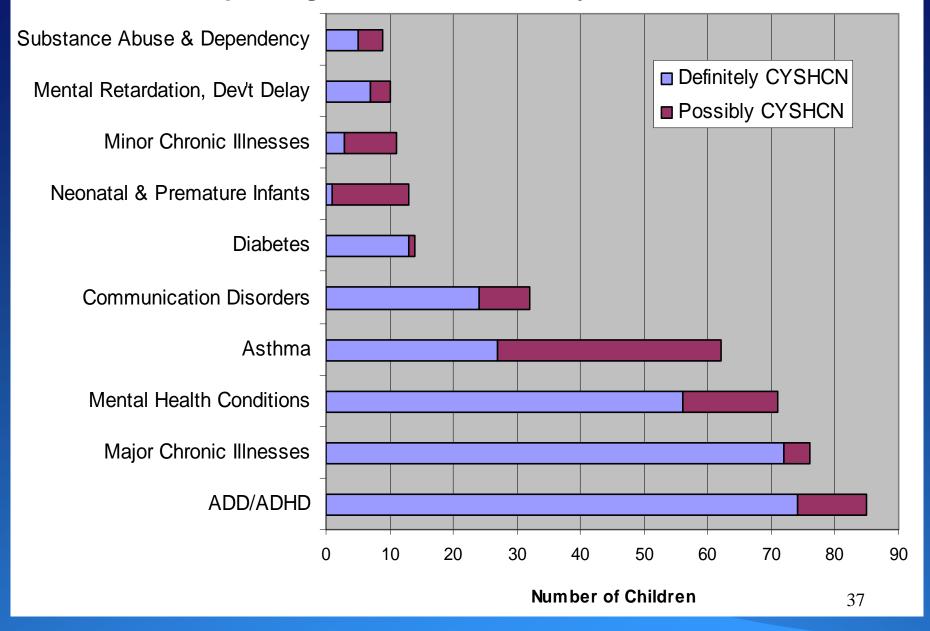
### Clinical Evaluation vs. CSHCN Screener by MCHB Definition



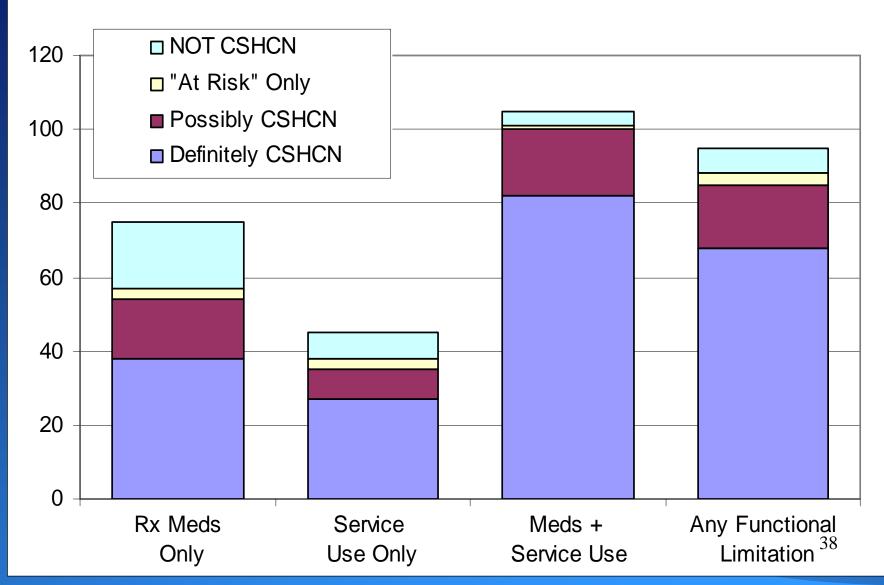
# Clinical CYSHCN Identification

	No special need identified	468
•	Identified as "At Risk" by	
	either or both doctors	42
•	One doctor identified as "special	
	need" [Possibly CYSHCN]	105
•	Both doctors identified as "special	
	need" [Definitely CYSHCN]	282

#### Principal Diagnoses of CYSHCN, Physician Definition



# CSHCN Screener vs. Clinical Evaluations, by Screener Subgroup



# Clinically-Defined Conditions by CSHCN Screener Subgroup

- Rx Meds Only:
  - 41% Asthma
  - 16% ADHD
  - 16% Major Chronic
  - 9% Mental Health
- Service Use Only
  - 30% Major Chronic
  - 19% Commun. Dx
  - 19% Mental Health
  - 14% ADHD

- Rx Meds + Service Use
  - 45% ADHD
  - 15% Major Chronic
  - 12% Mental Health
  - 11 % Asthma
- Any Functional Limitation
  - 29% Major Chronic
  - 18% ADHD
  - 18% Mental Health
  - 14% Asthma

# CYSHCN Identified by Doctors but not by Parents (n=111)

- 28% Mental Health Conditions
- 15% Communication Disorders
- 14% Major Chronic Illness
  - 6 of 15 = Congenital Heart Disease
- 12% Asthma

9 of 11 Neonatal/Premature Infants

### Conclusions....

- There is clearly no one "right" way to identify CYSHCN
- The CSHCN Screener identifies virtually all of the "sickest" kids, i.e. those using health services
- Stratifying the CSHCN Screener into the suggested Subgroups is clinically meaningful & provides an appropriate grouping related to condition complexity

### More information

- www.facct.org/cahmi.html
- debra.read@kpchr.org
- www.cshcndata.org

