

## CDC Operationalized 1305 Performance Measure

**Date:** 12/18/2015

**Measure ID:** m\_4.5.10

**Performance Measure:** Percentage of students identified with chronic conditions who have a medical home (i.e., a medical home with skilled and knowledgeable health care professionals who, acting as a team, continuously monitor the child’s health status over time and manage the medications (e.g. not merely episodic management of health conditions at urgent/emergency care centers or retail/pharmacy clinics, etc. ) (in the local education agencies targeted by FOA funding)

**Strategy:** Implement policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions (e.g. asthma, food allergies, diabetes, and other chronic conditions related to activity, diet, and weight)

**Intervention (Enhanced only):**

4. Identifying and tracking students with chronic conditions that may require daily or emergency management, e.g. asthma and food allergies.
5. Developing protocols that ensure students identified with a chronic condition that may require daily or emergency management are enrolled into private, state, or federally funded insurance programs, if eligible.
6. Providing assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions.

Basic

Enhanced

Domain 2: Environmental Approaches that Promote Health

Domain 3: Health Systems Interventions

Domain 4: Community Clinical Linkages

Short Term

Intermediate

Long Term

AREAS	EXPLANATION
<b>Purpose of Performance Measure</b>	<ul style="list-style-type: none"> <li>• The purpose of this performance measure is to determine the extent to which students identified with a chronic condition have a medical home (i.e., skilled and knowledgeable health care professionals who, acting as a team, continuously monitor the child’s health status over time and manage medications (see CDC’s School Health Guidelines to Promote Healthy Eating and Physical Activity).</li> </ul>
<b>Results Statements</b>	<ul style="list-style-type: none"> <li>• In the US, CDC funded grantees worked to ensure that students identified with a chronic condition who require ongoing management for chronic health conditions will receive continuous care and monitoring at school.</li> </ul>
<b>Definition of Terms (Key concepts defined)</b>	<p><b>Chronic condition</b> refers to a health condition that requires more than routine health services and may include, or increase the risk for, ongoing physical, developmental, behavioral, and/or emotional conditions. While states have the freedom to address any chronic conditions affecting children in their jurisdiction, we encourage awardees to use data to determine priority chronic conditions with a focus on at least one of the following conditions (in no particular order): asthma, diabetes, epilepsy or seizure disorder, food allergies, hypertension/high blood pressure, or obesity.</p> <p><b>Individualized Health Plan (IHP)</b> refers to a plan developed by school (or district) health services staff that ensures the health and educational needs of students who may require health management in the school setting are being met. This includes students with chronic conditions (e.g., diabetes, asthma). Ideally, this health plan is aligned with and complements the management plan developed by the student’s primary care provider (e.g. physician, nurse practitioner, physician assistant) and is regularly updated through close communication among the student, parent or legal guardian, school, and primary care provider. The IHP serves as documentation, but is not a legally binding document, for schools regarding a student’s condition and describes the provisions the school will make to address the student’s needs. An IHP may be used in place of or in conjunction with other health-related, education-related or condition specific plans, such as a Diabetes Medical Management Plan, Asthma Action Plan, a Food Allergy Management Plan, 504 Plan, Individualized Education Plan, or medication</p>

	<p>authorization.</p> <p>An IHP typically includes:</p> <ol style="list-style-type: none"> <li>1. Information regarding condition specific daily and emergency management activities including: <ol style="list-style-type: none"> <li>a. signs and symptoms of a well-controlled chronic condition</li> <li>b. signs and symptoms of an exacerbation of the chronic condition that requires an immediate response</li> <li>c. medications</li> </ol> </li> <li>2. Appropriate and necessary permissions to facilitate communication among schools, parents or legal guardians, and primary care providers, as well as granting the school permission to administer medications when appropriate. <ol style="list-style-type: none"> <li>a. Permissions may be granted via: <ol style="list-style-type: none"> <li>i. Medication authorization forms, if appropriate</li> <li>ii. Other documents that include specific language authorizing the transfer of health and/or educational information to ensure compliance with HIPAA and FERPA regulations and that require signatures from parent or guardian and primary care provider(s)</li> </ol> </li> </ol> </li> </ol> <p><b>Medical home</b> refers to a team-based healthcare delivery model. Skilled and knowledgeable health care professionals who, acting as a team with the student and the parent or legal guardian, continuously monitor the child’s health status, including their medical and non-medical needs over time. For the purposes of this performance measure, the identification of a primary care provider (e.g. physician, nurse practitioner, physician assistant) in an <b>individualized health plan</b> or other health-related, education-related or condition specific plan, such as a Diabetes Medical Management Plan, Asthma Action Plan, a Food Allergy Management Plan, 504 Plan, Individualized Education Plan, or medication authorization, may serve as a proxy for a medical home.</p>
<b>Unit of Analysis</b>	<ul style="list-style-type: none"> <li>• Students</li> </ul>
<b>Intended/Targeted Population</b>	<ul style="list-style-type: none"> <li>• K-12 students identified with a chronic condition in targeted LEAs.</li> </ul>
<b>Numerator</b>	<ul style="list-style-type: none"> <li>• States should report the numerator for this performance measure in the measure notes field of the reporting template.</li> </ul>
<b>Denominator</b>	<ul style="list-style-type: none"> <li>• States should report the denominator for this performance measure in the measure notes field of the reporting template.</li> </ul>
<b>Rate/Count/Percentage</b>	<ul style="list-style-type: none"> <li>• Percent of students identified with chronic conditions that have a medical home in the targeted LEAs. (Please record the numerator and denominator used to calculate this percent in the <u>measure notes field</u> for this performance measure.)</li> </ul>
<b>Disparities Focus</b>	<p><b>Approach related/specific:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Stratification:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Data source(s)</b>	<p>The following data sources can/should be used to determine whether a student has an identified primary care provider (e.g. physician, nurse practitioner, physician assistant) on file, and to serve as a data source for this measure. A school-based health center may count as a medical home if a primary care provider at the center has been identified for a student.:</p> <ul style="list-style-type: none"> <li>• Individualized education-related or condition specific plans , such as Diabetes Medical Management Plans, Asthma Action Plans, a Food Allergy Management Plans, 504 plans,</li> </ul>

	<p>Individualized Education Plans, or medication authorizations</p> <ul style="list-style-type: none"> <li>• School nurse/clinical health-related,</li> <li>• Annual school registration and/or medical history forms</li> <li>• The number of students who have a medical home should be aggregated across all targeted LEAs and divided by the total number of students with a chronic condition across all targeted LEAs.</li> </ul> <p><b>Not Appropriate:</b></p> <ul style="list-style-type: none"> <li>• School Health Profiles</li> <li>• Youth Risk Behavior Survey</li> <li>• Episodic acute care visits outside of a medical home (e.g., emergency or urgent care, retail clinics etc.)</li> <li>• Documentation of health insurance on file is not appropriate documentation.</li> <li>• National Survey of Children’s Health</li> </ul>
<b>Frequency of Data Collection</b>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>
<b>References</b>	<ol style="list-style-type: none"> <li>1. School Health Guidelines. <a href="http://www.cdc.gov/healthyschools/npao/strategies.htm">http://www.cdc.gov/healthyschools/npao/strategies.htm</a></li> <li>2. National Association of School Nurses Position Statement: Individualized Healthcare Plans, the Role of the School Nurse <a href="http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-June-2013">http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-June-2013</a></li> <li>3. Back to School with Asthma Toolkit. <a href="http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/living-with-asthma/creating-asthma-friendly-environments/back-to-school-with-asthma-toolkit.html">http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/living-with-asthma/creating-asthma-friendly-environments/back-to-school-with-asthma-toolkit.html</a></li> </ol>
<b>Additional Information/Guidance</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>