CBE ID

2850

Title

Family Experiences with Coordination of Care (FECC)-16: Child has shared care plan

Project

Pediatric Performance Measures

Endorsement Status

Endorsement Removed

E&M Committee Rationale/Justification

Steward no longer pursuing endorsement.

Is Under Review

No

Previous Endorsement Cycle

Full Year 2016

Removal Date

Tue, 03/31/2026 - 20:14

Initial Endorsement

Wed, 05/04/2016 - 14:22

Steward

Seattle Children's Research Institute

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases—9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease.

The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 16, described below. The short descriptions of each quality measure follows; full details for FECC-16 are provided in the Detailed Measure Specifications (see S.2b):

2842: FECC-1: Has care coordinator
2843: FECC-3: Care coordinator helped to obtain community services
2844: FECC-5: Care coordinator asked about concerns and health changes
2845: FECC-7: Care coordinator assisted with specialist service referrals
2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs
2847: FECC-9: Appropriate written visit summary content
2849: FECC-15: Caregiver has access to medical interpreter when needed
2850: FECC-16: Child has shared care plan

Each of the quality measures is scored on a 0-100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.

1.7 Measure Type

Process

1.8 Level of Analysis

Health Plan, Population: Regional and State

1.9 Care Setting

Other

1.14 Numerator

The numerator for FECC-16 is specified in the Detailed Measure Specifications (see S.2b). A brief description of each numerator is laid out in Table 1 in section De.3, and a more detailed description of FECC-16 follows:FECC-16: Caregivers of CMC should report that their child's primary care provider created a shared care plan for their child.

1.15 Denominator

The eligible population of caregivers for the FECC Survey overall is composed of those who meet the following criteria:1. Parents or legal guardians of children 0-17 years of age2. Child classified as having a complex, chronic condition using the Pediatric Medical Complexity Algorithm (PMCA) (see Simon TD, Cawthon ML et al. 2014)3. Child had at least 4 visits to a healthcare provider over the previous yearWhile some of the FECC measures only apply to a subset of the overall eligible population for the survey (e.g., measures related to the quality of care coordination services provided are only scored for those caregivers who endorse having a care coordinator), eligibility for these quality measures can only be gleaned from responses to the FECC Survey itself. This is analogous to the situation with many H-CAHPS measures, where, for example, measures about blood draws and laboratory testing are scored only for those who had the relevant service performed during the time frame or hospitalization in question.

1.20 Types of Data Sources

Claims Data, Instrument-Based Data

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization)

Exclusions

Denominator exclusions:
1. Child had died
2. Caregiver spoke a language other than English or Spanish

Planned Use

Public Reporting

Risk Adjustment

Other

Target Population

Children, Populations at Risk: Individuals with multiple chronic conditions

Steward Organization

Seattle Children's Research Institute

Steward POC email

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