



Measure Fact Sheet – The AHRQ-CMS Pediatric Quality Measures Program (PQMP)

## Measure: Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care

Measure Developer: Center of Excellence for Pediatric Quality Measurement (CEPQM)

Numerator	Denominator	Exclusions	Data Source(s)
All individuals who return a completed survey.	The total number of surveys mailed, excluding surveys that were undeliverable or returned with indication that the sampled individual was ineligible.  Eligibility criteria: <ol style="list-style-type: none"> <li>Age 16 to 17 years old at the time of survey completion.</li> <li>At least one chronic health condition.</li> <li>At least one outpatient visit with a health care provider in the preceding 12 months.</li> <li>For health plan sampling, current enrollment at the time of the survey and enrollment for the preceding 12 months (allowing for &lt;45 day gaps during that period).</li> </ol>	Numerator: None.  Denominator: Patients who request that they not be contacted and patients who cannot be surveyed because of local, State, or federal regulations.	Survey:  Adolescent report.

### Measure Importance

- The lack of effective transition from pediatric to adult-focused health care may contribute to fragmentation of health care and increased risk for adverse health outcomes.<sup>1</sup>
- For young adults, continuity of care is associated with overall lower costs and improved health outcomes.<sup>2</sup>
- National consensus guidelines recommend initiating transition preparation and planning early in adolescence.<sup>3</sup>



- In the 2005-2006 National Survey of Children with Special Health Care Needs (NS-CSHCN), 62 percent of parents of adolescents reported having discussed adult health care needs and 42 percent of parents reported having discussed transitioning to an adult provider.<sup>4</sup>
- There was no significant improvement in the 2009–2010 NS-CSHCN.<sup>5</sup>
- No survey has directly assessed adolescents’ reports of the quality of transition preparation counseling.

### Evidence Base for the Focus of the Measure

Studies evaluating parent, adolescent, and young adult perspectives on health care transition highlight the pervasiveness of poor transition preparation. Health care provider reports demonstrate inconsistent delivery of health care transition services, inadequate implementation of expert consensus guidelines for transition care, and the need for strategies to more uniformly implement transition preparation. Because transition preparation must be tailored to adolescents’ evolving self-management skills and level of independence, direct assessment of adolescent experiences is important.

### Advantages of the Measure

- The ADAPT survey fills a significant gap in pediatric quality measurement by serving as a validated tool to assess the quality of transition preparation in adolescents with chronic health conditions.
- The ADAPT survey produces three composites measuring the quality of counseling on transition self-management, counseling on prescription medication, and transfer planning.
- Administrative claims data used to identify the survey sample are easily accessible to hospitals, health plans, and other health care organizations.

### Levels of Aggregation Applicable to the Measure

The three composite measures are intended for aggregation at the State, Medicaid, or Child Health Insurance Program (CHIP) program, health plan, practice group, or facility levels.

### Reliability and Validity of the Measure

- Internal consistency reliability was acceptable for each of the composite measures.
- Internal consistency reliability for ADAPT survey composites by site<sup>6</sup>

SITE	A	B	C
	Ordinal alpha		
Counseling on Transition Self-Management	.79	.70	.78
Counseling on Prescription Medication	.57	.78	.74
Transfer Planning	.99	.99	.99

- Validity was ensured by following standard survey development procedures and design principles including focus groups, cognitive interviews, confirmatory factor analysis, and internal reliability testing.
- Results from cognitive interviews indicated that the ADAPT survey is easily understandable.
- Factor analysis confirmed that the items grouped together on conceptual grounds were also empirically related.

## Measure Development and Testing

The ADAPT survey development process included an extensive review of the literature and existing quality measures; expert interviews; parent, adolescent, and young adult focus groups; cognitive testing; a national field test of the survey; and psychometric analysis and composite measure development.

The literature review included published articles and existing survey instruments that evaluate adolescent and young adult experiences of health care during the period of transition to adult-focused health care. The Agency for Healthcare Research and Quality (AHRQ) submitted a Federal Register Notice to solicit public comments on potential domains to include. Measure developers then conducted 11 focus groups in English and Spanish in Boston, Chicago, and Los Angeles to solicit diverse views about experiences with transition preparation. Four rounds of cognitive interviews with youth respondents in English and Spanish in Boston, Chicago, and Dallas as well as additional expert input were used to inform revisions of the survey.

Field testing was conducted at both the clinical program and health plan levels. For the clinical program field test, outpatients with a wide variety of chronic illnesses receiving care at a large children's hospital were sampled. For the health plan field tests, two Medicaid health plans in different States sampled members meeting inclusion criteria.

The developers used the field test data for psychometric testing and development of the three composite measures, each with scores ranging from 0 percent to 100 percent.

## Selected Results from Tests of the Measure

- The final ADAPT survey includes 26 items grouped into three composite measures: counseling on transition self-management, counseling on prescription medication, and transfer planning.
- The site composite scores ranged from 31 percent to 36 percent for counseling on transition self-management, from 53 percent to 62 percent for counseling on prescription medication, and from 5 percent to 8 percent for transfer planning.

## Caveats

- Adolescent self-report can only address aspects of transition preparation for which adolescents are the best source of information (e.g., patients cannot reliably assess whether a practice-level transition policy exists).
- The ADAPT survey may not be appropriate for adolescents who have cognitive or developmental delays preventing them from completing a survey on their own.

## For More Information

- AHRQ: [CHIPRAqualitymeasures@ahrq.hhs.gov](mailto:CHIPRAqualitymeasures@ahrq.hhs.gov)
- CEPQM: Gregory Sawicki, [Gregory.Sawicki@childrens.harvard.edu](mailto:Gregory.Sawicki@childrens.harvard.edu)
- Coming soon: Link to measures as submitted on the AHRQ CHIPRA website.

For more information about the PQMP, visit [www.ahrq.gov/CHIPRA](http://www.ahrq.gov/CHIPRA).

The Children's Health Insurance Program Reauthorization Act (CHIPRA) called for establishment of a Pediatric Quality Measures Program (PQMP) as a followup to identifying the initial core set of children's health care quality measures. This fact sheet was produced by the Agency for Healthcare Research and Quality (AHRQ), based on information provided by the AHRQ-CMS Center of Excellence for Pediatric Quality Measurement (CEPQM), which was funded by an AHRQ/CMS grant as a CHIPRA Center of Excellence. A listing of all submitted PQMP Centers of Excellence measures can be found at [www.ahrq.gov/chipra](http://www.ahrq.gov/chipra). All measures are publicly available for noncommercial use.

## Notes

<sup>1</sup>Lotstein, D.S., et al. Transition planning for youth with special health care needs: results from the National Survey of Children with Special Health Care Needs. *Pediatrics*, 2005. 115(6): p. 1562-8.

<sup>2</sup>Strickland, B., et al. Access to the medical home: Results of the National Survey of Children with Special Health Care Needs. *Pediatrics* 2004. 113(4): p. 1485 -92.

<sup>3</sup>American Academy of Pediatrics. A consensus statement on health care transitions for young adults with special health care needs. *Pediatrics*, 2002. 110(6 Pt 2): p. 1304-6.

<sup>4</sup>Lotstein, D.S., et al. Planning for health care transitions: results from the 2005-2006 National Survey of Children with Special Health Care Needs. *Pediatrics*, 2009. 123(1): p. e145-52.

<sup>5</sup>McManus MA, Pollack LR, Cooley WC, et al. Current Status of Transition Preparation Among Youth with Special Needs in the United States. *Pediatrics* 2013, Jun 131(6):1090-7.

<sup>6</sup>Test sites are identified by letter to preserve anonymity.



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