

TO: Consensus Standards Approval Committee

FR: NQF Staff

RE: Result of Voting for *National Voluntary Consensus Standards for Child Health Quality Measures, 2010: A Consensus Report*

DA: June 06, 2011

The CSAC will review the measures recommended in the draft report *National Voluntary Consensus Standards for Child Health Quality Measures* during the June 13, 2011 conference call. This memo includes summary information about the project, the recommended measures, and the Member voting results. The complete [voting draft report](#) and supplemental materials are available on the [project webpage](#).

CSAC ACTION REQUIRED

Pursuant to the Consensus Development Process (CDP), the CSAC may consider approval of 44 candidate consensus standards (7 are eligible for time-limited endorsement only) as specified in the “voting draft” of *National Voluntary Consensus Standards for Child Health Quality Measures*. This project followed the National Quality Forum’s (NQF’s) version 1.8 of the CDP. All CDP steps were adhered to, and no concerns regarding the process were received.

BACKGROUND

The set of NQF-endorsed[®] measures for child health has risen steadily over the past several years, with emphasis in the areas of perinatal and neonatal care, chronic illness care, care for hospitalized children, and most recently, outcomes. Major gaps remain for measures focused on child function, health-related quality of life, patient and caregiver experience with care, and promotion of healthful behaviors. The recent release of an initial core set of measures for Medicaid and Children’s Health Insurance Program (CHIP) voluntary use provides an important step in assessing child health quality by state programs. The Agency for Healthcare Research and Quality National Advisory Council Subcommittee on Children’s Healthcare Quality Measures for Medicaid and CHIP Programs (AHRQ SNAC) recently identified measure gaps in a number of priority areas for children, including mental health and substance abuse services, other specialty services, and inpatient care among other areas. Measures in key gap areas such as quality of well child care, dental care, and acute care for children, were highlighted. While the initial core set of Children’s Health Insurance Program Reauthorization Act (CHIPRA) measures will be prescribed (or specified) by the Secretary of Health and Human Services, there may be other appropriate measures that may enhance the portfolio of child health quality measures and could be used in the future for the pediatric quality measurement program as required by CHIPRA. For this project NQF solicited measures that could be used in public reporting at the population level (e.g., state) and for a variety of conditions or cross-cutting areas.

DRAFT REPORT

The draft report, [*National Voluntary Consensus Standards for Child Health Quality Measures, 2010: A Consensus Report*](#), describes the evaluation of 75 measures submitted for this project and evaluated against NQF's standard measure evaluation criteria. The project Steering Committee recommended 41 measures for endorsement and presented 3 measures without consensus recommendation to hear feedback from the Membership and public before giving a final recommendation; all were recommended after Comment. Of the 44 measures recommended, 7 are recommended for time-limited endorsement (TLE). These measures meet the criteria for TLE in that they address new topic areas, are not complex measures and support CHIPRA.

Of the 44 recommended measures several are specified at the population level only. These measures support the Population Health priorities of the National Priorities Partnership (population health) and the Department of Health and Human Services National Quality Strategy (healthy communities) as well as CHIPRA. Among the population-level measures are 11 measures derived from the National Survey of Child Health (NSCH) or the National Survey of Children with Special Healthcare Needs (NSCSHCN).

COMMENTS ON THE DRAFT REPORT AND THEIR DISPOSITION

The comment period for the draft report, *National Voluntary Consensus Standards for Child Health Quality Measures, 2010: A Consensus Report*, concluded on March 17, 2011. NQF received 360 comments from 47 organizations. Similar comments were received from multiple organizations. All measure-specific comments were forwarded to the measure developers, who were invited to respond. A [table](#) of detailed comments submitted during the review period, with responses and actions taken by the Steering Committee, is posted on the NQF voting webpage. Overall, the comments were positive and supportive of the measures. The majority of concerns raised focused on details of the measure specifications

Disparities

Several comments questioned the lack of information and measures addressing disparities. The Committee reviewed the stratification specifications of all measures. Committee members noted two stratification approaches for these measures: many of the measures can be stratified for disparities and others can be categorized as measures that directly address topics or conditions with known disparities. Committee members noted that disparities have become a national priority and developers should address the disparities-related questions in the measure submissions. The Committee recommended that measures at the population, system, plan or large group level be specified for stratification to evaluate for disparities. Committee members noted that statistical issues and small numbers issues limit stratification at the individual clinician-level of analysis, and also noted that many clinicians cite the difficulty in asking for and recording ethnicity data in their practices.

Action taken: The Steering Committee approved a draft paragraph on disparities for the voting report.

Population-level Measurement

Several comments questioned the usefulness of population-level measures, particularly for providers. The Committee agreed that the child health measures address the needs of many potential users and that the population-level measure support the population health priorities and goals of the National Priorities Partnership and the new National Quality Strategy.

Action taken: The Steering Committee approved a draft paragraph on population health for the voting report.

Data Collection

Several comments identified the burden of manual chart review for some of the measures. NQF staff advised the Steering Committee that NQF is moving toward requiring eMeasures for all applicable measures (i.e., those currently specified for paper medical records) by May 2012.

Action taken: The Committee decided to continue to recommend the measures, despite the burden of chart review.

Clinician-Level Reporting

Several candidate measures (1354, 1357, 1360, 1361, 1395, 1401, 1402, 1406, 1407, 1412, 1419, 1506, and 1507) received comments questioning the appropriateness of measurement at the clinician-level, and stating that these measures depend not only on clinicians, but also on other external factors and other healthcare professionals. The Committee responded that the measures were developed and tested for clinician-level measurement and agreed that topics such as immunizations, chlamydia screening, maternal depression screening, newborn hearing screening results documentation, vision screening and risky behavior screening are appropriate for clinician-level measurement.

Action taken: After review of the comments, the Committee decided not to change their original recommendation.

CAHMI/MCHB Stewardship of measures based on the National Survey of Children's Health

In response to comments, NQF Staff informed the Steering Committee that CAHMI submitted clarifying information regarding the stewardship of the measures based on the National Survey of Children's Health. The draft report has been edited using this language to reflect all NSCH measures as stewarded by CAHMI/MCHB.

Action taken: The voting report and the measure specifications have been updated by the measure steward.

Change in Level of Analysis for Newborn Hearing Screening Measures

In response to comments, the measure developer removed clinician as a level of analysis for measures *1354: Hearing screening prior to hospital discharge*; *1357: Outpatient hearing screening of infants who did not complete screening before discharge*; *1360: Audiological evaluation no later than 3 months of age*; and *1361: Intervention no later than 6 months of age*. These measures have been in use by states more than a decade.

Action taken: The Committee agreed with this change and the measure developers updated the specifications.

Measure Specific Comments & Actions Taken

1348: Children age 6-17 who engage in weekly physical activity

1349: Child overweight or obesity status based on parental report of BMI

Concerns were raised regarding the accuracy of parental reporting, the level of measurement, and their similarity to NQF's currently endorsed measure, *0024: Body Mass Index (BMI) 2 through 18 years of age*. Several Committee members voiced their continued concern on the accuracy of parent reporting. The Committee noted that this measure would be useful at the population level to analyze trends over time and assist in monitoring changes in the population. The population-level measure would have a different denominator than a provider-level measure -- provider-level measures require insurance coverage and encounters.

Action taken: The Committee did not change the recommendation for endorsement on either of these measures.

1385: Developmental screening using a parent completed screening tool (0-5)

1399: Developmental screening by 2 years of age

1448: Developmental screening in the first three years of life

These measures received comments on the age ranges specified by the measure developers. The developers explained that measure 1399 is a clinician-level measure, and 1448 is a population- or plan-level measure, and the two are harmonized. The Committee echoed the previous comment that clinician- and plan-level measures require an interaction with the health care system, whereas the population measure does not.

Action taken: The measures' developers revised the specifications to clarify these issues. The Committee did not change their recommendations on these measures and agreed to the specification changes. The voting report includes a table submitted by the developers depicting the alignment of these measures for more clarification.

1333: Children who receive family centered care

1330: Children with a usual source for care when sick

Comments noted a similarity to *0724: Measure of medical home for children and adolescents*, previously endorsed in NQF's Child Health Outcomes project. Measures *1330: Children with a usual source for care when sick* and *1333: Children who receive family centered care* are components of the endorsed Medical Home measure. The Committee discussed whether there is

sufficient value in having these two measures also endorsed. Committee members suggested that the measures were perhaps overlapping, but not duplicative, and that these measures would be useful in tracking progress toward comprehensive medical homes.

Action taken: The Committee did not change the original recommendation of these measures.

1337: Children with insufficient health coverage in the past 12 months

This measure received a comment stating that the Current Population Survey (CPS) collects this information on health coverage, and questioned the necessity of endorsing this measure as a second method of collecting such information. The measure developer stated that this measure allows for stratification that the CPS does not, and that this measure identifies gaps in coverage.

Action taken: The Committee did not change the original recommendation of the measure.

1381: Asthma emergency department visits

Comments raised concerns about this measure's specification of only one ED visit to count in the measures since it would capture appropriate ED visits for first time asthma diagnosis. Committee members suggested that this measure would assist in learning what percentage of patients had more than two emergency department visits.

Action taken: After consideration of the comments, the Committee again voted to recommend the measure for endorsement.

Measures without consensus recommendation in the review draft

Because the Committee did not reach a consensus recommendation for three measures included in the draft report, comments were sought on whether the measures should be recommended for endorsement. The Committee reviewed the comments on these measures and discussed the merits of the measures before voting on a final recommendation.

1332: Children who receive preventive medical visits

The comments on this measure were mixed. One comment suggested that it is duplicative of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) (Medicaid) measure but Committee members noted that Medicaid patients represent only 30% of children and this measure would capture all children. In response to a comment that questioned the language used in the survey for this measure, the developer noted that the survey question language is similar to "Well Child" and "Check-Ups" for the parents to comprehend more easily. The developer also assured the Committee that the cognitive tests conducted on the survey question were positive for good understanding.

Action taken: Clarifying language for the voting report has been written in conjunction with the developer. The Committee voted to recommend the measure for endorsement.

1365: Child and adolescent major depressive disorder: Suicide risk assessment

Four comments recommended endorsing this measure. In addition, the developer submitted a number of comments in support of the measure and provided additional evidence. The Committee members again noted that this measure does not specify specific tool(s) for the assessment, the need for sensitivity in making a suicide risk assessment, potential clinician liability, and that the USPSTF recommendation on this subject was inconclusive. However, the Committee agreed the measure was important.

Action taken: The Committee voted to recommend the measure for endorsement.

1552: Blood pressure screening by age 13

Several comments referred to the Bright Futures guidelines for annual BP screening. The Committee agreed that BP screening is important but that the need to use graphs to interpret the result in percentiles can be difficult, though this could be improved with automatic computation in an EHR. Another Committee member noted that the bar should be raised for clinicians by requiring them to record and interpret the screening results.

Action taken: The Committee voted to recommend the measure.

NQF MEMBER VOTING

The 30-day voting period for the Child Health Quality Measures project closed on May 24, 2011. Twenty-six member organizations voted; no votes were received from the Public/Community Health Agency or the Supplier/Industry councils. Four organizations submitted comments on 18 measures. The comments received are included under the voting results for each measure.

Voting Results

Voting results for the 44 candidate consensus standards are provided below.

Recommended measures:

1391: Frequency of ongoing prenatal care (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	

All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					96%

*equation: Yes/ (Total - Abstain)

1517: Prenatal and postpartum care (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/ (Total - Abstain)

1382: Percentage of low birthweight births (Division of Vital Statistics)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1397: Sudden Infant Death Syndrome counseling (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1401: Maternal depression screening (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

Voting Comment: America's Health Insurance Plans submitted the following comment:

- This measure is important due to the incidence of maternal depression. Information for this measure however, may not be available. Some states prohibit the exchange of this information especially across state lines.

*1351: Proportion of infants covered by newborn bloodspot screening (HRSA)

Measure Council	Ye s	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%

Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	1	1	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					97%

*equation: Yes/ (Total - Abstain)

Voting Comment: The Federation of American Hospitals submitted the following comment:

- The FAH believes that bloodspot screening is important and should be an essential part of newborn care, but we suggest further specification for both the numerator and denominator.

NQF staff note: This is a population–level measure currently in use by states. States have varying requirements for newborn testing and the measure assesses compliance with the state requirements. The specifications allow for the differences in state laws.

1402: Newborn hearing screening (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	1	1	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					97%

*equation: Yes/ (Total - Abstain)

1354: Hearing screening prior to hospital discharge (EHDI-1a) (CDC)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	0	0	0	0	

Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	1	1	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/ (Total - Abstain)

Voting Comments: America’s Health Insurance Plans and the Federation of American Hospitals submitted the following comments, respectively:

- We had previously asked for harmonization of measures #1354, #1357, #1360, and #1361. This measure has not been harmonized, and we therefore are planning to not support this measure.

NQF Staff note: These measures are population-level measures currently used by the EDHI program to track state level performance. The submitted comment from AHIP was “We are supportive of hearing screening measures, but recommend that measures #1354, #1357, #1360, and 1361 be harmonized and re-specified as single measure that tracks newborn hearing at the hospital, after discharge, after 3 months, and after 6 months where an intervention is required.” The measure developer responded: “The developers strongly disagree that these measures should be rewritten as a composite score rather than individual metrics as the measures would lose their impact. Over the last decade, use of separate indices for screening, diagnostic evaluation, and early intervention have proven extremely valuable in understanding and identifying differential patterns related to loss to follow-up prior to a child receiving early intervention services. For example, for some programs, loss to follow-up largely occurs between screening and diagnosis, for others, it largely occurs between diagnostic evaluation and early intervention. Quantifying loss to follow-up at each point of the screening-diagnosis-early intervention process provides valuable information to programs, which they have used to specifically shape and target activities and efforts based on their unique patterns of loss. This is particularly valuable given that these are temporal (time specific) measures that impact diverse clinical providers at different clinical settings, i.e. in-patient hospital, out-patient clinics, and primary care.”

- The measure denominator should simply be all live births during the measurement period born at a facility. The last phrase is very confusing. Additionally, this measure should be harmonized with the NCQA measure #1402.

NQF staff note: Measure #1402 assesses whether the results of the newborn hearing screening are in the outpatient chart within 3 months. Measures 1354, 1360 and 1361 are population-level measures currently in use by the EHDI program to monitor compliance at the state level.

***1357: Outpatient hearing screening of infants who did not complete screening before hospital discharge (EHDI-1c) (CDC)**

Measure Council	Ye s	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%

Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/ (Total - Abstain)

Voting Comment: America's Health Insurance Plans submitted the following comment:

- We had previously asked for harmonization of measures #1354, #1357, #1360, and #1361. This measure has not been harmonized, and we therefore are planning to not support this measure.

1360: Audiological evaluation no later than 3 months of age (EHDI-3) (CDC)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/ (Total - Abstain)

Voting Comment: America's Health Insurance Plans submitted the following comment:

- We had previously asked for harmonization of measures #1354, #1357, #1360, and #1361. This measure has not been harmonized, and we therefore are planning to not support this measure.

1361: Intervention no later than 6 months of age (EHDI-4a) (CDC)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%

Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

***1448: Developmental screening in the first three years of life (MCHB/CAHMI)**

Measure Council	Ye s	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1399: Developmental screening by 2 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%

Average council percentage approval	89%
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*equation: Yes/ (Total - Abstain)

Voting Comments: America’s Health Insurance Plans and WellPoint submitted the following comments, respectively:

- Health plans are not supportive for the following reasons: The term, follow-up" does not appear to be clearly defined in the measure specifications. "
- The term, “follow-up" does not appear to be clearly defined in the measure specifications.

NQF Staff Note: In April, NCQA sent clarifications to the measure: “The percentage of children who turned 2 years old during the measurement year who had a developmental screening ~~and proper follow up~~ performed between 6 12 and 24 months of age.

1385: Developmental screening using a parent-completed screening tool (parent report, children 0-5) [from the National Survey of Children’s Health, NSCH] (MCHB/CAHMI).

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

***1412: Pre-school vision screening in the medical home (American Academy of Pediatrics)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%

Percentage of councils approving (<50%)	100%
Average council percentage approval	100%

*equation: Yes/ (Total - Abstain)

1552: Blood pressure screening by age 13 (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1553: Blood pressure screening by age 18 (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1395: Chlamydia screening and follow up (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1396: Healthy physical development by 6 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comments: WellPoint and America's Health Insurance Plans submitted the following comments, respectively:

- The evidence base behind screen time" is not sufficient."
- The evidence base behind screen time is not sufficient. USPTF has noted that there is not sufficient evidence to indicate that intense counseling is effective, therefore the value of adding counseling components to these candidate measures is unclear.

1512: Healthy physical development by 13 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comments: WellPoint and America’s Health Insurance Plans submitted the following comments, respectively:

- The evidence base behind screen time" is not sufficient."
- The evidence base behind screen time is not sufficient. USPTF has noted that there is not sufficient evidence to indicate that intense counseling is effective, therefore the value of adding counseling components to these candidate measures is unclear.

1514: Healthy physical development by 18 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	

All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comments: WellPoint and America’s Health Insurance Plans submitted the following comments, respectively:

- The evidence base behind screen time" is not sufficient."
- The evidence base behind screen time is not sufficient. USPTF has noted that there is not sufficient evidence to indicate that intense counseling is effective, therefore the value of adding counseling components to these candidate measures is unclear.

1349: Child overweight or obesity status based on parental report of body mass index (BMI) [NSCH] (MCHB/CAHMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	2	1	5	50%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	4	0	5	20%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	16	7	3	26	70%
Percentage of councils approving (<50%)					67%
Average council percentage approval					74%

*equation: Yes/ (Total - Abstain)

NQF staff note: Consumer members submitted the following comment during the review period: “We feel that this is a population survey measure that will not add value to the NQF portfolio, or to the quality measurement enterprise, due to the evidence (as reflected by the steering committees deliberations) that parental data is often inaccurate. Given that there is already a clinician-level measure of child/adolescent obesity and BMI that is included in Stage 1 of the Meaningful Use program, we do not support endorsement of this measure.”

The developer responded “Observed height and weight in a clinical setting is an appropriate measure of BMI for a child. The population-based measure proposed here is one of the few known sources of national and state level data on BMI that can be stratified by a number of important groups (race, income, special health care needs status). There is good evidence that parent reported height and weight, at the population level, is valid for children 10 and older”.

Purchaser council members did not submit comments either during review or voting to explain their votes against the measure.

1348: Children age 6-17 years who engage in weekly physical activity [NSCH] (MCHB/CAHMI)

Measure Council	Ye s	No	Abstain	Total Votes	% Approval*
Consumer	3	1	1	5	75%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	4	0	5	20%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	18	5	3	26	78%
Percentage of councils approving (<50%)					83%
Average council percentage approval					83%

*equation: Yes/ (Total - Abstain)

Purchaser council members did not submit comments either during review or voting to explain their votes against the measure.

1407: Adolescent immunization by 13 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	5	0	0	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	2	1	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comments:

- WellPoint: We do not support the inclusion of the HPV vaccination in the numerator for this particular measure but would support a standalone measure for HPV vaccinations. We understand that NCQA is continuing to work on this measure.
- Association for Professionals in Infection Control and Epidemiology: APIC supports 1407 to be selected as a Child Health Safety Measure.
- AHIP: This measure does not appear to be aligned with a recent NCQA proposal to report the HPV vaccination rate separate from other immunization rates for this population. We are supportive of HPV vaccination rate as a stand-alone measure. We ask that this measure be aligned with current NCQA efforts to measure and report on HPV vaccinations.

NQF staff note: NCQA response to the comment 6/3/2011: “We recently changed the parallel HEDIS measure to a stand-alone. In order to keep the measures aligned, could we change the current measure to a stand-alone measure as well? The measure components would be unchanged: it would just be a sampling change.”

1506: Immunizations by 18 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	5	0	0	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	2	1	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comments: APIC supports measure 1506 to be selected as a Child Health Safety Measure.

- AHIP: This measure does not appear to be aligned with a recent NCQA proposal to report the HPV vaccination rate separate from other immunization rates for this population. We are supportive of HPV vaccination rate as a stand-alone measure. We

ask that this measure be aligned with current NCQA efforts to measure and report on HPV vaccinations.

**1346: Children who are exposed to secondhand smoke inside home [NSCH]
(MCHB/CAHMI)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	3	1	1	5	75%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	2	2	1	5	50%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	4	0	5	20%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	16	7	3	26	70%
Percentage of councils approving (<50%)					67%
Average council percentage approval					74%

*equation: Yes/ (Total - Abstain)

NQF staff note: Comments submitted during review identified a variety of issues that may explain the votes against the measure: “a population-level measure with no clear actionable follow-up” (consumer); and “it appears to be an epidemiological measure that is difficult to define and that there is no feasible method to accurately measure this measure” (professional). No comments were submitted by Purchaser members.

1388: Annual dental visit (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%

Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1334: Children who received preventive dental care [NSCH] (MCHB/CAHMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1335: Children who have dental decay or cavities [NSCH] (MCHB/CAHMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%

Average council percentage approval	100%
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*equation: Yes/ (Total - Abstain)

***1419: Primary caries prevention intervention as part of well/ill child care as offered by primary care medical providers (University of Minnesota)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	21	3	2	26	88%
Percentage of councils approving (<50%)					83%
Average council percentage approval					85%

*equation: Yes/ (Total - Abstain)

Voting Comment: AHIP: A medical insurer may not have information pertaining to dental health.

1394: Depression screening by 13 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	4	1	0	5	80%
QMRI	3	0	0	3	100%

Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					100%
Average council percentage approval					91%

*equation: Yes/ (Total - Abstain)

Voting Comment:

- AHIP: Questions were raised about the use of age 13 for this measure. It is unclear what the evidence-base is to support a specific age by which a screening needs to occur.

NQF staff note: The Steering Committee discussed this issue at length. The guidelines recommend annual screening; however, the developer has submitted a group of measures at various age cohorts (ages 6, 13, 18 years) to measure a group of topics periodically throughout childhood. The pros and cons of this measurement approach was discussed at length and ultimately supported by the Committee because these measures are chart based and would be too burdensome to be collected annually on all children.

1515: Depression screening by 18 years of age (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/ (Total - Abstain)

Voting Comment: America's Health Insurance Plans submitted the following comment:

- Questions were raised about the use of age 18 for this measure. It is unclear what the evidence-base is to support a specific age by which a screening needs to occur.

See staff note for measure 1394.

*1364: Child and adolescent major depressive disorder: Diagnostic evaluation (AMA PCPI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%

Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comment: America's Health Insurance Plans submitted the following comment:

- This measure requires chart review and will be burdensome. In addition, it is a process measure and it is not clear if there is a direct link to health outcomes.

1406: Risky behavior assessment or counseling by age 13 years (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comment: America's Health Insurance Plans submitted the following comment:

- Health plans recognize the potential value of counseling patients, but question the evidence-base for this measure.

NQF staff note: The Committee agreed with the summary of the evidence provided by the developer: "Healthy People 2010, Bright Futures, and other major bodies recommend the following risky behavior topics be discussed with adolescents: sexual activity, substance abuse, and tobacco use and cessation. However, the evidence is mixed. Currently there is an abundance of evidence supporting the fact that high-intensive counseling can alter adolescent risky behavior trends, however there is not enough evidence to determine the positive outcomes that could

result from a lower scale of counseling for youths and parents during regular pediatric and primary care visits.”

1507: Risky behavior assessment or counseling by age 18 years (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	1	2	0	3	33%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					89%

*equation: Yes/ (Total - Abstain)

Voting Comment: America’s Health Insurance Plans submitted the following comment:

- Health plans recognize the potential value of counseling patients, but question the evidence-base for this measure.
See staff note on measure #1406.

***1365: Suicide risk assessment (AMA PCPI)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%

Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1392: Well child visits in the first 15 months of life (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/ (Total - Abstain)

1516: The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year (NCQA)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%

Average council percentage approval	100%
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*equation: Yes/ (Total - Abstain)

1333: Children who receive family-centered care [NSCH] (MCHB/CAHMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	3	1	1	5	75%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	4	0	5	20%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	18	5	3	26	78%
Percentage of councils approving (<50%)					83%
Average council percentage approval					83%

*equation: Yes/ (Total - Abstain)

1330: Children with a usual source for care when sick [NSCH] (MCHB/CAHMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	24	0	2	26	100%
Percentage of councils approving (<50%)					100%

Average council percentage approval	100%
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*equation: Yes/ (Total - Abstain)

1381: Asthma emergency department visits (AL Medicaid Agency)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	2	2	1	5	50%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	22	2	2	26	92%
Percentage of councils approving (<50%)					83%
Average council percentage approval					92%

*equation: Yes/ (Total - Abstain)

1337: Children with inconsistent health insurance coverage in the past 12 months [NSCH] (MCHB/CAHMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	2	1	5	50%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	1	4	0	5	20%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	

All Councils	17	6	3	26	74%
Percentage of councils approving (<50%)					67%
Average council percentage approval					78%

*equation: Yes/ (Total - Abstain)

1332: Children who receive preventive medical visits [NSCH] (MCHB/CAHMI)

Measure Council	Ye s	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	2	1	0	3	67%
Health Professional	4	0	1	5	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/ (Total - Abstain)

Voting Comment: WellPoint submitted the following comment:

- Keep to NCQA and EPSDT.

1340: Children with special health care needs who receive services needed for transition to adult health care [from the National Survey of Children with Special Healthcare Needs, NSCSHCN] (MCHB/CAHMI).

Measure Council	Ye s	No	Abstain	Total Votes	% Approval*
Consumer	5	0	0	5	100%
Health Plan	3	0	0	3	100%
Health Professional	4	0	1	5	100%
Provider Organizations	3	1	1	5	75%

Public/Community Health Agency	0	0	0	0	
Purchaser	5	0	0	5	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	23	1	2	26	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					96%

*equation: Yes/ (Total - Abstain)