NATIONAL QUALITY FORUM

CONFERENCE CALL OF THE CHILD HEALTH QUALITY MEASURES (CHQM) STEERING COMMITTEE

December 3, 2010

Steering Committee Members Present: Thomas McInerny, MD (Co-Chair); Martha Dewey Bergren, DNS, RN, NCSN; Sarah Brown, MSPH; Carroll Carlson, RN, BSN; Sharron Docherty, PhD, CPNP; James Glauber, MD, MPH; Kathy Jenkins, MD, MPH; Allan Lieberthal, MD, FAAP; Goutham Rao, MD; Ellen Schwalenstocker, PhD, MBA; Bonnie Zima, MD, MPH

NQF Staff Present: Hawa Camara, MPH; Gene Cunningham, MS; Suzanne Theberge, MPH; Reva Winkler, MD, MPH

Measure Developers Present: Sepheen Byron, MHS, National Committee for Quality Assurance; Christina Bethell, PhD, MPH, MBA, Child and Adolescent Health Measurement Initiative (CAHMI); Scott Stumbo, MA, CAHMI

WELCOME AND INTRODUCTIONS

Suzanne Theberge, Child Health Quality Measures project manager, described the purpose of the conference call as an opportunity for the Steering Committee to evaluate 16 measures before voting on them via electronic survey after the call. Measure developers were invited to participate in the call and respond to questions as necessary.

MEASURE EVALUATION DISCUSSION

Reva Winkler, the project's senior director, briefly introduced each measure. Committee Co-Chair Thomas McInerny led and facilitated the session. Committee members were assigned to give a detailed introduction and start the discussion of each measure.

1400: Environmental tobacco assessment and counseling (NCQA)

This is a provider-level measure. A Committee member noted that documentation issues will arise because physicians may or may not record their discussions about smoking with parents, and these discussions may vary by provider and/or patient. Committee members questioned whether or not parents answer survey items truthfully. A Committee member suggested that the measure developer raise the bar for passing this measure, because it will be very easy for a clinician to satisfy this numerator. If so, the Committee member added that it would be necessary to document physician recommendations for smoking cessation. The Committee questioned the value added by the counseling portion of this measure and asked if parents will receive counseling even if they do not smoke. A Committee member noted that there is no evidence to show that the counseling has an impact and asked the other Committee members if they would recommend anticipatory guidance in the absence of evidence that it changes outcomes for children. In response, a Committee member noted that although there are no studies on the

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counseling itself, there are many definitive studies showing the negative effects of second- and third-hand smoke. Committee members expressed concern with the medical chart extraction that is necessary to implement this measure, and questioned the measure's feasibility. In response, a staff member stated that the previously-endorsed tobacco counseling measure is a two-part chart review in two parts: 1) the percentage of charts showing no use or exposure to smoke and 2) if parental use or child exposure to smoke was confirmed, whether it was assessed and cessation recommended. A Committee member asked for evidence of outcomes for children within the existing measure, and a staff member offered to find such information and follow up after the call. A question was then asked regarding the procedure for competing measures. A staff member responded that this measure must pass all criteria and be voted on independently before being compared to a previously-endorsed measure to determine best in class. The measure developer stated that, based on the field testing, physicians are receiving credit for tobacco assessments or counseling, because this measure covers whether or not assessment and/or counseling was conducted regardless of smoking status. It was also noted that the word "home" was removed because children may receive care from a smoker elsewhere (such as day care, grandparents, etc.). Finally, the measure developer noted that they can provide validity data, but it comes from another data source, which is at the provider/health plan level.

1400	**Yes**	**No**		
Importance	13	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	1	7	5	1
Usability	2	8	4	0
Feasibility	0	9	5	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	5	8	1	

The Committee voted to not recommend this measure.

1338: Children with special health care needs who are screened early and continuously for emerging conditions [National Survey of Children with Special Health Care Needs, NSCSHCN] (CAHMI)

The Committee agreed that this measure lacks evidence and was concerned that testing had not been completed. Because there is no evidence for the performance gap cited in the measure submission, the Committee questioned the usefulness of the measure for public comparisons. The measure developer mentioned that there will be state-to-state variation with this measure (which affects access to care) and that there is disparity information, including race/ethnicity. It also noted that there are many layers to this testing and that the bar is low, which means the measure may provide optimistic data. A staff member noted that this measure will be reopened to allow the measure developer to provide additional information in the measure submission form.

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1338	Yes	No		
Importance	12	2		
	Completely	Partially	Minimally	Not at all
Scientific acceptability	0	6	7	1
Usability	0	4	9	1
Feasibility	1	6	7	0
	Yes	No	Abstain	
Recommend for endorsement	4	10	0	

1345: Children with special health care needs screener [NSCSHCN] (CAHMI)
A Committee member commented that the Committee, along with providers, needs to have a common, and precise, definition of "special needs." The Committee member also pointed out that this measure could be used at a state or health plan level. The Committee noted that the measure's numerator does not specify when the screening should take place. One Committee member asked if this measure would use the screener in terms of the number of screenings per practice. Another Committee member agreed that this screener is a validated tool but was unclear about what exactly is being measured. The Committee member also asked the measure developer to more specifically identify the measure's population because, although the provider-level seems appropriate, it is unclear if this is the population. In summary, a Committee member noted that because this screener is a screening tool and not a quality measure, a quality measure must be defined and better specified. The measure developer explained that this is a practice-level measure, but it has been validated at the health plan level. They also noted that race and ethnicity data are required; therefore providers must input the necessary data in the electronic medical record for this to be reported accurately. Health status stratification is also needed, which will take time. The measure developer stated that this screener is well tested at the health plan and national levels and is used by many practices. The measure developer agreed that it is not a quality measure unless it is reported at the population level.

1345	Yes	No		
Importance	11	3		
	Completely	Partially	Minimally	Not at all
Scientific acceptability	1	9	3	1
Usability	2	6	5	1
Feasibility	1	7	5	1
	Yes	No	Abstain	
Recommend for endorsement	5	9	0	

1373: Children with special health care needs whose parents report participating in shared decision-making in child´s care [NSCSHCN] (CAHMI)

Because this measure is still being tested, the Committee believed that the validity and reliability information were not adequately addressed in the submission form. When asked whether validity was based on this particular survey item or on the survey as a whole, the measure developer stated that validity is always based on individual items. A Committee member considered the measure to be premature because of the difficulty in extracting an individual question out of a survey and treating it as a stand-alone measure when evaluation information is lacking. A staff member noted that little information was submitted for discussion. The measure developer reminded the Committee that this measure is in its final stages of data collection and could be used at the health and provider level. The measure developer also noted that the measure is based on the CAPS shared decision-making measure.

1373	**Yes**	**No**		
Importance	12	2		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	1	6	3	4
Usability	2	6	4	2
Feasibility	2	5	6	1
	Yes	**No**	**Abstain**	
Recommend for endorsement	6	7	1	

The Committee's vote on the measure was inconclusive, and the measure will move forward without Committee recommendation or consensus.

1346: Children who are exposed to secondhand smoke inside home [from the National Survey of Children's Health, NSCH] (CAHMI)
This is a population-level measure. The Committee questioned this measure's validity because parents might be reluctant to answer the questions truthfully. The Committee also noted that results will vary by state because of differing laws. A Committee member asked how this measure will account for differences in geographical location in relation to how parents answer the survey question. The measure developer added that socioeconomic, race, and ethnicity factors will also influence the results. Because of these disparity factors, there must be a state-level as well as a federal-level focus on this topic.

1346	**Yes**	**No**		
Importance	14	0		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	1	9	2	2
Usability	2	7	4	1
Feasibility	1	11	2	0
	Yes	**No**	**Abstain**	
Recommend for	8	5	1	

endorsement				

1335: Children who have dental decay or cavities [NSCH] (CAHMI)
This is a population-level measure. The Committee agreed that this and the next measure must distinguish between a preventive visit and a check-up visit. It also posed questions about the reasoning behind the designated age bands. A Committee member asked if parents are expected to know if children have decay or cavities even if they have not seen a dentist. The measure developer stated that there are numerous studies on and evidence for the benefits to children's health from measuring dental decay and cavities.

1335	Yes	No		
Importance	13	1		
	Completely	Partially	Minimally	Not at all
Scientific acceptability	0	8	5	1
Usability	0	10	4	0
Feasibility	2	8	4	0
	Yes	No	Abstain	
Recommend for endorsement	8	6	0	

1334: Children who received preventive dental care [NSCH] (CAHMI)
This is a population-level measure. As previously noted, the Committee discussed how difficult it is to pull a survey question into a stand-alone measure. The measure developer confirmed that a respondent has the option to answer with "I do not know." A Committee member asked if this measure provides more evidence than measure 1335. The measure developer confirmed that these data are being used nationwide and that they changed the age to 12 months because of the national survey result.

1334	Yes	No		
Importance	13	1		
	Completely	Partially	Minimally	Not at all
Scientific acceptability	0	10	3	1
Usability	1	10	3	0
Feasibility	2	7	5	0
	Yes	No	Abstain	
Recommend for endorsement	9	5	0	

1347: Children who needed and received mental health services [NSCH] (CAHMI)

The Steering Committee agreed that feasibility was established but that reliability and validity testing were lacking. The Committee also agreed that certain definitions were broad, such as those for "treatment," "receiving counseling," and "mental health provider." Specifically, a Committee member noted that the wording "receiving counseling" should specify whether or not depression was treated. A Committee member also expressed the need to assess whether or not patients have received care in the past and if they are currently receiving care. The measure developer affirmed that the denominator has been validated but considered it premature to state that this measure will capture primary care data.

1347	**Yes**	**No**		
Importance	13	1		
	Completely	**Partially**	**Minimally**	**Not at all**
Scientific acceptability	0	6	7	1
Usability	0	8	5	1
Feasibility	1	11	2	0
	Yes	**No**	**Abstain**	
Recommend for endorsement	5	9	0	

PUBLIC COMMENT

The line was opened for public comment. There were no comments.

NEXT STEPS

The following measures were not addressed and will be added to the next call's agenda:

- 1344: Children who have problems accessing needed specialist care [NSCH] (CAHMI)
- 1348: Children age 6-17 years who engage in weekly physical activity [NSCH] (CAHMI)
- 1349: Child overweight or obesity status based on parental report of body mass index (BMI) [NSCH] (CAHMI)
- 1337: Children with inconsistent health insurance coverage in the past 12 months [NSCH] (CAHMI)
- 1329: Children who have a personal doctor or nurse [NSCH] (CAHMI)
- 1330: Children with a usual source for care when sick [NSCH] (CAHMI)
- 1332: Children who receive preventive medical visits [NSCH] (CAHMI)
- 1333: Children who receive family-centered care [NSCH] (CAHMI)

The next call is scheduled for Friday, December 17, 2010, from 3:00 to 5:00 pm ET.

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