NATIONAL QUALITY FORUM

Conference Call for the National Voluntary Consensus Standards for Child Health Quality Measures (CHQM) Steering Committee

November 29, 2010

Steering Committee Members Present: Thomas McInerny, MD (Co-Chair); Marina Weiss, PhD (Co-Chair); Sarah Brown, MSPH; Carroll Carlson, RN, BSN; Alex Chen, MD, MS; David Clarke, MD; Sharron Docherty, PhD, CPNP; James Glauber, MD, MPH; Kathy Jenkins, MD, MPH; Philip Kibort, MD, MBA; Allan Lieberthal, MD, FAAP; Marlene Miller, MD, MSc; Donna Persaud, MD; 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; Colleen Reuland, MS, CAHMI; Scott Stumbo, MA, Oregon Health Science University, CAHMI

Additional Participants: Rita Gallagher, PhD, RN, American Nurses Association; Maureen Dailey, RN, MSN, CWOCN, American Nurses Association; Robert Payne, MD, Children's Hospital of Minnesota

WELCOME AND INTRODUCTIONS

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

MEASURE EVALUATION DISCUSSION

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

1395: Chlamydia screening and follow up (NCQA)

This is a physician level measure. Steering Committee members had several comments and concerns regarding the measure and thought it would be very labor intensive and burdensome; they suggested that it may become more useful as electronic health records (EHRs) become more prevalent. A Committee member questioned whether the sample used in testing the measure was a representative group of physicians. Committee members noted that several definitions in the measure are problematic, including "proper" follow up and treatment and "sexually active." They were concerned with the measure specifications, particularly with the exclusion of males (the Committee thought males, as primary carriers of Chlamydia, also needed testing and treatment), and the specified age ranges. Additionally, a Committee member asked what value the measure adds beyond the similar HEDIS measure.

The developer noted that this is a new measure that has just completed field testing. In response to the Committee's questions about definitions, the developer stated that "sexually active" is based on the HEDIS definition, but "follow-up" in this measure is different from that of the HEDIS measure. "Proper" refers to confirmatory testing/referral/treatment. The developer also noted that males are excluded from the measure because of the lack of evidence from the U.S. Preventive Services Task Force (USPSTF) on this issue. In differentiating the measure from the similar HEDIS one, the developer again noted that this measure is physician level, while the HEDIS measure is at the plan level; however, this measure has an administrative component that will be helpful for health plans. This measure may be used for physicians' offices and physician recognition programs. The measures are part of different composites, so they have different age groups. An NQF staff member commented that the endorsed measure is already stratified between two age ranges (16-21 and 21-24) and this new measure's range is 16-18, but also adds in the follow-up component.

The Committee voted to recommend this measure for time-limited endorsement.

1407: Adolescent immunization by age 13 (NCQA)
Adolescent immunization by age 18 (NCQA)
Because these two measures were submitted on one form, and they are the same measure split by age bands, the Committee discussed them together. They are process measures and are meant to be reported at the provider level. The Committee asked questions about the sex and age range specifications for the HPV vaccination in the measures. Committee members were also concerned with the role of registries in data collection. One Committee member voiced concern that the measure specifies a Tdap vaccine rather than the more accurate Td vaccine. Additionally, Committee members questioned the extent to which the Usability and Feasibility criteria have been met. Finally, the Committee asked the measure developer to differentiate this measure from the similar HEDIS immunization measure.

The developer explained that this measure is based on USPSTF specifications. In response to the Committee's question regarding the HPV age range and sex specifications, the developer stated that it would like to include parental consent for HPV for both age ranges (13 and 18), and that it has excluded males because of the lack of evidence from the USPSTF. The developer agreed to look into the issue of using Tdap rather the more accurate Td. Additionally, the developer noted that usability and feasibility data should be easy to capture using registries. Finally, the developer stated that NCQA may consider including this measure in the HEDIS set (which is usually plan level).

The Committee voted to recommend both of these measures for time-limited endorsement.

1393: Blood pressure screening by age 6 (NCQA)
Blood pressure screening by age 13 (NCQA)
Blood pressure screening by age 18 (NCQA)

As these three measures were submitted on one form and are the same measure split by age bands, the Committee discussed them together. A major concern among the Committee members was whether this screening actually identifies cardiovascular disease risks. The Committee stated that interpretation of blood pressure results is not straightforward, and the real issue is how elevated blood pressure levels are interpreted in children. As with previous measures, Committee members wanted to address the definition of "proper" follow-up. The Committee was concerned about the implications of endorsing a body mass index (BMI) percentile measure but not a blood pressure percentile for screening comparison. Additionally, the Committee thought that this measure needs further documentation. Finally, a Committee member noted that this measure could result in giving credit to physicians for completing screening even if they do not identify abnormalities.

The developer explained that the intent of the measure is to ensure that all children receive a blood pressure screening. It agreed to add specifications about comparison to BMI percentiles for interpretations of screening results. The developer also confirmed that currently it is at the physician's discretion to document and note abnormalities in screening results. Finally, the developer stated that this measure's purpose was to ensure that all children receive some type of blood pressure screening. The developer said that of the measure's several results, the most important are the "results and proper follow up documented".

The results of this vote were inconclusive and will be discussed further by the Committee.

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

This is a population-level measure. The Committee questioned the reliability and validity of the screening tools, and noted the similarities between this measure and the similar HEDIS measure. Several Committee members also asked questions about which tools are prevalent in the medical field.

The developer explained that the measure testing information came from the Commonwealth Fund. The difference between this measure and the HEDIS measure relates to the levels of population versus provider on both the state and federal level. They made sure that both screening measures were aligned and harmonized. Finally, the developer stated that the measure has high face validity and that a paper on the measure has just been accepted by the American Academy of Pediatrics.

The Committee voted to recommend this measure for endorsement.

1343: Children whose family members had to cut back or stop working due to child´s health [from National Survey of Children with Special Health Care Needs, NSCSHCN] (CAHMI).

The Committee discussed concerns about unanswered sections on the measure submission form (the sections covering evidence, exclusions, risk adjustment, and some of the testing), and questioned the extent to which the measure meets the Usability criteria. Several Committee members were confused about the measure's goal/purpose, and whether or not it is within the scope of the project; they pointed out it is perhaps more of a societal issue than a quality issue. Committee members were interested in learning more about the disparities surrounding this issue. Overall, they thought this is an important topic area.

The developer agreed that this measure is important for federal and state policymakers who are trying to allocate resources. The measure will allow for comparability. The developer also noted that this is population-level measure (in one of the seven National Priorities Partnerships' priority areas) and validated as individual measures), and that the measures from this survey provide information using a different data source than many of NQF's measures.

The Committee voted not to recommend this measure for endorsement.

1340: Children with special health care needs who receive services needed for transition to adult health care [NSCSHCN] (CAHMI).

The Committee asked the developer to expand on the specific questions parents are asked to validate, provide more detailed information about the numerator and age specifications, and briefly discuss the general mechanics of the National Survey. The Committee questioned whether this measure can be validated independently of the NSCSHCN. Additionally, a Committee member emphasized the importance of the medical home as a transition planning indicator.

The developer reminded the Committee that policymakers are looking for this measure. The developer provided the following three examples in response to the inquiry about specific questions asked of parents: Did they discuss health care needs as the child becomes an adult? Was health insurance during transitioning discussed? Was the issue of Self-Care discussed? The developer stated that certain conditions require early transitioning and planning with the patient's family should begin early. The developer noted that the measure will be used to assess whether or not a child receives one of the three criteria that was listed in the brief description. The developer agreed that a patient is more likely to receive this transitioning if he or she has a medical home. Finally, the developer stated that there is no evidence of whether or not the measure can be validated independently of the complete survey.

The Committee voted to recommend this measure for endorsement.

1331: Community-based service systems are organized so that families of children with special health care needs can easily use them [NSCSHCN] (CAHMI)

One Committee member was concerned that the number of patients affected by this measure was not significant enough to have a big impact. The Committee thought that the measure has not been fully tested, and that the Feasibility and Importance criteria have not been adequately addressed. Some of the Committee members commented on the complexity of the phrase "unable to access" and thought it needed to be more well-defined. Another Committee member was concerned with the fact that there would be state-to-state variation because this is a community-based measure.

The developer disputed the statement that the number of patients affected is not large enough, but also noted that there are other, possibly better, ways to measure access to services. The developer also stated that the methodology used in the measure is similar to that in the NSCSHCN, which has been tested.

The Committee voted not to recommend this measure.

PUBLIC COMMENT

The call was opened for public comment. Rita Gallagher of the ANA stated that it is critical that measures use inclusive language for providers, going beyond physicians to include nurse practitioners, physician assistants, etc.

NEXT STEPS

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

- 1338: Children with special health care needs who are screened early and continuously for emerging conditions [NSCSHCN] (CAHMI)
- 1345: Children with special health care needs screener [NSCSHCN] (CAHMI)
- 1373: Children with special health care needs whose parents report participating in shared decision-making in child´s care [NSCSHCN] (CAHMI)

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